

Your Life Management Services Limited Your Life (Lymington)

Inspection Report

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Summary of findings

Overall summary

Your Life (Lymington) provides personal care to people living in their own homes within an extra care housing development. At the time of the inspection they were providing care to 11 people.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People told us they were well cared for and their needs were met at times that were convenient to them. People, and their relatives, felt involved in their care and told us they were able to talk with staff and the registered manager about any concerns they had.

Staff received the support and training they needed in order to carry out their duties to a good standard.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Act protects the rights of people who are not able to make decisions about their care or treatment.

Management of the home was good and we found there was a positive relationship between staff and management. People living in the home and relatives also spoke very highly of the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt the staff were concerned for their welfare and they were safe. Risks were managed effectively and people were involved in discussions about how this should happen. For example, one person described how a new risk assessment had been done with them around how they received their personal care safely.

Staff we spoke with were able to talk confidently about how they protected people from abuse and the processes that were in place to do this.

There were enough skilled staff available to meet people's needs. We looked at three staff files and saw that proper recruitment and induction processes were recorded. There had been no missed calls to people and people told us that staff arrived on time to provide their care.

Staff demonstrated an understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Mental Capacity Act 2005 protects the rights of people who are not able to make decisions about their care.

Are services effective?

People and their families were involved in planning and reviewing their care. We saw that people received the care described in their care plans.

Staff supported people to use healthcare services and had the knowledge and skills necessary to contact medical professionals by prior agreement or in emergencies.

Staff received training and support that enabled them to provide a good standard of care. People told us that they felt assured that the staff had the appropriate skills. The staff team was well established and told us they were confident they had the skills and knowledge to meet peoples' care needs.

Are services caring?

We observed, and people told us, staff were caring and kind. People also commented on how their dignity and independence were promoted by staff.

Relatives we spoke with were all positive about the care and support for people who used the service. This was echoed in discussions with staff who spoke knowledgeably and with fondness about the people they supported.

Summary of findings

People and their relatives were actively encouraged to make their views known about their care and support both by staff as they carried out personal care and by the senior staff in day to day contact with people

Are services responsive to people's needs?

People told us their views were encouraged and listened to. Care plans recorded people's likes, dislikes and preferences and staff understood that this information helped them to provide care in line with people's wishes.

When people's needs changed the staff were quick to respond and we saw that care plans were reviewed and appropriate professionals involved. We heard from relatives about how small changes were picked up quickly and care plans changed accordingly.

Staffing levels were set in response to people's needs and personal care visits were long enough to ensure care was not hurried. People received their care at times that were convenient to them.

People's concerns were acknowledged and responded to. People told us they could talk to the staff and registered manager openly and with confidence. They felt that if they had concerns that they would be taken seriously, and action would be taken. One person told us that the registered manager was the sort of person who gets things done.

Are services well-led?

The registered manager promoted a positive culture for staff to work in. The staff we spoke with had a clear understanding of their roles. They told us they felt supported by the registered manager and senior staff. People and their relatives told us they believed the service was well led by a registered manager they had confidence in and respect for.

Staffing levels were monitored and maintained at safe levels. We saw that the staff were busy but they understood what the expectations of them were and felt able to achieve them.

There were effective systems in place to monitor the quality of care provided. Audits and interviews were undertaken regularly. We also saw that the registered manager was approachable and asked for people's views. People told us they felt confident that if they needed to complain this would be dealt with effectively.

Summary of findings

What people who use the service and those that matter to them say

We spoke with six people who were receiving care, three relatives, four staff, and the registered manager.

People told us they were happy with their care, they told us they were treated kindly and with respect. One person said: “The care is very good.” Another person said: “I would definitely recommend it. I think they are A1.” They told us they received the care they needed in the way they wanted it from staff who knew them well. Comments included: “When I need more help I get more help and when I don’t it isn’t there; they are very competent.”; “It is usually the same people and they tell you if they are going to be off.” and: “The staff are very observant and they identify if someone needs help, no fuss is made, it is there. There is no sense ever that it is a nuisance. It is just done.”

People explained that the competent care and the community feel of the extra care housing scheme made them glad they had moved. One person said: “I wondered about the move... but I don’t regret a day.”

We spoke with three relatives who told us they were happy with the care their relative received. One relative told us: “I can’t praise them enough.” Another relative said: “They are looking out for them, making their lives better. I can see they enjoy making people’s lives better.”

People and relatives were very positive about the registered manager. One person told us: “Bernie (registered manager) is excellent. She pulls this place together. It is very well led.”

Your Life (Lymington)

Detailed findings

Background to this inspection

We visited the service on the 15 May 2014. 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 is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection under Wave 1.

Due to the size and nature of the service the inspection was carried out by one inspector.

