

Yourlife Management Services Limited

Your Life (Basingstoke)

Inspection report

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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

Your Life (Basingstoke) is a domiciliary care agency providing home care services to people who live in one of the leasehold apartments located in the grounds of Lady Susan Court in Basingstoke; if people wish to purchase a personal care service from the provider. People can also arrange personal care with external providers if preferred. At the time of inspection, they were providing care to 11 people, which included older people, and people with a physical disability or sensory impairment.

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

The provider had a safeguarding policy, which detailed actions to help keep people safe in the event of concern to their safety or wellbeing. People told us they felt safe with the care provided. There were enough staff in place to safely deliver care to people. The registered manager would cover calls as a backup. People were supported with medicines safely and appropriately by the provider.

Staff received training and support in their role this included shadowing experienced staff. People and relatives were positive about staff. People's needs were assessed prior to care commencing. This included supporting them with food and drink as well as ensuring their health needs were met by working with other agencies and professionals.

People told us staff were kind, caring and friendly. Staff knew people well and respected their preferences. People told us staff had time to listen to them and answer their questions. People told us staff promoted their dignity whilst helping with their personal care.

The registered manager had ensured care plans were reviewed regularly and involved people and their relatives. This included details around people's medical needs, preferences and risks related to their care. The reviewed care plans reflected people's needs. People and their relatives told us they felt they could make a complaint or raise issues if they had to. The service was able to provide good end of life care and involve people in the planning and choice of how this was delivered by staff.

The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver high quality care that led to good outcomes for people. Staff were clear about their roles, the risks people had and how to report issues. Staff felt engaged and involved. The registered manager regularly reviewed the quality of care with people and their relatives.

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

Rating at last inspection

The last rating for this service was good (published 8 November 2018).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Your Life (Basingstoke)

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 2 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.

Service and service type

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

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.

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 registered manager would be in the office to support the inspection.

We visited the location's office on 21 June 2023.

What we did before the inspection

We 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.

We reviewed information we had received about the service since the last inspection. This included notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 7 relatives of people who used the service about their experience of the care provided. We spoke with the registered manager, and 4 members of staff. We reviewed a range of records. These included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us when asked if they felt safe, "Oh yes the staff are fantastic here." A relative told us, "Yes we feel safe."
- The provider had a safeguarding policy which detailed actions to help keep people safe in the event of concern to their safety or wellbeing.
- The registered manager understood their responsibilities in reporting safeguarding concerns to relevant local safeguarding teams. Staff received training and knew what and how to report concerns. This helped to ensure any concerns were immediately addressed.

Assessing risk, safety monitoring and management

- There was an 'out of hours' phone line, which people, relatives or staff could call if they needed to speak with the registered manager or other senior staff. This helped to ensure the provider had systems to respond to incidents or emergencies.
- The provider ensured people received care when they needed it. People were able to let office staff know if they needed emergency assistance through a call button system. Although calls may not be scheduled, staff responded to these emergencies promptly. This helped people to get the support they needed to keep them safe.
- There were contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as staff shortages. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised.
- Risks related to the delivery of care were identified in people's care plans. These included when people required their care calls at specific times, when they had specific medical conditions, risk of falls or issues related to delivering care in people's home environment. This helped to reduce any risks identified to people and staff.

Staffing and recruitment

- People told us there were enough staff and if staff were sick there was always cover. Most people we spoke to said they received their care at consistent times and from the same staff. People told us they would be informed if staff were running late. People's comments about staff included, "Yes, I am happy." and a relative told us they had "No concern whatsoever."
- There were enough staff to safely deliver care to people. The registered manager or duty manager would cover calls as a backup to support new staff or to cover staff sickness.
- Staff had a good induction to their role which included shadowing other more experienced staff. This included competency checks on all staff.

- There were safe recruitment processes. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Although checks were carried out to help determine candidates' character, experience and conduct in previous employment, they did not always show applicant's complete work history. One staff file checked did not have checks for a previous care position, but the registered manager made efforts during the inspection to correct this. The registered manager told us they would review staff files to check for the above.

