

Yourlife Management Services Limited

YourLife (Littlehampton)

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

YourLife (Littlehampton) provides personal care to older persons in a setting called 'assisted living' where people have their own privately-owned apartment in a purpose-built development. The assisted living scheme had communal areas such as a lounge, restaurant, hairdressers, laundry room and beauty therapy room which people could use.

At the time of this inspection 45 people lived in the development. At the time of the inspection only four people received personal care from the service. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. YourLife (Littlehampton) also provided and organised activities for people. People were able to purchase other services which were not personal care such as meals in the restaurant which was not provided by YourLife (Littlehampton).

More information is in Detailed Findings below.

People's experience of using this service:

- The service was totally committed to assisting people to pursue their interests which created a sense of belonging and purpose. A range of activities were on offer to ensure a variety of opportunities which reflected people's wishes and interests. The registered manager was passionate about providing person centred care and this was reflected in every aspect of the service. People and relatives were empowered to help run and improve the service. People knew how to complain and told us where they raised concerns the management acted promptly to address these.
- People told us they received safe care. They were supported by consistent and suitably trained staff. People received support to take their medicines safely and as prescribed. Risks to people's well-being and environmental safety were recorded and updated when the circumstances changed. The lessons were learnt where appropriate to improve the service further.
- People's rights to make their own decisions were respected. They were supported to access health services if needed. People's dietary needs were assessed and where required people were supported with their meals.
- People received caring and compassionate support from the staff. The management team led by example and staff referred to people in a caring way. People were complimentary about staff and about positive, caring relationships they were able to form with the staff. Staff respected people's privacy and dignity and people were supported to be as independent as possible.
- The service was managed by a registered manager who had a clear vision on the quality they wanted to provide. There was a clear staffing structure and staff were aware of their roles and responsibilities. The

provider had a number of quality assurance systems in place and there was a focus on further development. The service worked well with other partners and organisations.

Rating at last inspection:

Good (report published 11 May 2016). At this inspection we found the service continued to be Good, and in some areas improved to Outstanding.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

YourLife (Littlehampton)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations under the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

YourLife (Littlehampton) are a domiciliary care agency (DCA). Not everyone using Yourlife (Littlehampton) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 72 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office on 29 January 2019 to see the registered manager and to look at the records.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We met with two people and two relatives in the communal areas to gather their views about the support received. During the office site visit we looked at records, which included two people's care and medicines records. We checked training records for all the staff employed. We looked at a range of records about how the service was managed. We also spoke with the registered manager, the duty manager and

four care workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they were safe. One person said, "Staff are very good at keeping me safe. They check I have drunk enough so that I do not become de-hydrated. They make sure I stay well."
- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. The provider had a safeguarding policy for staff to follow. Staff knew what actions to take and said they would report any concerns to the manager.
- A poster was displayed on an information board for people which detailed who to contact if a person or relative had a concern.

Assessing risk, safety monitoring and management:

- Risks to people were assessed, recorded and updated when people's needs changed.
- Risk assessments were written in a person-centred way. People's risk assessment included areas such as mobility, showering and other individual conditions.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, some people were at risk of sore skin. Staff could identify when people's skin was becoming sore and the measures to take to reduce this risk.
- There was a system to record accidents and incidents; any emerging trends were identified. We viewed these records and saw appropriate action had been taken where necessary. For example, medical advice was sought and lessons learnt discussed with the staff.

Staffing and recruitment:

- People were supported by consistent staff. People told us they felt there was enough staff and no person we spoke with reported any missed visits. One person said, "This is my home and I want to stay here as long as I can. There are enough staff. I can always get hold of a staff member when needed outside of my agreed support times."
- The provider followed a safe recruitment system to ensure staff were suitable to work with people.

Using medicines safely:

- People, if needed were supported to take their medicines safely and as prescribed.
- People's care records contained lists of people's prescribed medicines, this included people that self-medicated.
- The management team ensured people's medicine records were completed accurately. If the medicine record was not fully completed this was followed up to ensure there was a valid reason, such as a person declining to take their medicines.

Preventing and controlling infection:

- The staff were trained in infection control. People told us staff used gloves appropriately, for example when

assisting them with application of creams.

- The staff had access to protective personal equipment, such as gloves and aprons, available in the office and in people's apartments.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could be improved going forward. For example, following a concern people's safety may be compromised due to decline in health and mobility the registered manager had increased the number of staff onsite, to provide any additional calls a person may request outside of their agreed hours of support. This ensured peoples were not left at risk and needs could be met safely.

