

# Yourlife Management Services Limited

## Yourlife (Devizes)

### Inspection report

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Date of inspection visit:  
06 July 2021

Date of publication:  
19 August 2021

### 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 ●

# Summary of findings

## Overall summary

### About the service

Yourlife Management Services Limited is a domiciliary care service, based within the retirement complex of Shackleton Place, Devizes. It provides personal care to people aged 65 and over. The service was supporting four people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they felt safe using the service. Staff had been fully trained to identify and act upon any safeguarding concern.

People's risks had been identified and there was guidance for staff that demonstrated how to reduce risk and keep people safe.

People received their medicines safely; staff were trained in medicines management and administration.

People were supported by a regular staff team. There were enough staff to meet people's needs and they had been recruited safely.

People's care and support plans were individualised and included life histories, their preferences and abilities.

Staff enjoyed working with people and were proud of the care they delivered.

People's dignity and privacy were promoted and maintained.

People told us how kind and caring the staff were and the service was well managed. Staff felt confident and were well supported.

People and their relatives knew how to raise concerns if required and were very satisfied with the care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 08/03/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection schedule.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Yourlife (Devizes)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25/06/2021 and ended on 06/07/2021. We visited the office location on 06/07/2021.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and a deputy manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We did not receive any feedback from professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service.

This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe when receiving the service. One person told us, "It is reassuring to have people around me at times when I most need it." A family member told us, "They do things to make sure mum is safe, to stop her from falling."
- The service had effective safeguarding systems in place.
- The staff we spoke with were knowledgeable about safeguarding procedures, how to recognise forms of abuse and what to do about it.
- Staff were fully trained in mandatory safeguarding practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The risks people faced were assessed and recorded and had been reviewed annually or when people's needs changed.
- Risk assessments gave guidance to staff on how to minimise the risk identified and had followed recommendations from professionals such as the GP and occupational therapist.
- Accidents and incidents were fully recorded and reflected on. For example, where one person was having falls a body map and monitoring records had been put in place. The community nurse and family had been notified and extra measures around using equipment had been added to the risk assessment and care plan.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Effective recruitment procedures were in place which included references, identity checks, work history and a full Disclosure and Barring Service (DBS) check.
- There were enough staff to meet people's needs.
- People were satisfied with the level of staffing and the service they provided. One person told us, "I see a number of different carers, the same ones generally, and they are all lovely, very kind and caring."

Using medicines safely

- People received their medicines safely by staff who had been trained in medicines administration and were observed as being competent.
- People's care plans detailed the support they required with medicines and how they preferred to take them.
- The registered manager ensured people's medicines records were completed accurately. Records were regularly reviewed and audited. Staff received spot checks of their competency.
- There were body charts in place for the accurate application of topical creams and protocols in place for

'as required' medicines.

- A medication quiz for staff at team meetings kept staff knowledge up to date.

#### Preventing and controlling infection

- No-one receiving the service had contracted COVID-19.
- There were extra measures in place to ensure thorough cleaning and prevent cross infection. All high touch areas around communal areas were cleaned regularly.
- Staff had sufficient PPE and were competent at putting it on, taking it off and disposing of correctly.
- People and their relatives told us the staff had taken extra care during the pandemic. One family member told us, "The carers wear aprons, gloves and masks all of the time."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were thoroughly assessed prior to them receiving care and support, to ensure they could be met. One person told us, "When I first needed to have care, the manager came to see me and sat down with me to have a discussion about what I would need and what I wanted to achieve. We also discussed how I would connect with people in my life."
- Assessments were comprehensive, detailed and person-centred. They included people's life history, their preferences, their routines and abilities.
- Individual support plans developed from these assessments included input from people and their families as well as guidance from health and social care professionals. One person said, "I agreed a plan of care with the manager which outlines what I wish for, and I have signed it."

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained and had their competency checked and were confident in their skills.
- Staff were up to date with their mandatory training and whilst the majority of this was on-line during the pandemic, some face to face training was available where appropriate. This was particularly in the areas of manual handling and the safe use of equipment.
- Staff told us they were supported and had regular one to one supervision and appraisal. Team meetings were educational, supportive to staff knowledge and well-being.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to maintain good nutrition and hydration.
- People's dietary needs and preferences were included in their care and support plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care services.
- Records we reviewed demonstrated work alongside GP's, community nurses and occupational therapists to ensure people's needs were met effectively.
- Staff had access to information and guidance on physical health conditions to gain a better understanding of people's needs.
- People and relatives told us the staff were observant and reported any concerns they noticed to the GP or

community nurse.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No-one receiving the service lacked the capacity to consent to care.
- The service had a policy and process in place to accurately assess people's capacity to consent to care when required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service.

