

# Yourlife Management Services Limited

## Your Life (Basingstoke)

### Inspection report

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Date of inspection visit: 11 and 12 February 2016  
Date of publication: 23/03/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection was announced and took place on the 11 and 12 January 2016.

Your Life Basingstoke is an extra care housing service situated within a purpose built residential block of apartments within walking distance of Basingstoke town centre. An extra care housing service is where people are provided with personalised care and support in their own home situated within a residential block of apartments. This block of apartments is called Lady Susan Court. People who received this care service include those living

with dementia, people with medical conditions including diabetes and those living with sight and hearing impairments. At the time of the inspection the service was providing personal care to 11 people. Care was being provided by care and support workers who will be referred to as care workers throughout this report.

Your Life Basingstoke has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe. Care workers understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm in their own home had been identified and managed. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable care workers. New care worker induction training was followed by a period of time working with experienced colleagues and the registered manager. This ensured care workers had the skills and confidence required to support people safely. There were sufficient care workers employed to ensure that people's individual needs were met.

Contingency plans were in place, known by care workers and evidenced in their practise to ensure the safe delivery of care in the event of adverse situations such as larger scale care worker sickness or in the event of a fire. Fire drills were documented and understood by care workers to ensure people were kept safe. The registered manager and other managerial staff were also trained care workers who were able to be deployed to deliver care if care workers were ill and unable to work.

People were protected from unsafe administration of their medicines because care workers were trained effectively. Care workers had completed mandatory training to ensure people's medicines were being prompted correctly. Risk assessments were in place to inform people of the safe storage, disposal and obtaining of medicines which were stored in peoples own homes. Care worker skills in medicines administration were reviewed on a regular basis by the registered manager to ensure they were competent to continue.

People were supported by care workers to make their own decisions. Care workers were knowledgeable about the requirements of the Mental Capacity Act (MCA 2005). The registered manager identified they would work with

people, relatives and health care professionals when required to assess people's capacity to make specific decisions for themselves. Care workers sought people's consent before delivering care and support.

Where required people were supported to eat and drink enough to maintain a balanced diet. People were encouraged to participate in the lunchtime meal that was provided by the restaurant situated on the ground floor. People told us they were able to choose their meals and enjoyed what was provided.

People's health needs were met to maintain their safety and welfare. Care workers and registered manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met.

Care workers demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the care provided. The registered manager and care workers were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by care workers to make choices about their care including how and what care they required.

People had care plans which were personalised to their needs and wishes. They contained detailed information to assist care workers to provide care in a manner that respected each person's individual requirements and promoted treating people with dignity. Relatives told us and records showed that they were encouraged to be involved at the care planning stage, during regular reviews and when their family members' health needs changed.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way although no formal complaints had been received since the service began delivering care. People, relatives and care workers were encouraged to provide feedback on the quality of the service during regular care plan reviews, care worker spot checks, quality assurance questionnaires and welfare visits by the registered manager.

The provider's values which included the right for people to experience privacy, dignity and security in their lives

# Summary of findings

and care delivery were communicated to people and care workers. Care workers understood these and people told us these standards were evidenced in the way that care was delivered.

The registered manager, other managerial staff and care workers promoted a culture which focused on providing individual person centred care. People were encouraged to raise concerns with care workers, the registered manager and the provider.

The registered manager provided positive leadership which instilled confidence in support workers and people

using the service. The registered manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe.

People and relatives told us the service had a confident registered manager and care workers told us they felt supported by the registered manager.

The provider carried out regular quality monitoring to assess the quality of the service being provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were safeguarded from the risk of abuse. Care workers were trained to protect people from abuse and knew how to report any concerns.

There was a thorough recruitment process in place. Care workers had undergone relevant pre-employment checks to ensure their suitability to deliver people's care.

Contingency plans were in place to cover unforeseen events such as a fire at the location or in the event of large scale care worker sickness to ensure continuity of care for people.

