

Yourlife Management Services Limited

Your Life (Southsea)

Inspection report

Tudor Rose Court
South Parade
Southsea
PO4 0DE

Tel: 02392865962
Website: www.yourlife.co.uk

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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 Southsea is a domiciliary care agency providing personal care and support to people living in their own homes within a complex of 66 apartments. 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 medicines. Where they do, we also consider any wider social care provided. There were eight people being provided with personal care at the time of our inspection.

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

Staff ensured that people were safe from harm. Risks to people were assessed and procedures were in place to help keep people safe. The provider's systems protected people from the risk of abuse. All staff were aware of their responsibilities with regards to safeguarding people. Medicines were managed safely, and people were protected from the risks associated with the spread of infection.

The provider had a range of quality assurance processes, including systems necessary to maintain safe environments. The registered manager ensured policies and procedures met current legislation and were up to date. People and relatives told us they were asked of their views about the quality of the service. Action plans were completed in response to any comments raised.

People told us staff encouraged them to maintain their independence and were professional. Staff respected people's right to privacy and dignity. The registered manager knew the importance of person-centred care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had detailed care plans which reflected how they wanted to receive their care. Care plans were reviewed regularly. People and relatives were fully involved in all aspects of planning care.

People knew how to raise concerns. Incidents and accidents were monitored by the registered manager. Where accidents and incidents occurred, the registered manager ensured appropriate action was taken for people to reduce the likelihood of injury or reoccurrence.

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 7 May 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Your Life (Southsea)

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 completed by two inspectors.

Service and service type

Your life Southsea is a domiciliary care agency providing personal care and support to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 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.

Inspection activity started on 3 May 2022 and ended on 5 May 2022. We visited the location's office 3 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and received feedback from three relatives. We spoke with four members of staff including the registered manager. We requested feedback from two health care professionals.

We reviewed a range of records, including four people's care records, six medicines records and four staff files in relation to recruitment and staff supervision. We looked at records in relation to the management of the service, such as policies and procedure and training data.

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 were supported by staff that knew how to protect them from the risk of abuse. Staff completed safeguarding training and all staff we spoke with demonstrated a good understanding on how to recognise the signs of abuse and actions they should take if they had safeguarding concerns.
- A person said, "Staff are very good, they make me feel safe."
- Staff told us they were confident to raise any concerns about people's safety. One person said, "I've never had to raise any but know any concern raised would be acted on."
- The provider had a safeguarding policy. The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. Care plans included relevant risk assessments which identified potential risks to people and how these risks should be managed and reduced. These covered a range of areas, including, medicine management, moving and handling, financial transactions and the environment.
- A relative said, "[Relative] is very safe indeed, there are risk assessments in place to make sure of this. They are not in any danger."
- Staff demonstrated an understanding of individual risk assessments for people and how to manage them safely so that people were provided with safe care. A staff member said, "It is our duty to understand the risks people face."

Staffing and recruitment

- Staffing levels met people's needs and maintained their safety. The registered manager monitored and reviewed the support people needed to make sure there were enough staff.
- A relative said, "They're so nice when you meet them in the corridor" and "pretty seamless care."
- Safe recruitment procedures were in place. Pre employment checks had been carried out such as identity checks, and disclosure and barring (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us there had been some staff shortage during the pandemic however staff were flexible and covered shifts when required and all care visits were completed. The registered manager had recruited some new staff who were undergoing induction training.

Using medicines safely

- People were supported to take their medicines as prescribed.
- There was a system in place to cross check medicines in people's homes with administration records.
- Medicines were audited at the end of each week to ensure errors were identified and action taken to prevent any re occurrence.
- Staff completed medicines training and had their competencies regularly checked.
- Guidance was in place to inform staff when and where to apply topical creams and lotions.

Preventing and controlling infection

- The provider had an up to date infection control policy in place and staff had received training in the prevention and control of infection.
- Staff had access to protective personal equipment (PPE) such as disposable gloves, aprons and face masks, people told us staff put on their PPE before entering their home.
- We were assured that the provider was accessing testing for people using the service and staff.
- A relative said, "They handled Covid well, the proof is in the pudding as no outbreak in the building."

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Accidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. The service had reviewed its processes for supporting people with their finances to ensure better oversight.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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. At this inspection the rating 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

- Assessments of people's needs were undertaken before they began to receive care. These assessments were used to develop care plans.
- Records showed the management team monitored care to ensure it was in line with current guidance.

Staff support: induction, training, skills and experience

- Most staff we spoke with told us they found the support they received to be good, although this was not every staff member's experience. The registered manager described initiatives they would be implementing to address this.
- Staff were issued with a staff handbook which gave them an introduction and background to the service, and other information related to staff employment such as policies and procedures.
- Staff underwent induction training upon commencement of the role, which followed the Care Certificate standards. 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 received regular supervisions and appraisals. This allowed the registered manager to monitor staff knowledge and tailor any further training, where needed.
- Staff told us they had received relevant training. They told us most of the training was remote (computer) training and that it would be better if some training was delivered face to face or in a group setting. We spoke with the registered manager who advised that as the pandemic improves more training will be delivered face to face.
- The provider's training records showed a wide range of training was completed across relevant areas.

