Yourlife Management Services Limited

Your Life (Eastleigh)

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

This inspection site visit took place on 5 June 2018 and was announced.

Your Life (Eastleigh) provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There were 56 individual apartments within the building. There was an office base and staff provided people with a range of services including personal care, medicines management and cleaning services. At the time of the inspection six people were receiving care and support.

The service had a registered manager however on the day of our visit they were on annual leave. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider continued to take appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

There were sufficient numbers of staff deployed to meet people's needs.

Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable people. All staff had been subject to a check by the Disclosure and Barring Service (DBS) and had also been required to provide references prior to commencing employment.

Medicines were administered safely to people when they needed this support. Staff were aware of the infection control measures in place to reduce the risk of the spread of infection.

Staff continued to receive the training required to carry out their roles effectively and new staff had also been supported to undertake a period of induction.

Staff had the skills they needed to support people. Staff were regularly assessed through spot checks to

ensure they knew how to support people in a safe, respectful and effective way.

Staff understood the principles of the Mental Capacity Act 2005.

People were supported to access healthcare professionals when required.
Staff provided a service which was caring, respectful and promoted people's privacy and dignity.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views.
There were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Your Life (Eastleigh)

Detailed findings

Background to this inspection

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

This announced inspection took place on 5 June 2018 and was carried out by one inspector The provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager and staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with the duty manager, the area manager and two care staff. We also spoke with two people receiving care and support and two relatives.

We looked at the provider's records. These included three people's care records, three staff files, training and supervision records, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us that the service continued to be safe and that they felt safe with staff providing their care. One person told us, "I like the feeling that I'm not alone and that if I fall there's someone to call". Another person said, "I feel safe here. It's ideal for what I want".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC) if they felt their concerns had been ignored. One member of staff told us, "I don't think anyone here would ever have to go down that route because our concerns no matter how small are taken on board. However if I ever felt my concerns hadn't been taken seriously or action taken I would have no hesitation in talking to the CQC or adult services".

Care plans and risk assessments evidenced people's needs were regularly reviewed and risks to their wellbeing identified. Where there were concerns about people's safety, plans were put in place to guide staff on how to safely meet that person's needs. For example, one person was at risk of falls. Detail in their risk assessment provided clear instructions for staff members when delivering the persons support to help reduce the risk of them falling. Risk assessments contained sufficiently detailed and person-centred information and included risks relating to people's mobility, nutritional needs, medicines and personal care. For one person with cognitive impairment there was a risk of them leaving their home, wandering, becoming lost which posed a risk to their well-being. The service followed the principles of the Herbert Protocol in partnership with the Police and Hampshire Search and Rescue. The Herbert Protocol is an early intervention scheme designed to help emergency services locate 'vulnerable people' and pays specific attention to people deemed at risk of going missing. Risk assessments included a photograph of the person, places of interest, (favourite walks, old school etc.) and weekly / daily routines.

There continued to be adequate staffing levels to meet people's needs and provide safe, consistent care and support. People told us they received their care calls as expected and staff consistently arrived at their apartments when expected.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment

referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

People continued to receive their medicines and creams as prescribed and these were recorded accurately. One person told us, "My carer comes at set times with my medicines and waits until I've taken them". We looked at the Medicine Administration Records (MAR) for three people and saw that medicines had been administered and signed for correctly. Where people managed their own medicines, this was recorded and respected.

The registered manager had arrangements in place to manage and monitor infection control practices. Gloves and aprons were available for staff to use as required.

Accidents and incidents were recorded and managed appropriately with detailed investigations undertaken along with learning to prevent reoccurrence.

Good

Is the service effective?

Our findings

People's needs had been assessed and care plans were based upon assessments of their needs and wishes. These assessments had been used to create detailed person centred support plans.

People told us they received the support they wanted with their nutritional needs. As people lived in their own apartment their food was purchased by themselves or their relatives. The service had a restaurant accessible to people which provided meals during the day. At other times people received support from care staff to prepare light meals and snacks. One person said, "If want a drink or anything else in my [flat] between meals I can just press the buzzer [and staff will come]".

Staff continued to have the necessary skills and knowledge to effectively support people. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. People and their relatives were confident staff had the knowledge they needed to provide care. People spoke positively about the skills of staff supporting and caring for them. One person told us, "They all have first aid training which I like". Another person said, "They know exactly what they're doing when they're helping me". Staff competency to care for people effectively was assessed through regular competency checks in a number of areas such as care, dignity, safety and communication. Staff told us that they received regular training which was provided in-house and included an assessment of staff's competency in each area.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision meetings are processes which offer support, assurances and learning to help staff development. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. We found people were asked to sign their care records to document they consented to their care and support. Where people had appointed someone to make decisions on their behalf this was recorded within their care plan as well as the persons' ability to make their own decisions. In the case of one person, we viewed documentation from the Office of Public Guardian (OPG). The OPG is a government body that, within the framework of the Mental Capacity Act 2005, protects the private assets and supervises the financial affairs of people who lack mental capacity for making decisions. This meant that the provider could be assured that people's rights were protected and people acting on their behalf had the legal powers to do so.

People had access to appropriate health care services to maintain their physical and emotional health and care plans confirmed this. Most people receiving care and support had capacity or relatives that arranged any appointments or transport to healthcare services. The duty manager told us they had good relationships with GP's, district nurses, the community dementia team and other healthcare professionals and would make appropriate referrals for advice or support when required.

Good

Is the service caring?

Our findings

People told us staff continued to be caring and treated them with kindness. One person told us, "The carers are very good; they're kind, compassionate and they have a sense of humour". Another person said, "We have a lovely group of carers; they're pleasant, cheerful and they seem to enjoy their work". One relative asked to talk with us about the care their father had received and who had sadly passed away a few days before our visit. They told us, "The staff here have been amazing. They are very attentive and I had no worries at all. Knowing Dad was being looked after so well had a massive impact on me and my sister".