Medicines were prompted by trained care workers whose competency was regularly assessed by the registered manager.

Good



### Is the service effective?

The service was effective.

People were supported by care workers who completed specific training in how best to support their needs and wishes.

People were supported by care workers who demonstrated they understood the principles of the Mental Capacity Act (MCA 2005). People were supported to make their own decisions and if people lacked the capacity to do so care workers were able to demonstrate that they would comply with the legal requirements of the MCA 2005.

Where required people were supported to eat and drink enough to maintain their nutritional and hydration needs. Care workers knew people's preferences regarding food and drink and encouraged people to drink sufficiently to maintain their health.

People were supported by care workers who were able to demonstrate when they would assist people by supporting them to seek healthcare advice.

Good



### Is the service caring?

The service was caring.

People told us the care workers were caring. Care workers were encouraged and motivated to develop positive relationships with people.

People were encouraged to participate in creating their personal care plans.

Relatives and those with legal authority to represent people were involved in planning and documenting people's care. This ensured that people's needs and preferences were taken into account when developing their care plans.

People received care which was respectful of their right to privacy whilst maintaining their safety and dignity.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People's needs had been appropriately assessed by the registered manager or duty manager. Care workers were able to identify when risk assessments and additional care plan reviews were required due to people's changing needs.

People were encouraged to make choices about their care and to participate in activities to prevent them from suffering social isolation.

There were processes in place to enable people to raise an issue or concerns they had about the service. Any issues, when raised, had been responded to in an appropriate and timely manner.

People's views and opinions were sought and listened to. When negative and positive feedback was received this was communicated to the care workers to ensure that issues and areas of good practice were identified and addressed.

Good



## Is the service well-led?

The service was well led.

The registered manager promoted a person centred culture which placed the emphasis on care delivery that was individualised, personal and of high quality.

Care workers were aware of their role and felt supported by the registered manager. Care workers told us they were able to raise concerns with the registered manager. People and care workers told us they felt the registered manager provided good and strong leadership.

The registered manager and provider regularly monitored the service provided. This was to identify where any potential improvements could be made to increase the quality of the service people received.

Good



# Your Life (Basingstoke)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service of the Care Act 2014.

This inspection took place on the 11 and 12 February 2016 and was announced. The provider was given 48 hours notice because it was believed the service provided a domiciliary care service at the location and we needed to be sure that people and care workers would be available to be spoken with. The inspection was completed by one adult social care inspector.

Before this inspection we looked at the previous reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the agency is required to send us by law.

During the inspection we visited four people in their homes, spoke with five relatives, the registered manager, the deputy manager and two care workers. We looked at four care plans and their associated daily care and review notes and three care worker recruitment files. We also looked at the care workers induction, training and supervision records, four people's medicines administration records (MARS) and quality assurance audits. We also looked at the provider's policies and procedures, maintenance records, care worker rotas for the 28 December 2015 to the 20 February 2016 and received written compliments. During the inspection we spent time observing care workers interactions with people including two lunch time sittings.

Following the inspection we spoke with another care worker and another relative.

This was the first inspection since the agency registered to deliver care in October 2013.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe with the care workers who provided their support, one person told us, "Oh yes, absolutely yes, (feel safe). Another person told us, "Oh yes, there's no problem at all (feel safe)". Relatives we spoke with also said they felt their family members were safe. One relative said "They (support workers) will pick up on anything on her if they think something isn't right".

Another relative said, "My family member is safe...there are always people here so if she does ring the bell they are on hand and they look out for her". This relative continued, "The care workers do what they can to help and will go the extra mile to help...when my family member was poorly they provided two handed care to make sure she was safe".