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. 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 care records showed support was planned in line with best practice guidance and reflected professional's involvement.
- People's needs were assessed before they were started receiving care from the service to ensure these needs could be met. The initial assessment included people's physical, cultural and communication needs. People's care records contained one-page profiles about people's conditions for reference.

Staff support: induction, training, skills and experience:

- Staff had the knowledge, skills and experience to support people effectively. People told us staff knew how to support them.
- People were supported by staff that had ongoing training that was relevant to their roles.
- Staff had additional training around people's specific conditions if needed, for example, catheter care and dementia awareness.
- Staff were encouraged to study for vocational qualifications in health and social care. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff shadowed experienced staff.
- Staff told us and records confirmed staff were supported in their roles. They had regular one to one meetings with their line manager to discuss their care practices and development opportunities.

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

- People's dietary requirements and support needs were included in their care plans. For example, one person's care plan showed the person had an allergy to certain food and the level of assistance they required.
- People were supported with their meals if needed. One person said, "It's great that I can come to the restaurant and have food cooked for me, I can chat to my neighbours. It's a community."

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

- The registered manager had good relationships with the local medical practice and with the pharmacy. Issues were addressed as needed.
- The registered manager worked closely with the local authority community team, who regularly reviewed a person's care.

Adapting service, design, decoration to meet people's needs:

- People's needs were met by the design and decoration of their apartment. The provider as part of the persons assessment of care while supported by Yourlife, ensured any adaptations to the apartment needed were carried out by an agreed external contractor. For example, a person's mobility had changed, requiring

them to use a wheelchair. The provider worked with the individual to ensure the work tops in the persons kitchen were lowered to the level required for the person to effectively use them. Their shower was also adapted into a walk-in room which meant the person could shower independently.

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

- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- People attended appointments with professionals such as their GP, dentist and optician. As needed, people were supported to make referrals to specialists, such as occupational health and physiotherapists where people had difficulties with their mobility.
- Care records included a 'This is Me' which provided information in an accessible format about people's care needs, likes, dislikes and preferences. The document went with people if they had to be admitted to hospital, to provide guidance for healthcare staff.

Ensuring consent to care and treatment in line with law and guidance:

- People's rights to make own decisions were respected. One person said, "I am able to make the decisions over the day to day things that affect me. I choose the staff I have, the clothes I wear and how I spend my days."
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. Comments from staff included, "If a person is unwell, their capacity can at times fluctuate. We then assess the persons capacity for the decision that needs to be made and at times best interest meetings do have to occur. However, each person has rights and their views should still be sought, included and respected."
- 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 Act requires 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.

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. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- The caring nature of the service was shared by all, the registered manager told us the provider aimed to create a caring organisation. Feedback from people reflected they formed caring relationships with staff. Comments included, "The carers are very kind, they really are caring. The service offered is top-notch."
- The service continued to have a strong person-centred culture. Staff could tell us about people's individual needs, preferences and backgrounds. The registered manager and staff promoted positive outcomes for people. Records confirmed that people's views about how they wanted to be supported had been explored and used to inform their care plans. For example a person had requested they would like only female staff to support them with their personal care. The person confirmed this had been provided.

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

- People told us the staff knew people's preferences well and knew how people would they liked their care to be delivered. One person said, "I know I have a care plan I do have control over what is in it. The care plan instructs staff how to keep me safe and reflects my choices." Another person said, "They know me very well and are interested in my views." A third person said, "My input into the menu for the restaurant was taken on board. My views are important."
- People's individual communication needs were assessed and recorded in their care plan. A staff member said, "We have quite a few people that use hearing aids and who wear glasses. We support them to wear these correctly."

Respecting and promoting people's privacy, dignity and independence:

- All people we spoke with told us staff respected their privacy and dignity. One person said, "The staff are caring, they make sure I am comfortable. They check in on me. I know when they are coming. They knock and maintain my privacy. I enjoy living here." A staff member said, "Personal care should be a dignified time where the person feels safe and involved. I give reassurance to the person what I am doing and gain their consent first. I make sure the door is closed, I cover certain areas of the body not being washed and explain what I am doing throughout the process."
- People were encouraged to maintain and develop their independence as far as possible. For example, participating in cooking and cleaning. The approach continued to be staff doing activities 'with' people rather than 'for' people. We observed staff enabling a person to make a cup of tea. One person who used to have support with mobilising, was now fully independent in this area. The service had achieved positive outcomes for people as their independence had increased and staff continuously supported people to achieve more.
- People's care reviews included goals which were meaningful to them and their progress was monitored and reviewed to support them to develop their skills at their own pace.
- The provider recognised people's diverse needs. There was a policy in place that highlighted the

importance of treating people equally.

