Yourlife Management Services Limited

Your Life (Lymington)

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

The inspection of this service took place on 4 April 2018 and was announced.

Your Life (Lymington) 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 42 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 four people were receiving care and support.

The service had a registered manager. 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.

People told us they felt safe when staff were in their homes and the staff called at the expected times which helped to make them feel safer.
People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

Systems were in place to monitor and improve the quality of the service provided.

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 (Lymington)

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 checked 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 inspection took place on 4 April 2018 and was announced. We gave the provider 24 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We also contacted three health and social care professionals for feedback on the service but did not receive any responses.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, two members of staff, three people receiving care and support in their own homes and one relative. Following our inspection we spoke with a further relative by telephone to obtain feedback on the delivery of care.

We reviewed care records and documents central to people's health and well-being. These included care records relating to four people, recruitment records for four staff members, staff training records and quality audits.

We last inspected the service in March 2016 and rated the service as Good.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff that had time to provide all the care needed. One person told us, "I feel very safe with my carer". Another person told us, "I like all the carers and trust them with all my care". A relative told us, "Very happy with the service. I know that my relative loves to see them".

The service had policies and procedures which protected people from the risk of abuse neglect or harassment. Staff had received training in safeguarding and all staff were required to complete regular refresher courses. Training records and discussions with staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

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 would have no hesitation at all in reporting poor care or practice", whilst another added, "It's my job to protect people. If I saw something and didn't report it then I'm not doing my job properly".

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.

There were sufficient numbers of staff deployed to meet their needs in a relaxed and unhurried manner. We reviewed the staff rota for the previous four weeks. There were enough staff deployed to meet people's needs. People received support from a consistent team and they told us their calls were never missed, and always 'on time'.

Care plans and risk assessments evidenced people's needs were regularly assessed 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. Risk assessments contained sufficiently detailed and person-centred information and included risks relating to people's mobility, nutritional needs, medicines and

personal care. Risk assessments demonstrated people were encouraged and supported to maintain their independence whilst promoting their personal safety.

Some people required support with their medicines. The provider had policies, procedures and auditing systems in place to help ensure medicines were managed safely. Staff had been provided with training and had been supervised to help make sure they carried out this task safely. Not everyone receiving the care service needed this type of support and others needed only reminding to take their medicines. Where people needed support or reminding about their medicines this had been incorporated into their care package. The medicine administration records (MAR) we looked at were completed to the required standard. One person told us, "Staff come and check that I have taken my tablets, they never forget".

There were systems in place to ensure that accidents and incidents were appropriately recorded and analysed to identify any trends. Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. A staff member described the actions they would take in the event of an incident which showed us that people's safety and wellbeing was at the forefront of the care and support provided. At the time of our inspection there had been no recorded accidents or incidents however the registered manager was able to demonstrate the actions they would take if they were required to do so.

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.

Good

Is the service effective?

Our findings

People and their relatives told us they were cared for by staff who had the skills and knowledge they needed to meet people's needs They told us they felt staff were well trained and competent in their work. One relative told us, "The care is very good. My relative needs specialised help with eating and staff had to have training before [name] came home from hospital. I was invited along to the training and became involved. If they were unable to provide this, [name] would have had to have gone into a nursing home but they are here, in their own home, independent and being cared for very well". The registered manager told us, "I am very proud of the work that we have completed. It had a great impact for the service user concerned. Had we not been effective in sourcing the training and worked in conjunction with the service user, their family, dietician, hospital discharge team the service user may not have been able to return to his home which was his preferred choice. We have supported them to enable that outcome. I feel that it also empowered the staff team to grow their skills and knowledge and although many of them were very nervous at first they are all comfortable with the process now and have commented that they feel proud of themselves for gaining this new skill".

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness.

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings, spot checks / working supervisions and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. The registered manager told us, "Our supervisions are linked to the Care Quality Commissions, (CQC) Key Line of Enquiries (KLOE's). Each time we look a little more in depth into a subject and by discussing this with the member of staff and looking at any relevant policies we can get an idea of their knowledge and understanding. It also helps us to identify any extra training and support needs staff may have". For example, in November 2017 and January 2018 supervision meetings embraced the KLOE, 'Safe' and included discussion around safeguarding and the safe use of medicines. This was confirmed in records which also showed staff were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "Yes we have them regularly. It's a two way conversation so I get to know how I am doing and I can tell them how I think I can improve".

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They [staff] always encourage me to do what I can for myself even if it's with their support. They never come in and assume or take over. They always ask me before they do anything". A relative told us, "They [staff] are always very pleasant and start by asking how [person] is". A member of staff told us, "I never assume a person can or can't do something for themselves. I always ask how they are and how I can support them. It's very important to ensure people are encouraged to maintain as much independence as possible".

People's care plans contained information about the support required to maintain their health and well-being. A relative we spoke with told us the registered manager had been a strong advocate for their parent, who lived with dementia and had worked on their behalf in liaising with health and social care professionals to ensure their relative received the care and support needed. The registered manager told us, "We worked with the community mental health team in respect of the person living with dementia and their family who shared our concerns regarding their nutrition. We worked with their family to get on line shopping set up when they no longer remembered to shop for themselves and ready meals so that we could ensure they had a hot meal each day". This demonstrated staff worked effectively with other healthcare professionals to ensure people's needs were met and risk to health and well-being minimised.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest. Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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

When needed, people would be provided with support with eating and drinking where this had been assessed as a need. Most of the people who lived at the service were independent with eating, drinking and meal preparation and did not require support. Most people took their main meals in the complexes restaurant area however all care staff we spoke told us if a person needed help with meal preparation they would follow the person's choice.