Care workers were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Care workers were knowledgeable about their responsibilities when reporting safeguarding concerns. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. The provider used a number of safeguarding policies to ensure that support workers had information available to support them in their role. This included a national safeguarding policy provided by the Department of Health and a safeguarding policy provided by the Hampshire Safeguarding Adults Board. These policies provided information about preventing abuse, recognising signs of abuse and how to report it. Care workers received training in safeguarding vulnerable adults and were required to repeat this on an annual basis. People were protected from the risks of abuse because care workers understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm. All people's care plans included their assessed areas of risk which included those associated with moving and handling, communication and environmental risks. Environmental risks included information regarding medicines storage and any slips, trips or fall risks due to people's own rugs and carpets. Risk assessments included information about action to be taken by care workers to minimise the possibility of harm occurring to people. For example, one

person using the service was a falls risk due to their medical condition. Information was detailed in this person's care plan which provided guidance to care workers about how to assist this person to move safely around their own home. This was in order to prevent falls and any resulting deterioration of this person's physical health. Care plans and associated risk assessments were also stored within people's homes. This was to ensure care workers had access to all the information they required to support people safely. Care workers knew the particular risks associated with the people they supported and were able to discuss how they would care for people safely.

Comprehensive recruitment procedures were followed to check people were assisted by care workers with appropriate experience and were of suitable character. Care workers had undergone detailed recruitment checks as part of their application and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of care workers who may be unsuitable to work with people who use care services. People were kept safe as they were supported by care workers who had been assessed as suitable for the role.

There were detailed contingency plans in place to protect people in the event of an adverse or emergency situation. For example, in the event of large scale care worker sickness processes were in place to ensure continuity of care for people using the service. In 2015 this procedure had been put into place as a result of a virus outbreak which affected three members of staff and a number of people living at the location. Care workers who were well were deployed to deliver care and social events were cancelled in order to minimise the spread of the infection. The effective handling of this incident had resulted in a relative writing to express their thanks to the deputy manager and care workers. This relative stated, 'My wife and I would like to place on record our appreciation for the way in which the deputy manager and care worker carried out their duties last week, without their 'above the pale' attitude it would have been difficult keeping Lady Susan Court functioning properly'.

In the event of a fire affecting people's homes, guidance was provided to people and care workers regarding the

## Is the service safe?

appropriate action to take to ensure people's safety. This included where and when people would be required to leave their apartments for their own protection. Fire drills were completed six monthly to ensure that people and care workers knew the action to take in order to keep people safe. Risks to the critical functions which could affect care delivery had been identified and plans documented to ensure continuity of care for people if required.

There were sufficient numbers of care workers available to keep people safe. People and care workers told us there were enough care workers to be able to meet their needs. The registered manager explained that where shortfalls in staffing were identified existing care workers worked additional hours to provide cover. The registered manager did not use the assistance of agency staff. This was to ensure that people received their care from a known and recognised care worker. The registered manager was in the process of recruiting an additional care worker to ensure that in the event of annual leave or sickness additional and familiar cover would be available. There were always care workers available who knew people and their specific wants and needs to support them. The registered manager and duty managerial staff were also available to provide personal care to support care workers.

People were happy with the support they received with their medicines. One person told us, "They (care workers) give me the pills and water to take them (medicines) I'm happy with that". Most people we spoke with were able to manage their medicines independently or with support from their spouse. When people were unable to manage their own medicines they received the support they required. Care workers assisted people to be able to take their own medicine and care workers ensured that this was done correctly documenting accordingly.

Care plans contained a medication risk assessment which asked people to identify the level of support they required when managing their medicines. If assistance was required the process required to support people safely was detailed. Care workers received training in medicines management and records showed that when required medication administration records were correctly completed to identify that the right medicine was given at the right time by the right route. Care workers who were involved in directly administering such as eye drops received additional training to ensure they did so safely. Care workers were also subject to competency assessments to ensure medicines were dealt with and administered safely. People's medicines were managed safely



# Is the service effective?

## Our findings

All the people we spoke with were positive about care workers ability to meet their care needs. Relatives and people said that they felt care workers were well trained and had sufficient knowledge and skills to deliver care. A relative told us, "Yes, yes, in the case of a recent health issue they (care workers) were very confident". Relatives told us that care was provided so that people were supported in a way which promoted their independence and mobility. One relative told us, "They will attempt my family member to stand which I think is good for her, it's better that they let her try".