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

- Where required staff ensured people were supported to have good levels of hydration and nutrition.
- Care plans described the level of support people required in relation to eating and drinking.
- People told us they were happy with the arrangements in place to support them with food and drinks. One person told us that they have a bistro in the complex which serves a hot lunch every day, the person said, "I sometimes eat in the bistro the food is very good and it is nice to talk with other people whilst having a meal."

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

- People were supported to live healthier lives through access to health care professionals such as their GP's, district nurses, occupation therapist.
- Staff told us they knew when to contact outside assistance. People's care records showed evidence of this.
- Where external professionals were involved in people's care, their guidance and advice were incorporated into people's care plans.
- People were supported to attend medical appointments by staff if required.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us staff gained their consent before supporting them with their care and support.
- The management team and staff had a good understanding of their responsibilities which made sure people were supported in line with the MCA.
- At this inspection no applications had been submitted to deprive someone of their liberty. Some people had lasting power of attorney registered to ensure they had someone to act on their behalf should their health deteriorate, a copy of this was held in their care records.

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. At this inspection the rating 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

- The diverse needs of people using the service were met. This included individual needs relating to disability, gender and ethnicity.
- Staff talked about people with real consideration and kindness they spoke fondly and respectfully about the people they supported. They emphasised their desire to be kind and compassionate in the support they provided.
- A relative said, "[Person] has two cats in the flat- one of the only services that would allow [person] to bring cats with them and this had made a great deal of difference to [person]."
- A person said, "I had [relative] stay during Covid as I live alone, the service supported this and feels that made a big difference to how I coped through the pandemic."

Supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in developing their care plan. Each person's care plan was tailored to their individual needs and preferences.
- Regular reviews of people's care and support were completed, and care plans were updated to reflect any changes.
- People were encouraged to make decisions about their care. Regular spot checks were completed to monitor staff competency and to obtain feedback from people.
- The registered manager sent out questionnaires to family and people using the service to gain views on their opinion of the care given. The registered manager told us they were developing a questionnaire to send to health and care professionals to gain their view on the service.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- People were treated with dignity and respect, language used in care plans was respectful. Staff told us people's privacy was respected.

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. At this inspection the rating 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 approach to care was person centred. Care plans were informative and evidenced that people had been fully involved in developing their care plans and how they wanted to be supported. People had taken the time to provide and share specific details about preferred routines and what level of assistance they required, and this was reflected in their records.
- People's changing needs were responded to quickly and appropriately. The manager was confident staff recognised when people were unwell and reported any concerns to a person in charge or directly with relevant health or social care professionals.
- There were communication systems in place to help promote discussions, so that staff were aware of people's changing needs in their care. This included handovers and daily records.

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 service was meeting AIS requirements. Personalised and comprehensive communication care plans were in place and people were supported to communicate in a way which best suited their needs. Information about people's communication needs was accessible for staff in their communication profile.
- Staff told us a person used a communication application on their mobile phone as they have difficulty talking sometimes.
- The manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be offered in larger print.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system to respond to concerns or complaints.
- The provider had responded to complaints in an appropriate and understanding manner which resolved people's concerns.

End of life care and support

- Staff had received training and understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.

- The service was able to provide end of life support in conjunction with health professionals, where required. At this inspection no one was receiving end of life care.
- Some people had made advanced decisions these were recorded in the care plan and regularly reviewed.

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. At this inspection the rating 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

- Staff were able to engage with the service through regular supervision and staff meetings. Supervisions provided the opportunity for staff to discuss matters they wanted in a one to one setting with the registered manager.
- Recent staff meeting topics of discussion included, but were not limited to, staff rota, recruitment, medicines, safeguarding, Covid 19. There was an action plan in place to follow up issues raised during the meeting. This enabled the provider to focus on achieving positive outcomes for people.

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 understood their responsibilities under the duty of candour which requires services to act in an open and transparent way when accidents or incidents occurred. The registered manager described how this would be used if the need arose.
- The registered manager demonstrated a commitment and understanding of their role and responsibilities. The management team were found to be open, honest, and enthusiastic to continually look at ways to improve the service.
- A relative was positive about the communication and open and honest approach by the management and staff and told us how the staff had supported them as relatives.

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

- The registered manager was aware of their CQC registration requirements, including the requirement to submit statutory notifications about key events should they occur.
- The provider had systems and processes to assess and monitor the quality and safety of the service. This included spot checks completed on staff's performance, having regular contact with the person using the service and staff and providing staff with support and training.
- Robust quality assurance systems were in place to ensure shortfalls were identified and prompt action taken to ensure people received safe and effective care at all times.
- Audits were carried out on aspects of the services, which included medicines, care plans and risk assessments.

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

characteristics

- A relative confirmed they and their family member felt involved and consulted about the care provided.
- The provider had systems and processes in place to gain feedback from people about the care they received. This was via regular contact by the registered manager and feedback questionnaires. Results we saw were positive.

Continuous learning and improving care, working in partnership with others

- The management team worked with a range of stakeholders involved in people's care. These included occupational therapists, district nurses, GPs and safeguarding authorities. The local authority was asked for any concerns about the service, at the time of the inspection they did not have care packages with the service however, they did confirm there were no safeguarding concerns about the service.