

Yourlife Management Services Limited

YourLife (Alresford)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Yourlife (Alresford) provides care and support to people living in 'extra care' housing. People using the service live in their own flats within a shared building containing 57 flats. The building also houses the offices used by the manager and staff.

Not everyone living in the flats 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. At the time of this inspection 4 people received personal care from Yourlife (Alresford) staff.

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

Although people told us they felt safe, we identified a lack of detailed guidance for staff on how to provide safe care to people. The manager took prompt action to address this. Risks were mitigated by a well-trained, knowledgeable staff team and people we spoke to confirmed this. 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.

People and their relatives confirmed there were enough staff to meet people's needs and confirmed calls were never missed. The provider was flexible with call times which promoted people's choices and enabled them full control of their lives.

We found recruitment processes were not as robust as they could have been. The manager took prompt action to address this. There were systems and processes in place to record, assess and analyse accidents and incidents. However, these were not always robust. The manager took action to address this.

Quality assurance systems and processes were in place for monitoring, assessing and improving the quality of care provided to people who use the service. However, they had not consistently identified the areas of improvement required, which we found on inspection. This included; recruitment, person centred management plans for risks and medicines. The manager took immediate action to address the concerns.

People we spoke to thought staff had the right skills to care for them and were confident in their abilities. An induction package was in place and ongoing training and supervision was provided.

People told us they were cared for by staff who were kind and caring and treated them with dignity and respect, while supporting them to be as independent as possible. People and staff told us they felt listened to and were kept updated by the management team.

The management team were open and transparent and understood their regulatory responsibilities. People and their family members told us the service was well led and they would recommend Yourlife (Alresford) to

others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 May 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

YourLife (Alresford)

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they had left the service in May 2020 and had not deregistered. There had been another registered manager who left the service and deregistered in June 2022. A manager was in post since September 2022 and was in the process of applying to register.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 18 January 2023 and ended on 24 January 2023. We visited the location's office on 19 and 23 January 2023.

What we did before the inspection

To plan our inspection we reviewed information we had received about the service and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 3 people who used the serviced and 3 relatives about their experience of the care provided. We spoke with 4 members of staff including the manager and 3 care staff. We reviewed a range of records. This included 4 people's care records, 5 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care staff who supported them. For example, risks to the environment. However, not all risks had robust risk assessments in place. For example, risk assessments for the fire risks from paraffin based topical medicines were not in place. Following the inspection, the manager updated and implemented more robust and detailed risk assessments and care planning documentation.
- The service had a business continuity plan in place to describe how people would continue to receive a service despite unfortunate events and emergencies.

Using medicines safely

- People confirmed they received their medicines when they needed them and were supported to review their medicines with their GP by the provider when they wanted to.
- Staff had received training in the safe handling of medicines and received an assessment of their competency to administer medicines in line with best practice guidance.
- Medicine care plans and risk assessments were mostly in place with instructions for staff. However, not all PRN ('as required') medicines had PRN protocols in place. Following the inspection, PRN protocols were implemented.

Staffing and recruitment

- Recruitment processes were not as robust as they could have been. We found 5 out of the 6 staff files reviewed had gaps in the staff members employment histories. However, during the inspection the manager took action to address this. Following the inspection, the manager updated the recruitment processes and systems to prevent recurrence. However, these processes need time to become embedded within the service.
- People and their family members confirmed there were enough staff to meet people's needs and told us calls were never missed. Comments included, "It's not the same person every morning but it doesn't matter as I know them all", "They never miss a call" and "They always come when I need them."
- People and their family members told us the provider was flexible with their call times when they needed it. One family member told us, "If we want a different time, they are very accommodating." This meant people were able to schedule their call times around their lives and preferences. Another family member told us, "Only changes have been one's I've requested, if perhaps we have a relative staying and we're going to have a late night ... or if want an earlier call to go to a service."
- In addition to the care staff the provider supplied staff 24/7 within the shared spaces who assisted all individuals whether receiving care or not. The provider had ensured most of these staff were trained to

provide care. This meant they were able to cover absences effectively to ensure everyone received personal care when they wanted it.