New care workers received an effective induction into their role with Your Life Basingstoke. This induction included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new care workers are partnered with the registered manager or an experienced care worker as they perform their job. This allows new care workers to see what is expected of them. Care workers had undertaken training such as manual handling, fire safety, medication management, health and safety, infection control, dementia awareness, equality and diversity and safeguarding adults to enable them to conduct their role. Care workers were also encouraged to ask for additional training in areas that interested them. One care worker had asked for additional training on dementia care. This was being arranged as a refresher for all care workers to complete in March 2016. New care workers were provided with the guidance and information they needed to enable them to undertake their duties effectively.

People were assisted by care workers who received support in their role. There were documented processes in place to supervise and appraise care workers to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help care workers develop in their role. Care workers told us and records confirmed supervisions occurred every month. This process was in place so that care workers received the most relevant, current knowledge and support to be able them to conduct their role effectively.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for

themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that if concerns were raised regarding the ability of people to make specific decisions about their care they would seek external health care professional advice to complete a decision specific mental capacity assessment. We checked whether the service was working within the principles of the MCA 2005. All of the care workers were able to demonstrate that they would comply with the MCA 2005 where required.

Care workers were able to discuss the importance of giving people choice in the care they received. Where people required additional support to make decisions due to a lack of capacity, care workers involved friends and family with a Power of Attorney. A person who has been provided with POA is there to make decisions for people when they are unable to do so for themselves. Care workers were able to evidence that they supported people with making decisions about their day to day care and routine. One care giver told us, "You can't take people's independence away, with dementia, you still have to offer (choice) as much as you can".

People and their relatives told us people's consent was sought before care was delivered. In care plans people, or those with POA for care and welfare, had signed consent to care forms. These were dated, signed and made clear to people that consent could be withdrawn by them at any time. People told us that care workers would ask if it would be alright for them to assist with their personal care and they would wait for a response before it was delivered.

The registered manager ensured that people were aware of the options that were available to them when they were no longer in a position to make specific key decisions for themselves. In 2015 the registered manager had invited a local solicitor to the location in order to provide information about the legalities of having a POA. This was attended by people receiving care, other residents of the location, family and friends as well as care staff. This was to ensure people were aware of their rights and the options available to them when seeking additional support with decision making when no longer able to do this solely by themselves. This has been a well-attended session and people had been encouraged to apply for POAs as a result.

## Is the service effective?

People we spoke with were able to provide their own meals or had food provided by family members. Care plans detailed people's special dietary or food needs and how these were managed. For example it was documented that one person living with a severe sight impairment required additional support to enjoy their meals. Guidance was provided for care workers that this person should have their food cut up for them and liked to be told what was on their plate and in what position so they could enjoy what was provided by care workers. This person's relative and care workers confirmed that this was happening.

Relatives told us that care workers supported their family members to enjoy the three course meal which people were able to purchase at a subsidised rate at the location's restaurant every lunchtime. This enabled people to interact socially and also allowed care workers to identify whether or not people were eating sufficient to meet their nutritional needs. One person's relative with POA for health and wellbeing had advised the restaurant that their family member required smaller portions of food at meal sittings. The care workers had identified during their participation in the lunchtime sittings that this person particularly enjoyed fish dishes. This was discussed with the person and relatives and agreed the chef would prepare her a

regular portion of fish dishes to encourage her to eat sufficiently to maintain her health and wellbeing. The registered or deputy manager would always interact with people over their lunch sitting which was a well-attended, sociable, waitress serviced occasion. As a result they were able to reassure relatives their family member had eaten well.