Using medicines safely

- People received their medicines safely and in line with their prescription. Staff who administered medicines had appropriate training and their competency was regularly checked by senior staff.
- People we spoke to were happy with the way the service supported them with their medicines. People and relatives we spoke with all told us there had not been any missed medication.
- The provider had a medicines policy. This detailed the support they were able to give people with their medicines and the procedures staff were required to follow. We found there could have been more detail about the effects and side effects of the medicines people were taking. This could be improved by including a patient information leaflet for each medicine. We spoke with the registered manager about this and they told us they would put this in place.

Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance including regular spot checks on staff.
- The provider kept stocks of personal protective equipment (PPE) in the office which were made available to staff when needed. People had PPE in their apartments for staff to use there. One staff member told us they, "All (PPE and gel) are in their (people's) home. (We dispose of PPE) after and wash hands for each person you go to."
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff logged incidents and accidents on the provider's system which were followed up by the registered manager. Although incidents were logged against individual people and dealt with there was not an overall process in place to learn from these. However, the registered manager had identified that falls were the largest issue and worked to improve this.
- The registered manager had put a falls log in place to better manage the risk of falls to the people supported. This included details of the fall and actions taken by staff or emergency services. Learning from this had resulted in an inflatable chair being purchased to assist people to get off the floor after a fall. Staff were in the process of being trained on this.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were assessed prior to their care commencing. These assessments included staff reviewing people's needs with them and their families to ensure care tasks were reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff received training and support in their role which included shadowing experienced staff. The registered manager would also get feedback from people to tell them how staff were doing in their role. This meant they were able to meet the needs of the people they supported.
- People and relatives were positive about whether staff had received enough training. One person told us, "Certainly the ones I've had have." and a relative said, "Yes, I believe so."
- Staff training was online and face to face which covered all the areas expected to enable staff to safely support the needs of people. Staff's practical assessments for manual handling and medication administration were completed with senior staff during their shadowing and annually thereafter.
- Staff new to care received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were encouraged by the provider to complete further qualifications in health and social care. One staff member we spoke with said they had completed their level 2 and wanted to start their level 3.

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

- People's nutritional needs and preferences were identified in their care plans. Risk assessments associated with eating and drinking, such as food allergies or swallowing, were included. For example, one person's care plan included how their meals were prepared and choices were given to them. We found one care plan was unclear about how much thickener to use, but this was under review by the registered manager as it may not be required.
- People were mostly independent in this area but where support was needed from staff it was clear what was required. People we spoke to said they used the onsite restaurant for their main meal but had the choice to make their own meals or get support if needed.

Staff working with other agencies to provide consistent, effective, timely care

- The provider made timely referrals to health and social care professionals to ensure people had the appropriate support. This included when people's needs changed meaning they required increases or decreases in their care. One person told us, "(I'm) looking to up my care. If you want care or help you can get

it."

Supporting people to live healthier lives, access healthcare services and support

- People's specific health needs and conditions were documented in their care plans. These included any care tasks staff needed to complete to promote people's good health.
- People had independent arrangements in place to manage their ongoing health input, such as appointments related to their medical conditions.

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.

- The registered manager and staff we spoke to had a good understanding of the MCA. One staff said, "(People have the) capacity to make decisions, right to make their own decisions, ok to choose a bad decision. (If) deemed not (to have) capacity, family, social services help, would be in their best interest, least restrictive."
- All of the people receiving care had the capacity to make their own decisions. This was clearly documented in their care plans.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 told us staff were kind, caring and friendly. Their comments included, "Lovely", and "Everybody is very friendly."
- Relatives we spoke with were happy with staff and staff showed concern for people and their wellbeing. One relative said, "I have got no complaint, they treat us with compassion". Whilst another told us, "I feel they look after us as a family, they get in touch with us if they feel [relative] is being sleepy."
- Staff knew people well and respected their preferences. Staff said, "Yes, they are like my family really." One person told us when asked if staff gave them choice as to how they wanted things done, "Yes, oh yes."