There were systems in place to support people to express their opinions. People were supported to express their views and be actively involved in making decisions about their care and support. People confirmed they were always included in discussions about their care and support. One person told us, "They talk through with you the way you want them to help you". People's care records were person centred and detailed and contained sufficient information to help staff understand individual preferences. For example, one person's care record detailed how they would like to be supported and what staff could help them with to achieve this. Peoples care plans also included a 'Map of life'. This recorded people's hobbies and interests as well as details of siblings, relationships, work history and aspirations. People told us they were encouraged to express their views and make decisions for themselves. People's preferences, likes and dislikes were always respected.

Staff explained they enjoyed getting to know people by chatting with them and their families. As people lived in an extra care housing setting people were able to access communal dining, lounge and garden areas. People told us they could choose to use the communal lounge or remain in their own flat. Staff told us they served tea and coffee in the communal lounge every afternoon and used the lounge for various events or activities. Most people told us they used the lounge as and when they wanted to socialise with other people or attend events.

People we spoke with told us they believed their privacy and dignity to be respected by all the staff. People told us staff knocked before entering their property and during the inspection staff knocked and asked people if it they wanted to talk to us first. One person said, "They always knock or ring my doorbell". Staff we spoke with were able to tell us about how they ensured they upheld people's privacy and dignity. Staff had received training on privacy and dignity and the topic was discussed in supervision sessions with staff and team meetings.

People told us they had been asked about their views and experiences of using the service regularly during care reviews. Care plans we viewed contained evidence to support that people's views were sought.

Care records were kept securely locked away so that they remained confidential. Information was available within care files to inform people of who had the right to access their file and people had signed consent to state they were in agreement. This showed us that the provider was being open and transparent with people regarding confidentiality of their information.

Good

Is the service responsive?

Our findings

People continued to have their care needs met in a personalised way and plans were subject to regular review. Each person had a care plan that was tailored to meet their individual needs. Care plans were highly detailed and made clear people's personal preferences, their likes and dislikes and guided staff on how best to support them. People we spoke with told us their individual needs and preferences were met and that staff were very responsive. Records showed people and their relatives were involved in developing their care plans which were regularly reviewed.

People told us care staff continued to be responsive to their needs and delivered the care they wanted and needed. Each person had use of a call system to request support that was easy to use and alerted staff immediately. One person said, "If I wanted something I would only have to press my call bell and they would come and help me". A member of staff we spoke with told us, "We go the extra mile for people. Things like putting their laundry away for them or helping them with packing their shopping away. We always check before we go if there is anything else people need".
Staff knew people and their support needs well, they told us they knew people's allocated times and what support people requested. Staff told us they arranged events and activities for people using the service which gave them an opportunity to chat to people and for people to socialise. One person told us, "We have been to music events, quick quizzes and we also attend meetings in the lounge". A computer was available and people had Wi-Fi access to use if required.

People continued to understand how to make a complaint if they were dissatisfied with the service. One person told us, "I have no complaints. If I felt strongly about something I'd talk about it to [registered manager] or [assistant manager]". Another person said, "If I had a problem I would certainly be able to speak out". We checked the records in relation to concerns and complaints. There had been no complaints recorded since our last inspection.

Minimal information was included within people's care plans about their end of life wishes. The duty manager told us that at the time of our visit no one was receiving end of life care. They also told us that they asked people about their end of life wishes and preferences as part of their care planning however most people did not wish to discuss this.

Good

Is the service well-led?

Our findings

People spoke positively about the registered manager and the staff who supported them. Comments included, "I am happy with the service", "It is a nice place to live", "Overall I am happy here", "A good service" and, "Very satisfactory".

People said they saw the registered manager regularly and could speak with them whenever they needed to. We saw people visiting the office for support and advice during our inspection and the duty manager responded positively to them. One person told us, "[registered manager] is very nice and helpful". Another person said, "[registered manager] is here all the time, and a nice person. In fact everyone is nice. She [registered manager] is on holiday now for two weeks but this place will still be as good even though she is away because everyone works well together".

Staff told us the registered manager was very supportive and it was a good service and organisation to work for. One staff member told us, "She [registered manager] is fantastic and knows all the clients".

The registered manager had systems in place, which helped them to ensure audits and other checks were up to date. The registered manager completed a quality audit, which included checking records related to the service. All information from these audits were submitted to the provider for analysis and to identify any trends that could support improvements across the organisation. In addition the provider carried out a quality assurance audit which was very detailed and looked at all aspects of the service, the audit included actions required for the registered manager to address. The area manager told us, "We visit the service regularly to support the team and to carry out our own internal audits to ensure on-going compliance with the regulations. If we find any shortfalls we work with the registered manager to devise action plans to remedy these".

There were effective systems in place to check and ensure that staff had the competencies needed to undertake their caring job roles. They received regular spot checks of their work which meant that their practice and interactions with people were observed and monitored in areas including caring approach, safety, effective communication and respecting dignity. These systems meant that the service had oversight about staff skills and were able to highlight and take appropriate action if any areas for improvement were identified.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. The provider had notified the Care Quality Commission (CQC) of all events and incidents that occurred in accordance with our statutory requirements. This meant that CQC were able to accurately monitor information and risks regarding the home.

Ratings from the last inspection were displayed at the entrance to the complex as well as being available on the registered provider's website as required. From April 2015 it is a legal requirement for providers to

display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

The service had a clear vision to provide independence, choice and high-quality responsive, person-centred care. Through our discussions staff and the management consistently demonstrated the values associated with the service. People and their relatives told us they had confidence in the management of the service. Staff told us the management were supportive and approachable.