Learning lessons when things go wrong

- People, their family members and staff told us the management team responded to deal with any emerging issues or problems.
- There were systems and processes in place to record, assess and analyse accidents and incidents. However, these were not always robust. For example, we found there was analysis in relation to falls but other accidents and incidents had not always been followed up or responded to robustly. We found the records regarding the action taken were not always detailed or clear.
- The manager told us they investigated accidents and incidents and identified lessons learnt. However, we found lessons learnt were not always effectively shared with staff. Following the inspection, the manager addressed this through staff meetings.

Systems and processes to safeguard people from the risk of abuse

- People and their family members told us they believed people received safe care.
- People were protected from potential abuse by staff members trained to identify the signs and symptoms of different types of abuse. Staff received regular training updates to ensure they remained aware of current best practice.
- Staff were confident in the actions they should take if they suspected abuse was happening and were confident should they report abuse the management team would act. We found the provider had effective safeguarding processes and systems in place.

Preventing and controlling infection

- The provider confirmed they had plenty of personal protective equipment (PPE) and that staff wore new PPE for each person they supported. People and their relatives confirmed staff wore appropriate PPE and were confident in staff's IPC processes when being supported.
- Staff demonstrated a good understanding of infection control procedures and had received training in infection control.

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

- Care and support was planned in partnership with people using the service, their families and healthcare professionals where appropriate. An initial assessment was completed prior to commencement of the service so people's individual needs could be appropriately met.
- Information gathered during assessments was used to develop individual plans for care visits detailing people's choices and the level of support required. Staff followed these plans to prompt completion of all tasks required. This meant people received care in line with their needs and choices and people we spoke to confirmed this.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. This information helps providers consider the full range of people's diverse needs and prevent discriminatory practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person told us, "They are very good, yes they know what they are doing." Another person said, "They are so good, no faults, they go above and beyond."
- Staff completed an induction to their role which included a blended learning programme of training and a period of shadowing an experienced staff member. This meant people were supported by knowledgeable and competent staff. Staff confirmed the training provided allowed them to safely perform their roles. One person told us, "They are probably introduced 2 or 3 times before they work with me."
- There were systems and processes in place to ensure staff were up to date with the provider's mandatory training. Staff completed training which included infection control, medicines and safeguarding. Management were alerted to staff approaching training deadlines which enabled them to have effective oversight of staff training needs. This meant people were supported by trained staff.
- Staff received regular 1 to 1 supervision with the management team. Staff we spoke with told us they felt supported through this process and found it to be beneficial. This enabled management to monitor and support staff in their roles and identify any training opportunities.

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

- People who received support with nutrition and hydration told us they were happy with the care they received. One family member told us, "They know her so well. They do everything they can to make her special meals; all her favourites."
- The manager was able to describe the process they would follow if any concerns were raised about a person's dietary needs or nutritional intake. This included supporting people to access health professional

input.

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

- The service worked with other professionals to provide safe care for people. There was evidence of communication with hospital healthcare staff, GPs and community nurses and this was confirmed by people and staff.
- People had a care plan in place which identified their needs and level of support required. People, staff and emergency service personnel had access to this information if needed.
- The manager was aware of how to refer, to appropriate health care professionals and was able to provide examples of this happening.

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 MCA 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.

- Staff received training on the Mental Capacity Act (MCA). Staff we spoke to had an awareness of the MCA and demonstrated their understanding of how this applied to their role.
- People consented to their care and treatment and were involved in decisions about their care. This was clearly recorded in care planning documentation. People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA).
- People and their family members confirmed they were always informed of care being provided. One family member told us, "They always call straight away and let us know. If there is a problem or anything changes, they always call us."