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

- People told us staff took time to listen to them and answer their questions. One person said, "(Staff are) good and caring, and talk to me."
- People were able to choose the care they wanted and change the level of support if needed. One person told us, "Usually we have a (care plan) review once a year. If I felt I needed anything else I could ask them."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity whilst helping with their personal care. One person told us staff were respectful of their belongings. Another person told us they had a key safe installed to improve the privacy in their apartment.
- Staff ensured people remained as independent as possible by doing what they were able to. One person remained as independent as possible, only having care for what they needed. They told us they were able to prepare their own meals and medication but needed help as it was, "Difficult to get down to my feet."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager had ensured care plans were reviewed regularly and involved people and their relatives. They included details about people's medical needs, preferences and risks. The reviewed care plans reflected people's needs.
- People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.

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.

- The provider was meeting the communication needs of the people they supported. For example, one care plan had information to support a person with poor sight and hearing, stating that they should make sure glasses were clean and hearing aid working.
- People's communication needs were assessed prior to care starting and documented in their care plans. This included their preferred method of communication when planning or reviewing their care. This also included where people were living with dementia and the consideration needed for this.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt they could make a complaint or raise issues if they had to. When asked if they were comfortable to make a complaint, a relative said, "Everybody is so concerned about getting things right that you could raise a concern with anyone and it would get sorted." One person told us if they had a complaint, "Definitely sure it would be dealt with."
- The registered manager contacted people frequently to see if they had any concerns and had built up a good relationship with people and relatives. One person told us, "Everybody is very friendly."
- The provider had a complaints policy in place which was sent to people who used the service. The policy outlined how people could make a complaint and how their concerns would be addressed. The registered manager sought feedback from people to hear their concerns and oversaw appropriate actions to resolve them.

End of life care and support

- The service was able to provide good end of life care and involved people in the planning and choice of how this was delivered by staff. Although the provider was not currently providing end of life care, the provider had delivered end of life care previously. People's care plans showed this, and one had details to support a person with their recent bereavement. People had plans in place for if they deteriorated, which included if they had a do not attempt cardiopulmonary resuscitation (DNACPR) or not. There was clear evidence of people's wishes being considered by the provider.
- Staff had completed training in end-of-life care and staff had an understanding of what good end of life care was. This meant they were better able to support people. Staff told us, "They (people) need to feel comfortable and trust you."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver high quality care that led to good outcomes for people.
- People and relatives we spoke to were positive about the service. People's comments included, "I would give it 100%." and, "Staff are excellent." Relatives told us, "Yes, (relative) is happy with the carers" and, "We are happy to continue (with the service)."

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 aware of the need to be honest and transparent in the event of certain notifiable events. The registered manager had good relationships with people's relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their role, potential risks to people and how to report issues.
- There was a system of regular checks and audits to monitor the quality of service provided. The registered manager recorded the regular checks they carried out. These included monthly quality audits to check the service and that people's care continued to meet their needs.
- The registered manager was aware of reporting requirements to CQC and other organisations, including new ones which had been introduced during the COVID-19 pandemic. We discussed with the registered manager the incidents they had and the follow up made to ensure they understood the reporting requirements.

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

- The provider involved people who used the service and their families about their care. This included calls, questionnaires and visits to people by the management to review their care plans.
- Staff felt engaged and involved. The registered manager held staff meetings where staff were able to raise issues concerning themselves and the people they supported. Staff said about the meetings, it is all about "Communications" and, "(We) try to do care and support weekly updates."
- Staff felt well supported with the registered manager and duty manager, having regular conversations with

them. These were documented and helped staff to discuss people's needs as well as their own development. This helped ensure support and resources were available to enable the staff team to develop and be heard.

Continuous learning and improving care

- The registered manager reviewed incidents and made appropriate referrals, such as those around falls. This looked at ways of improving the outcomes for people with the use of equipment to make it easier to assist people to get up. This meant they did not have to wait for the ambulance staff and would reduce time spent on the floor.
- The registered manager regularly reviewed the quality of care with people and their relatives. These were documented in their care plans. A relative said, "I am quite satisfied."
- The registered manager kept up to date with current guidance and standards through local professional forums, online resources and their continuing professional development.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The registered manager worked with social workers and other professionals to monitor how effective care was. The provider had involved the older person's mental health team for a person living with dementia. This helped them to ensure people's care was appropriate and they received external support when needed.