Care workers were available to identify and assist in arranging access to healthcare appointments for people when required. Most people living at the location were able to manage their own healthcare needs with the help of friends and family however care workers were able to identify when people needed additional assistance. It had been identified that one person continued to suffer a number of falls in their home so this was raised with this person's relative to seek a medical referral to the GP as care workers were becoming concerned. As a result of this discussion and subsequent medical treatment it was identified that this person's medication was causing their blood pressure to drop leading to falls. The care workers and registered manager knew when additional medical advice and support was required and ensured this need was met.

# Is the service caring?

## Our findings

People told us they liked the care workers who delivered their care and we could see that they experienced comfortable and reassuring relationships with them. Relatives and people told us that support was delivered by very caring staff. One person told us, "They're (care workers) very caring...they are respectful and understanding. A relative told us, that the care workers were, "Very, very (caring) you couldn't get better to be honest".

Positive and caring relationships had been developed by care workers with people. People were able to choose who they wanted to provide their care. At pre-assessment stage people were asked if they had a preference regarding the gender of the care worker who would support them. Care workers were introduced to people by the registered manager or one of the deputy care managers and care delivery for the first occasion would be observed. This was to ensure the suitability of that care worker to meet that person's needs. Where people requested a different care worker the registered manager was able to accommodate people's wishes and offered alternative care workers. This meant that people were in control of who entered their home and who they wanted to provide their care.

People's care plans were written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included information about what was important to them such as their hobbies, favourite TV shows, past family and working life and details of what help they required to support them. Care workers and the registered manager and were able to tell us about people's interests, families, preferences and hobbies. People and their relatives told us they were happy when speaking with the registered manager and the care workers and those conversations held were familiar and personable to the individual. People were supported by care workers who were caring in their approach.

Daily activity logs, a record of what care and support had been provided by care workers during their visit, were detailed and enabled family members to see that people's needs were being met. Care workers were person centred in their approach and would always ask people if there was

anything else they wanted or needed at the end of their scheduled care visit. People received care from people who knew them as individuals and made sure their health and wellbeing needs were met at each care visit.

People who were distressed or upset were supported by care workers who could recognise and respond appropriately to their needs. Care workers knew how to comfort people who were in distress. Care plans offered guidance for care workers of what actions to take when people became distressed. One person's care plan stated that they became worried and upset when their spouse was out for longer than expected. This person's care plan stated that offering reassurance that their spouse would be returning soon would make them feel better. When people living at the location suffered a bereavement care workers offered personalised and emotional support to their spouses and family. One person told us that when there had been deaths of residents that these people's families "Have all been well looked after" by care workers and the registered manager. People's emotional needs were met by care workers who were able to identify when additional support was required to ensure their wellbeing.

People were supported to express their views and to be involved in making decisions about their care and support. Records showed people were regularly asked if the care they were receiving was meeting their needs or if changes were required. Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or how they would like to spend their day.

People were treated with respect and had their privacy and dignity maintained at all times. Care workers were able to evidence how they would ensure that people had their needs met whilst maintaining that persons privacy and dignity. People told us that care workers were respectful and would not enter their home without seeking permission. Care workers would then assist people with personal care in a respectful way. This included allowing people time and privacy to use the bathroom but remaining nearby to offer assistance when requested, not leaving people exposed whilst assisting them with their bathing routine and respecting if people did not wish to receive care during their visit. When people experienced accidents which made them feel uncomfortable they told

## Is the service caring?

us that care workers remained respectful and never made them feel embarrassed about the situation. Care workers were kind, compassionate and respectful of people's need for dignity and respect during all aspects of care delivery.

# Is the service responsive?

## Our findings

People we spoke with told us the care workers took time to know who they were and addressed them as individuals. People were engaged in creating their care plans and relatives with POA were able to contribute to the assessment and planning of the care provided. One relative told us, "I talked through with the registered manager what help we needed".