Good

Is the service caring?

Our findings

People told us they liked living at the service and were happy with the level of care and support they received from staff. Staff knew people well and people knew the staff. We observed staff interacting with the people they supported in the communal lounges or in the persons own home. Staff appeared to have a very good relationship with people and knew them all by name. One person told us, "I find it lovely here and all the girls are lovely. I don't want to move and I love my view". A relative told us, "The staff are caring and helpful; they will do extra jobs to help out".

The provider employed a consistent team of staff who knew people well and had developed positive caring relationships with them. We received positive feedback about the consistency of staff. One person told us, "I mostly see the same staff, you get used to them. We know them all now". Care plans contained person-centred information to support staff to get to know people and new staff were introduced to people before they started providing care. This supported staff and people who used the service to develop meaningful caring relationships.

Care plans were detailed and provided staff with guidance on how people wanted their care to be given. One person told us, "The girls [staff] know my ways and how I like things done. They all know me so well I see them as part of my family". Another person said, "Once they have helped me with my tablets we have a cuppa and a chat. They've got to know me that way and are very polite". People indicated that staff knew how people preferred their care to be provided.

Staff supported people to make decisions and people had choice and control over how they were supported. People told us staff asked their permission before providing care and support and listened to their instructions. One person said, "When they come in to do things, they always ask if it's all right". People were offered a choice about when they wanted their care and support to be provided and how their needs should be met. People we spoke with told us their privacy and dignity was respected by 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 my door or ring my bell before coming into my flat".

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.

Good

Is the service responsive?

Our findings

People told us their care and supportneeds were reviewed and kept up to date and they had a care plan folder in their home with information in it about their care. People told us they were involved in their care planning, had seen their care plans, and agreed with what was documented. Individual needs were assessed and a person centred care plan was developed. People told us they received care in the way they wanted. One person told us, "They do what I want, and if you ask them to do something extra they will". Another person said, "I have got to know most of the staff and if there is anything you need they will help. Living here has made life easier".

Care plans included daily support records, mobility, personal hygiene, well-being, nutrition and hydration, medical conditions and related guidance. These were written in a person centred way and people or their representatives had signed the care plan. They described in detail the type of support people were to receive at each visit and the duration of the visit. Staff knew people and their support needs well and were able to tell us people's allocated times and what support people needed.

The registered manager told us the service was committed to providing good quality care at the end of people's lives. They would liaise with other professionals to identify advice, guidance, equipment and medicines needed to support people. At the time of our inspection nobody living at the complex required this level of care. However the provider had arrangements in place to support people at end of life to remain in their own homes and care plans documented people's preferences, wishes and requirements about how they would like their care at the end of their life. Staff working at the service had attended training on end of life care.

The provider had a policy and procedure in place to govern how they managed and responded to complaints. If people had any worries or concerns they told us they would be confident to speak with staff who supported them or staff working in the office. Information about how people could complain about the service they received was provided to people in the statement of purpose and service user guide, which was provided to people when they started to use the service. A complaints procedure was also displayed in the reception area of the building which detailed how people could make a complaint. People we spoke with knew how to make a complaint and felt that they were listened to. One person told us, "I have never had a complaint but I would go to [named registered manager].

At the time of our inspection people understood the information they needed regarding all aspects of their care and support and did not require information to be in specific format. For example, large print, pictorial or picture exchange cards (PECS). However the service had policies, procedures and systems in place to ensure that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Good

Is the service well-led?

Our findings

People spoke positively about the registered manager and the staff who supported them. 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 registered manager responded positively to them.

The registered manager promoted an open, positive and person-centred approach to providing care and support. People knew the registered manager by name and responded positively towards them. The registered manager had a good understanding of people's needs and oversaw an organised and coordinated approach to providing care and support. We found they were committed to continually improving the service and aspired to providing consistently high quality care and support to benefit people's quality of life. This genuinely caring and person-centred approach was recognised in the feedback we received from people who commented, "They're excellent", "(registered manager's name) looks after me", "They care about me, they check on me", and "(registered manager) is here a lot, and a nice person".

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, "The registered manager is fantastic and knows all the clients". Staff told us how they attended regular meetings to discuss the running of the service and met at the start and end of each shift to share information.

The service followed the FREDA principles. The FREDA principles are a human rights-based approach in the way in which human rights can be protected in clinical and organisational practice by adherence to the underlying core values of fairness, respect, equality, dignity and autonomy (FREDA). The PIR states, 'All staff have equality and diversity training and this covers the Equality act and Human rights. We also are very aware that staff working within our organisation have their rights protected by a robust human resources manual containing policies and procedures to uphold and protect staff including whistleblowing, staff are empowered and encouraged to speak up about concerns that they have for service users but also for their colleagues. Care plans for individual service users reflect FREDA and service users are involved in planning their services and all care plans are reviewed every six months or if there are changes in the individuals needs or following hospital discharge'.

The registered manager had systems in place 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 was 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 manager to address.

The registered manager ensured staff received consistent training, supervision and appraisal so they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff meeting minutes and supervision records were detailed, and staff felt they were

listened to as part of a team. Staff received regular observations of practice. These included specific task observations, for example, assisting a person who used the service with medicines and ensuring the member of staff used a person centred approach.

The service worked with external health care professionals and families to plan packages of care that offered choice and control to people in their own accommodation. We saw that the service was working with other agencies to support people with complex needs to remain safe in their own property. The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that notifications had been received.