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 spoke positively about staff providing their support in a kind a caring way. One person told us, "They are all so good, so kind. They'll do anything for me." Another person said, "They are very respectful." A family member told us, "Very kind and helpful. They have a very friendly chat with myself and my wife, make sure she is happy."
- Staff were knowledgeable about the people they supported and their individual needs and preferences, and spoke respectfully and positively about them. A staff member told us, "They all have care plans and it tells you exactly step by step what they would like to happen in their care calls. Most of them are able to tell you themselves how they would like their care or what they would like."
- The manager led by example, by working hands-on and motivating staff to deliver good care.
- Individuality and diversity were respected. This was achieved by identifying where people needed support at the initial assessment and recording this information for staff to refer to. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- The management team were accessible and available to people and their family members to obtain their feedback. People told us they were able to speak to a member of the management team whenever they wanted to. One family member told us, "If I have any queries at all I'll ask the carer, if they can't give me the answer, they will get the site manager to pop in or call which they do."
- People, and where appropriate those who were important to them, were involved in decisions about their care. One person told us, "I was involved in the initial care planning. Everything was discussed and what my needs were." A family member told us, "Someone came and discussed everything with us and what we needed, it worked out fine."
- People had reviews of their care plan to make sure visits were still meeting people's needs. This was confirmed by the people we spoke to and ensured people had the opportunity to discuss making changes if they wanted to. One family member told us, "My brother and I discuss it with them. Sometimes we'll say we don't think they need to do this, and we work it out together with them."

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported by staff who respected their privacy and dignity. A person told us, "They (carers) are very discreet." A family member told us, "All the staff are very considerate and helpful."
- Ensuring the dignity and privacy of people was promoted by the manager and provider. This was reflected

by staff we spoke with. One staff member told us, "I think one of the fundamentals of caring is to treat people as you want to be treated, be mindful you are providing care the person wants and to be respectful you are in their home. Just keeping an open dialogue, making sure they keep dignity, covering up where possible."

- Staff promoted people's independence. Staff were able to explain how they maintained people's dignity and independence and people, and their family members confirmed this. A person told us, "They encourage me to do things. They don't do everything for me." A staff member told us, "We get them to do as much for themselves as we can ... We help them make their breakfast but encourage them to do what they can themselves."
- There were systems in place to monitor interactions between staff and people they supported. This included carer assessments and obtaining feedback from people and their family members.
- People's care records were kept secure. People had care records in their homes and records outside of people's homes were securely stored.

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

- Care plans had been developed for each person who had been involved in creating them, along with their family members where appropriate. Information in care plans was personalised and detailed people's life histories, likes and dislikes and the level of support people needed. Care plans were reviewed every 6 months with people and/or their family members, or more frequently if required.
- People were fully involved in the planning of their care. This helped to ensure they had choice and control in relation to the care provided which met their personalised needs and wishes. A person told us, "When I first came, I had an hour but now only have half an hour, my choice. I'm well satisfied with the care that I get."
- People's protected characteristics were explored during the initial assessment process. For example, there were questions in relation to religion and culture. People and their family members confirmed call times were flexible to enable people to attend religious services when they wanted to.
- Staff and the manager were responsive to people's changing needs. Staff reported any changes to the management team which were also recorded in people's daily communication records. This meant all staff who provided people's care, had access to up to date information about the person's needs and any concerns which enabled timely interventions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified within their care plans and assessments which people told us staff followed. This information guided staff on how best to communicate with people in a way they could understand.
- Although at the time of the inspection no one receiving care needed this, if required the provider was able to make documents available in a variety of formats. For example, in different languages or in large print.

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

- People were supported to access the wider community and maintain social relationships. There were onsite communal spaces. Such as a restaurant and seating areas. The provider arranged various activities

and the manager was enthusiastic about expanding the types of activities available to people. If people wanted support to attend appointments or activities outside of the complex this could be supported by the provider.

- The manager was able to describe ways they encouraged family to be involved in their relative's care.