This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they received good care and support. One person told us, "The carers are very good; they do not take over. If I have got myself ready for bed and washed my face etc, I will just ask them to help me with the bits I cannot reach, they are so obliging and will help me, while encouraging me to be independent."
- Daily records were written using respectful language and terminology.
- Notes described the tasks people were able to manage independently and where they required support. People's independence and abilities were encouraged and maintained.
- Care plans contained a one-page profile of important information about the person. These gave a holistic snapshot of the person's care and social needs. They included, the persons background, skills, past working life and their interests as well as physical care needs.
- The service had received many compliments during the past year. These related to the extra care and attention staff had taken during the pandemic, the overall care and support people received and prevention of social isolation. Comments included, "thank you for keeping us safe during this challenging year", "To [the registered manager] and all the wonderful staff at Shackleton Place for your friendship and help."

Supporting people to express their views and be involved in making decisions about their care

- The care and support plans clearly documented people's input to their care. People were encouraged to be fully involved in their care and decisions about how they wished to be supported.
- During reviews of care, people were encouraged to give feedback on the service they received. We saw good feedback from surveys. Comments included, "The care has been first class", "We are most appreciative of all the staff and how they support us, we are most grateful."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with respect and dignity. Comments included, "The carers knock on the door before they come in. They always wait for my permission before they enter." and "The carers are very polite; they all wear name badges and introduce themselves."
- Staff told us they really enjoyed their work when supporting people. One staff member said, "It is person-centred, each homeowner is an individual. I pick up on things, likes and dislikes during conversation. I always talk through each step and make sure they are comfortable and ask their consent. I really enjoy my job."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plans were person-centred and contained information specific to them and set out how they would like their needs to be met.
- It was clear when talking to the registered manager and staff that they knew the people they supported well. They knew how they liked to have things done, how to approach them appropriately and what was important to them.
- Comments we received from people and their relatives were positive. They included, "I have only recently started to have carers, but I find them all very good. I was a bit nervous originally, but they put me at ease, respected my modesty and have been very helpful" and "The staff always speak directly to the person. They asked how my relative wished to be addressed and they have just kept to it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. The service was fully compliant with the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The pandemic had meant many of the community events within Shackleton Place had ceased. However, the registered manager and staff had innovative ideas of how to reduce isolation. They developed a buddy up system, played CCTV bingo, delivered chocolate and cakes to people's doors and helped people with video calling.
- People were encouraged to use their balconies to see their friends and family at a safe distance in the gardens. The gardening club expanded, and people took great pride in turning the communal patio into flower beds, they devised a rota for watering and weeding.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. People had details of this in their home care records and were aware of who to contact with any issues they wished to report.
- People and relatives told us the registered manager was very approachable.

One person told us, "I would never be worried about mentioning a feeling I had or a concern. I am made to

feel that I can talk very openly."

- The service had acted on and investigated one complaint relating to the care service. This was addressed appropriately and concluded.

#### End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection.
- The service had processes in place to record and document people's last wishes and preferences.
- Advanced care plans were discussed and where people chose not to accept these arrangements, this was recorded.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service.

This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider emphasised 'taking pride' in all aspects of the service they delivered. Staff were trained in the providers ethos of care which included enriching lives and innovation.
- The registered manager had strong values about ensuring people were treated as individuals and had a good experience of support. This was echoed by the staff we spoke with who complimented the registered manager for her skills and passion for the service, particularly in the area of dementia care.
- The service had a 'you said, we did' board to show where people had made suggestions for the service and these had been acted on.
- The registered manager was keen to 'up-skill' the deputy managers so they could effectively cover the service in her absence. This included during out of hours. This also encouraged career progression and staff confidence to develop.
- The registered manager had good leadership qualities and a clear understanding of their role.
- There were effective and regular quality assurance and audit processes in place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was fully aware of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received very positive feedback regarding the registered manager and staff. One person told us, "[The registered manager] is a first-class manager who listened to our needs carefully and takes quick and effective action. Considering both lockdowns she has proved to be excellent in all she does."
- The service produced regular feedback surveys for people relatives and staff.

Continuous learning and improving care

- The registered manager told us of plans to take forward into the coming year. Homeowner meetings will resume again when permitted. These enable regular feedback on the service being provided.
- Whilst it was positive there were very few complaints, the registered manager wanted to ensure smaller issues of concern are captured and addressed fully.

- The registered manager told us they will continue to monitor people's care needs and aims to ensure their needs are met at home throughout the provision of care journey.
- Accidents and incidents were being monitored electronically and when analysed, a theme and trend of non-injury slips or falls was identified. As part of the response to this, the registered manager trialled a specialised piece of equipment to help a person from the floor to a seated or standing position, using one carer. This would reduce the length of time a person was on the floor and the need for emergency service call outs where they were not appropriate.

#### Working in partnership with others

- The service worked closely with Wiltshire Council, Public Health England and health and social care professionals.
- The registered manager was a member of the registered manager network and area support groups. This meant they were able to keep up to date with current guidance and good practice.