On the day of the inspection there were 11 people receiving personal care living in their own homes in the housing

complex.. We were shown around the premises including the communal lounge and dining areas and we were invited to visit six people in their flats. We also spoke with three relatives, four members of staff and the registered manager. We also spent time looking at records, which included five people's care records, and records relating to the management of the service including three staff files.

Before the inspection we reviewed all the information we held about the service . At our last inspection in October 2013 we did not identify any concerns with the care provided to people. We reviewed previous inspection reports and information received by the Care Quality Commission.

Are services safe?

Our findings

People told us they felt safe because the staff thought about risks and discussed identified risks with them. One person told us: “The care plan is changing because they have done a new risk assessment around how they help with personal care. We have talked about it.” Staff told us they thought risks were managed well in consultation with people. We looked at three people’s care records and saw they contained appropriate risk assessments that were reviewed regularly. The risks faced by people were clearly identified and what staff needed to do to minimise these was clear. For example, we saw that one person had risks associated with their skin care. The care plan included clear information about the personal care and the skin creams that minimised these risks. The care plan was written clearly and described how the person liked their personal care to be carried out and how the creams should be applied and recorded. We spoke with the person and they told us that their care plan was followed.

People told us they felt safe because the staff were caring and concerned about their welfare. One person said: “They are very good – they make sure I am safe.” The relatives we spoke with shared this sense of security. One relative explained that the staff knew people well and so noticed minor changes. They gave an example of their relative being a little late for lunch in the shared dining room and the staff went to check if they were ok because this was unusual.

We spoke with three staff about how they protected people from harm. They described what they would do if they thought someone was at risk of abuse. They had current training that meant they knew about different types of abuse, how they could recognise the signs of abuse, and what their responsibilities were in reporting any concerns.

We were told by the registered manager that all people currently have the mental capacity to make their own decisions. Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and how to apply the principles of the Act. The Act protects the rights of people who are not able to make decisions about their care or treatment.

Staff described how consent to care worked in practice. They all described how they checked if what they were doing was what the person wanted. One member of staff

described how they were aware this could be difficult for people: “I always ask if they are ok. I know they might not say if they are not ok.” They also described how they also looked for signs that the person was not happy, or uncomfortable, with something. People also told us that staff checked with them before carrying out care tasks. We spoke with the registered manager who told us that everyone receiving personal care had the mental capacity to make decisions about their care. We saw that the three care plans we looked at had been signed by the person to say they agreed with their original care plan and any changes that had been introduced.

The registered manager had an extensive knowledge of the Mental Capacity Act 2005. They were also aware of the ruling from the Supreme Court on 19 March 2014 that extended the definition of when people are at risk of deprivation of liberty to those people living in their own homes. This had not affected anyone receiving care from the service.

We saw that staff kept a record of accidents and incidents whether or not they happened when staff were present delivering personal care. These contained detailed information about what had happened, and the action that had been taken as a result. These reports were monitored by senior staff and appropriate action taken as a result. For example, we saw that falls were analysed and people were supported to make appropriate referrals to healthcare professionals to prevent, or reduce the risk of, reoccurrence.

People told us they felt safe because there were enough skilled staff available to meet their needs. One person said: “We feel safe... they (the staff) have been well vetted. I know they are trained.” We looked at three staff files and saw that proper recruitment and induction processes were recorded showing that checks had been made to ensure staff were suitable to provide care to people. Staff also described how they had the right training to undertake their role safely and that there was back up when needed. One member of staff explained: “If I am worried I can always buzz down, there is always someone there.” Another member of staff described a time when they found someone unwell and they had received immediate support from a senior member of staff.

There were enough staff available to meet people’s care needs. We asked about late and missed calls. The registered manager monitored the times of calls and told

Are services safe?

us the staff had never missed a call and had only once had a call that was half an hour late due to an accident. The person was informed that their call would be late and there was no negative impact. We spoke with the staff and the registered manager about how they determined staffing levels, and they explained that they were determined by the care needs of the people. Staff were confident that, as

people's needs changed, the time available for their calls would be increased and they cited times that this had happened. A relative described how the time available to their family member had been increased to ensure they received safe and appropriate care.

Are services effective?

(for example, treatment is effective)

Our findings

People and their families told us they had been involved in planning their care and they received the care as planned. One person told us: “We agreed the care plan between us and they do it.”, another said: “We checked the care plan and agreed with it. They do what it says.” We read five people’s care records and saw that people and their families had been involved in the assessments of their needs and had signed to say they agreed with the plan that had been written. Staff told us the care plans reflected the care and support people needed. We spoke with staff about people’s care needs and they described current support needs consistently and confidently. The care plans were personalised with the small details that ensured people received care in exactly the way they wanted. For example, one care plan detailed the way a person liked to be supported with their personal care. We saw from daily records that the care and support people received followed the plan of care and the records provided appropriate information to review the care provided.