Improving care quality in response to complaints or concerns

- People and their family members told us they were aware of how and who to make a complaint to. Comments included, "No complaints, I know who to talk to if I did", "I can raise anything" and "I'm able to if needed but that hasn't arisen."
- The provider had a complaints policy in place and there were systems and processes in place to ensure complaints were logged, responded to and reviewed in a timely manner.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end of life care. However, the manager was able to provide assurances that the service would liaise with other professionals within the community and receive guidance when this would be necessary.
- People were being supported to consider advanced care planning by the provider and to ensure people's wishes and choices were clearly 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of inspection there was a registered manager in place. However, they had left the service in May 2020 and had not deregistered from the service. Other managers had been in place, one of whom had also been registered. However, they deregistered from the service in June 2022. Since the last registered manager had left the service there had been other managers who had not stayed. There was a manager who had been in post for 4 months at the time of the inspection who was in the process of applying to register.
- Quality assurance systems, processes and audits were completed regularly however, they did not consistently identify some of the concerns found on inspection. The concerns included aspects of recruitment, person centred management plans for risks and medicines and lack of detail in some documentation as referred to in previous sections of this report.
- This meant areas of potential concern had not always been identified, recorded and acted on in a timely manner through the existing quality assurance systems, meaning people could be at risk. However, this was partly mitigated by staff knowing people and their individual needs and people confirmed this.
- When we raised these concerns with the manager, they were immediately responsive. They communicated with staff, reviewed current systems and processes and implemented changes. For example, reviewing and updating people's care plans and risk assessments, reviewing and updating staff files and implementing robust audits. More time was required for these improvements to be embedded into practice.
- The manager had created an action plan when they started at the service and had been in process of completing it at the time of our inspection. They were able to demonstrate what they had completed prior to the inspection and told us of their plans to develop the service. The manager reviewed and updated their action plan following the inspection to make this more robust.

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 manager understood their responsibilities under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred culture within the service. Staff ensured people were at the centre of their care. People told us, "If I want them any time of day I just press the button and they come", "They go above and beyond ... the (carers) who come up to do personal care will do other little things for me" and "They'll do anything for me."

- The manager had a clear vision, values and objectives for the service. These included treating people with dignity and respect and continuing to improve communication with staff and people who use the service.
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. For example, people we spoke to confirmed they were offered choices in relation to meal options and personal care needs.
- Staff felt supported in their role. They confirmed they were supported with team meetings and supervisions. They told us these had become more consistent since the manager had been in post. Comments included, "It has been a bit disruptive with different managers and different styles of communicating, but it is better now", "The overall communication has gotten better, before there was no consistent communication but there is now, I feel well briefed when I come in now" and "We've had [manager's name] since September and things seem settled ... you have got to be able to approach your manager ... I can speak quite freely to [manager's name]."

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

- People and their family members told us they felt involved in the service and that there was good communication from the management team. People and their family members knew who the manager was and told us they felt able to speak to them when they needed to. Comments included, "[Manager's name] is very good at her job I think, any requests I've made she's met", "[Manager's name] has taken over, she is very nice" and "We're delighted to have her as the manager."
- People and their family members confirmed they felt listened to and were able to make suggestions. One family member told us, "They know everybody and know all the relatives." The manager had introduced a monthly newsletter which people and family members were positive about. One person told us, "The newsletter is good, it keeps us up together with what's going on and it is nice to know."
- Staff we spoke with were positive about the manager and told us there had been an improvement in the service since they had been in post. They told us they felt listened to and the manager was responsive to their suggestions and ideas for improvements. Comments from staff included, "[Manager's name] would listen to suggestions and if able to be implemented they would be", "All I can say is since [manager's name] has been here things have changed and things will continue to change and improve" and "[manager's name] has a more open style, more of a hands on approach and a more supportive style."

Working in partnership with others

- The service worked with external health professionals and were able to demonstrate an understanding of how to make appropriate referrals when required.
- People had care records with relevant information, for care staff and other professionals to refer to when necessary, and in the event of an emergency.