People's care needs had been individually assessed and documented by the registered manager or deputy managers before they started receiving care. Care plans were then developed outlining how people's needs were to be met. People's individual needs were routinely reviewed every three months or when people's health or care needs changed which meant that care plans provided the most current information for care workers to follow.

Relatives with a POA assisted in the decision making process and were encouraged to participate with care plan reviews. Relatives told us and records showed that they were involved in this process which enabled people to receive the care which was most appropriate to their wants and needs. When a change in people's health care needs had been identified this was recorded and actioned appropriately. Records showed that one person's care plan had been reviewed due their declining physical health to ensure their needs were still being met. This person had suffered a fall which had resulted in hospital admission for surgery. Upon their return to the location their care plan was reviewed and the number of care visits increased to meet their changed needs. This was subject to continual review and when the person was able to complete additional tasks for themselves the level of care was reduced until it met their revised needs. People were receiving care which was reviewed regularly to ensure it remained relevant to their needs.

The registered manager and care workers recognised the need for people to participate in activities to prevent them suffering social isolation. All people living at the location were encouraged to participate in a range of organised activities. When people specified they wanted to remain in their own homes this was respected and people were asked if there were any alternative activities they would

enjoy. One person told us, "There are things going on which we could attend but by and large we don't, we're always asked what we would like to do if we wanted to, it's always put to us".

Regular activities at the location included, Rummikub, 'Knit and Knatter', Bonus Ball draws, Film nights, quizzes, Bingo and art Groups. There were also organised walks in the local area, social events to celebrate birthdays and themed evenings such as St Patricks and Burns Nights. Coffee mornings were also held to raise money for local charities such as a local church and Macmillan support. Relatives told us that their family members were encouraged to join in whenever they expressed an interest in an activity. One relative told us, "I do feel that the care workers genuinely like my family member and picked up on the nuances of her personality, they like to gee her up which is what she needs as she's inclined to shut herself off"

The registered manager provided an example where one person had been unable to participate in one of the evening activities due to the timing of their care visit. This person had recently suffered bereavement and the registered manager felt it important to participate in a social activity. The registered manager asked the other people who attended the evening event if they would object to rearranging the time in order to allow this person to attend. This was accommodated and this person was able to enjoy interacting with other people at the location. The registered manager recognised the need for people to participate in social activities and ensured that people were able to attend.

People were actively encouraged to give their views and raise any concerns or complaints. People and relatives told us they knew how to make a complaint and felt able to do so if required. People were confident they could speak to their care workers or the registered manager to address any concerns. The registered manager highlighted to care workers and people the need for open and honest communication. This was particularly important as support was being provided by care workers in people's own homes which could lead to people feeling vulnerable.

The provider's complaints procedure was available in people's care plans as part of their Service User guide which was kept at their home addresses and listed where people could complain. It included contact information for the provider and the Care Quality Commission. Time scales for a response to complaints were also specified. People

## Is the service responsive?

told us when they had raised any informal issues the registered manager had and dealt with them effectively. No formal complaints had been raised since Your Life began delivering care in October 2013.

# Is the service well-led?

## Our findings

The provider and registered manager aimed to achieve an open and responsive culture within Your Life Basingstoke. They actively sought feedback from people using the service, their relatives and care workers to improve the quality of the service provided. People knew who the registered manager was and were very confident in her ability to manage the service effectively. One person said, "We couldn't have a better two at the top, (registered manager and deputy manager)". People and relatives told us they were very happy with the quality of the service provided.

The registered manager promoted a positive, respectful and supportive culture which encouraged people's independence. People recognised the positive atmosphere and felt this was due to the registered manager's ability to effectively manage care workers and their personal interaction with people living at the location. One person told us, "I would say that the atmosphere from the beginning between staff and people as well as staff and staff was due to the fact that the registered manager in particular sets a standard whereby there is respect...the atmosphere is very good". People told us they had been encouraged by the registered manager to be supportive to people as they moved to the location. One person told us, "We've gained from being here because we've known everyone and it just helps some people especially when they've come a long way from their family, the registered manager has encouraged us to do that". The registered manager told us that she and other managerial staff were always available to be spoken to by care workers, people and relatives. Care workers felt supported by the registered manager and other managerial staff and told us they were able to walk into the office at any time if they wished to seek some additional support. One care worker told us, "The registered manager is very supportive", another said, "It's easy to speak to the registered manager when something isn't right although I've never had to...she's really, really supportive".