The care people received was reviewed regularly and as necessary. People and their relatives told us they were involved in reviews, and we saw this reflected in the records. For example one review record quoted the person saying: “I am very happy with the team”, when asked about their care. Staff explained how they would report any changes back to senior staff. They told us that when care plans changed they were made aware of this in a verbal handover and it would be noted on the care plan straight away. We saw this in the five care plans we looked at.

People told us they saw regular staff from a small team and this meant they had consistent care from people who they knew and who knew them. They told us this was important. One person said: “It is usually the same people and they tell you if they are going to be off.” The staff also acknowledged this. One member of staff told us; “You see the same people and so you become more confident of their needs.” Staff described how they had learned to meet people’s needs by shadowing more experienced staff and they continued to check with people that they were happy with the care they were providing. This was important to people and they told us this made them more confident that their needs would continue to be met appropriately. One person said: “I have great confidence that they would change things. One can be honest with them.”

Staff supported people appropriately to see or get advice from health professionals. In most situations this was by encouraging the person to make an appointment with the appropriate health care professional or making their family aware of changes or concerns. One person told us: “They notice before I do and will prompt me if I am getting unwell. They would say, ‘I think you need to phone the doctor.’” A relative also told us the staff monitored their family member’s skin condition and made them aware of any changes. They told us this had led to a big reduction in their relative’s skin becoming sore. Where appropriate, and with agreement in the care plan, the staff contacted health professionals directly in relation to on-going health conditions. Staff were confident to contact emergency medical services and they told us they had done so when required.

Staff had the knowledge and skills necessary to carry out their role. They told us they felt confident to undertake all aspects of their role because of the training and support they received. One member of staff said: “I get all the training I need.” People also told us they felt the staff had the skills and knowledge necessary to do their jobs effectively. One person said: “They must get good training. They know what they need to know. They have all the basics.”

Staff had received training relevant to their roles. All staff had current training in areas such as safeguarding and manual handling. They also had training specific to their role such as nutrition and Parkinson’s disease. New staff were supported to understand people’s care needs through an induction process that reflected national training standards for new staff. Opportunities to achieve nationally recognised qualifications were also available to all staff.

Systems were in place to support staff to carry out their roles and responsibilities to a good standard. Staff we spoke with told us they received regular supervision and that this supported them to carry out their role. Supervision is a tool used between an employer and an employee to monitor and improve working practices. It is an opportunity to discuss on-going training and development. We looked at three staff files and saw they contained a record of regular supervision. The records showed they were directly linked to observations of care

Are services effective?

(for example, treatment is effective)

practice and were a two way process between the staff member and their supervisor. This meant staff had the opportunity to raise any concerns they might have and identify any training needs.

Are services caring?

Our findings

We spoke with six people, they told us they were treated kindly and with respect. One person said: “The care is very good.” Another person said: “I would definitely recommend it. I think they are A1.” They explained that the way the staff treated them meant there was a good atmosphere within the extra care housing scheme. One person told us: “There is a very relaxed atmosphere. It is lovely.” We observed interactions between staff and people in shared areas of the building. We saw staff were familiar but respectful and interactions were unrushed.

There was a stable staff team who had mostly worked for the service for some time and knew the people they supported well. Staff spoke fondly and knowledgeably about the people they supported. They showed an understanding of, and respect for, people. For example, they knew their life histories and described the importance of their relationships. The respect and familiarity was valued by people receiving care, who reflected on the personalised nature of their care and communication with the staff. One person told us: “We can have a laugh. That matters.” Another person told us: “They always communicate little changes.”

People were confident that their privacy and dignity were respected. One person told us: “The staff are all very good. They would never talk about anyone else.” They told us they trusted the staff and they could talk to them openly without any anxiety. They also felt that their abilities were respected. One person talked about how the staff promoted their independence, they told us: “I do more of it (personal care) now than I did, they’ve helped that.” Another person commented on how respectful the staff were when people needed help in communal areas, for example if they needed assistance during a meal in the dining room. They told us: “The staff are very observant and they identify if someone needs help, no fuss is made, it is there. There is no sense ever that it is a nuisance. It is just done.”

We spoke with three relatives who were very happy with the care their family member received. Comments included: “I can’t praise them enough.” They explained they felt that their relatives were well cared for and the staff had their best interests at heart. One relative said: “They are looking out for them, making their lives better. I can see they enjoy making people’s lives better.” People described how their lives had been improved by the personalised care they received. They described how care and support was there when they needed it and it was provided in the way they wanted it to be done.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People told us they were encouraged to make their views and requests known and they got what they asked for. One person said: "I can ask the person who is caring whatever I want - They are very flexible". People were encouraged to make their views known about individual issues related to their own care and group issues. People told us there was a regular coffee morning for the people living in the flats where they were able to share their views on a wide range of issues. People told us being able to discuss things that were not directly to do with their care did reinforce that they were listened to.

People's views were recorded. The five care records we looked at included information regarding the person's interests and preferences as well as their care needs. The care plans had all been updated as people's needs changed and were reviewed regularly. This meant that the information available to staff was current and responded to people's needs, wishes and preferences.

People told us their care was delivered sensitively and in a responsive way. One person, whose needs varied, told us: "When I need more help I get more help and when I don't it isn't there; they are very competent." We saw that, when people's needs changed beyond those described in their care plan, this was identified by staff and led to timely change. A relative told us the staff always made contact if there was a change. They told us: "They are proactive in making sure their needs are met."

Staffing levels were set in response to people's needs to make sure everyone had their allocated visit time. Staff told us they did not feel hurried and that it was understood if a person's care took longer. They told us, if they called the senior member of staff, they would help and make sure

other people's calls were not delayed. One staff member commented on how they were supported by senior staff to be responsive to people's needs. They told us: "to create that sense of time... that makes a difference."

People told us there were a range of activities available and that the social aspect of living in the flats was important to them and stopped them feeling isolated. The activities available reflected the interests and knowledge of the people. We discussed the activities with the registered manager who described how they ensured activities were available to everyone and that they planned activities that would benefit people of all abilities. We heard about these activities from people and saw pictures on display. We saw that recently people had enjoyed a cheese and wine party, a poetry evening and quizzes. There was a talk scheduled that was being given by two people living in the building. One person told us: "We get on. It is nice to come and spend time together." We saw in one person's records that they had retired to bed after the cheese and wine party telling the member of staff who was providing their night time care: "Well that was my kind of party." One person described how the community feel promoted by the staff made them glad they had moved. They told us: "I wondered about the move... but I don't regret a day."

People's concerns were acknowledged and responded to. People told us they felt their concerns would be taken seriously and they were confident they would be heard. One person said: "I would talk to Bernie (registered manager) if I wasn't happy. But first I would resolve it with the carer; I have never had cause to need to." Another person, who also was clear they had never needed to complain, told us they would be happy to. They said: "You can talk about things; there are no recriminations." There was information about how to make a complaint in the information people received from the service. We saw that the service had not received any complaints relating to personal care since the last inspection

Are services well-led?

Our findings

The staff, people, and relatives we spoke with told us they felt comfortable discussing anything, including concerns, with the registered manager and senior staff. One staff member said: “They are all very kind and approachable.” When we spoke with people about the management of the service they all spoke with respect and affection for the registered manager. Comments included: “Bernie is a tremendous help, she has enough oomph to alter things. She works jolly hard.”; “Bernie is excellent. She pulls this place together. It is very well led.” and “She is approachable and very sensible too.” They told us she had always worked hard to develop relationships and solve problems with, and for, people as appropriate. One person told us: “I think you have to be a certain sort of person to do it right. She is that sort of person.”

They were also complimentary about the staff, identifying positives as part of the way all staff worked. One person told us: “All of the staff are the same – it must be what you do here.” Another person said: “All the staff are so nice. They are very well chosen.”

People were encouraged to be involved in leadership. We saw that the tenants of the flats met regularly and this was actively supported by staff who made sure people who needed help to attend could take part if they wished to. The tenants meetings discussed a range of issues and managed the amenities fund.

Staff meetings were held regularly and we saw that staff had regular contact with the registered manager and senior staff throughout our inspection. Staff meeting minutes held records of discussions around improving the quality of the care provided and staffing related subjects such as

identifying training and planning staff support. This supported a shared understanding of goals and values amongst the staff team because staff had an opportunity to discuss them together.

Staffing levels were maintained at safe levels. We saw the staff were busy but confident in what they needed to be doing. We looked at the rota and saw that all care calls were covered by the staff team. Staff and people told us that calls were on time. There was always a senior member of staff available to assist with unforeseen circumstances. The staff were all trained to a level that enabled them to work with all the people who were receiving care.

The staff told us they felt supported to carry out their roles. One member of staff told us: “It is a very comfortable place to work. I am not stressed.” Another member of staff described the support, and told us: “I have regular sessions with my line manager but you can approach anyone. I definitely feel supported.” We discussed how mistakes were managed. All the staff we spoke with told us that, whilst they would not want to make mistakes because they wanted to get people’s care right, they would not hesitate to talk to the senior staff. They told us mistakes would be used as an opportunity to improve.

We saw there were effective systems in place to monitor quality within the home. We looked at the audits undertaken and saw there were effective systems in place that were carried out by both the registered manager and the area manager. People were involved in these processes and we saw their views were actively sought through face to face discussion and surveys. The registered manager described development work they were involved in that sought to further improve how they learned from quality assurance with a specific emphasis on people’s experiences of the care they received.