The provider had a set of written values for the service in people's contract of service which stated the principles and values of care which would be exhibited by the care workers. These were given to people when they started receiving care and were in their care plans kept at their home address. These core values stated, 'We will do

everything possible to respect your rights, your privacy, dignity, independence, choice, civil rights, security and fulfilment'. This information was provided to care workers when they were recruited by the service. Records showed these values were reinforced with care workers through their supervisions and spot checks to ensure they remained at the core of how care was delivered. One care giver told us, "The registered manager wants people to have as much as independence as humanely possible and the care is very person centred which is very important to all of us; this is something that the registered manager instils in all of us". People and relatives told us care workers were displaying these values when delivering their care. One relative told us, "We couldn't speak more highly of the people who work here, we couldn't, and our family member couldn't be in a better place".

People, their relatives and care workers told us communication with the registered manager was easy and that they were always in a position to assist with requests for assistance. A relative told us, "I can speak to someone about something and they will stop what they're doing and speak with me, they won't tell me to come back another day". Another relative told us they had been contacted by the registered manager to say that someone who ate with their family member at the lunchtime sitting had recently passed away. The relative has been told in the event that their family member would be upset, this relative told us, "It's minor to some people but to us it means a lot, and they waited for us to tell her". Another relative said, "With the registered manager she runs it (the service) so well and the deputy manager when the registered manager isn't here, they're approachable and they always listen to you". One person told us, "The registered manager is marvellous, she really is, she controls everything, she knows what's happening...she's very approachable".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance. The registered manager demonstrated good management and leadership by being easily recognisable and approachable to people, relatives and care workers.



## Is the service well-led?

The quality of the service people experienced was monitored through regular care plan reviews, spot checks and observations of care workers in their roles by the registered manager and deputy care managers. The provider also conducted audits on the quality of the service provision. The results of these quality assurance audits were used to identify where improvements could be made to the service provided.

Records showed that the provider completed a regular Quality Support Audit. This included sampling people's care plans to check the information contained within was recently reviewed. This ensured the guidance provided to care workers was the most up to date and people's needs were being met appropriately. The last audit in November had shown an 98% positive result. Where information had been identified as lacking such as; having an effective rota planning system to ensure there were sufficient care workers deployed and a training plan to monitor all care workers had received their relevant training this had been completed by the time of the inspection.

People were also asked to complete annual questionnaires to rate the quality of the service they received. People were asked to provide their level of satisfaction in key areas including, if they felt safe at the location, if there were many activities and events they could join in, that the staff

treated people with dignity and respect, if people were happy with the care they received and if they knew how to make a complaint. People documented that they were very happy with the quality of the service received. Comments on the completed forms from people included, "The deputy manager was fantastic when I had my stroke, the registered manager is wonderful". Written compliments had always been received indicating that the registered manager, other managerial staff and the care workers provided good quality care. A selection of these were viewed. One relative had written, "The staff have been very helpful and supportive and I would like to heap particular praise on the registered manager who has been exceptional, she has the establishment running like clockwork. . .we never anticipated such a relaxing and worry free life for our relative". One person had written to the deputy manager, "Thank you for being absolutely wonderful yesterday, the best thing I ever did coming to this lovely place, my first experience with the wonderful care you give here". Another person had written, "I want to thank you and all the team for the wonderful support you have to my husband and I and the on-going support I am still receiving. The girls were unfailingly caring and regularly cheered my husband. . .we were blessed indeed to have come here."