- People's confidentiality was supported and information about people was held securely. Staff told us how they respected people's privacy by not talking about them in front of other people and closing a person's curtains when supporting them with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received exceptionally personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social diversity, values and beliefs. This was evident from all staff within all roles. The person-centred culture was embedded at all levels. For example, the management team and staff went above and beyond to meet people's likes and dislikes.
- The registered manager ensured that staff focused on building and maintaining open and honest relationships with people and their families and friends. This really helped to promote and ensure the service was person centred.
- A relative said, "[Person] is crazy about lions and tigers. Any programme that comes on with these animals they just love watching. [Staff], in her own time saw a calendar with lions and tigers. She bought it for [Person]. She didn't have to do that, but that's the sort of people they are here. Its brought her happiness." A staff member said, "We offer each individual we support a first-class service to enable each person to remain in their own home, enabling them to lead a normal life as possible. You have to be person centred to achieve that. Recognising each person as an individual."
- People's care plans identified where they would benefit from support to become comfortable to certain events or activities. For example, one person found it difficult to trust people and be near them, so staff had slowly and gently built up their 'space sharing' with the person. This had resulted in the person being more trusting with sharing space with other people. They now regularly sat close to staff and joined other people, after lunch in the restaurant, to have tea in the communal lounge. Another person who used to spend large amounts of time in bed, with the continual encouragement from staff had now chosen to leave their bed and apartment to have lunch with their neighbours in the restaurant once a week. People's needs were outlined in care plans, there was a clear information what level of support is required on each of the visits and the care plans were current and reflected people's needs.
- The registered manager recognised people's changing needs and the importance of prompt reviews. A relative said. "[Person] has deteriorated over the past year. However, the support [person] gets has been brilliant. They go above what they should be doing." Records demonstrated that since the persons care has been reviewed and other professionals involved in the persons care, they now had an enthusiasm for life which has had a positive impact on their physical and emotional well-being.
- The provider was totally committed to assisting people to pursue their interests which created a sense of belonging and purpose. This was provided outside of the support contracted to be delivered.
- One person said, "Being able to do knitting is a long-time passion of mine. Instead of doing this in my apartment on my own, Yourlife has provided a comfortable space for neighbours to come together. Those of us who enjoy this, do it together. It means a lot to me to have this, at this stage of my life. I can't get lonely."
- There was a timetable of activities on display and people told us about the range of things they had participated in. People could access exercise classes, Bingo and puzzle afternoons. People in receipt of the Regulated activity 'personal care' confirmed they regularly accessed these activities and found them to be

an important part of their day to day lives. Records confirmed people at risk of isolation benefitted from being encouraged to leave their apartments to take part in their choice of arranged activities.

- On the day of our inspection, there was a 'bring and share' evening. The registered manager told us this was to support people remember recipes from their past. People spent the afternoon cooking in their apartments and then brought the food to share for the event. The event was used as a discussion point on how recipes differ today, to how people used to cook when they were younger. Staff told us how different people responded to the event. For example, one person who had not spoken or socialised much whilst in their care had been encouraged to attend the event. During our inspection we observed the person have their meal in the restaurant and then meet their neighbours in the communal lounge to discuss the 'bring and share' that evening. Staff were amazed and told us this then opened another window of discussion with the person.
- People were encouraged to make suggestions to the programme. One person had asked for a 'Happy Hour.' They told us, they had been encouraged to do this by staff and that it had been so successful there were now three 'Happy Hour's' each week. The person said, "It's great to get the neighbours together. We all bring a bottle of something, wine, water, whatever. We share it and spend the time talking. There are about 20 of us that attend. We really look forward to this and are incredibly grateful that Yourlife can facilitate this."
- External events were arranged in 2018 such as working with a local hospice to create a 'supper and quiz' evening, a local retailer came to have a party and show their products which allowed people to test different lotions they may not normally use. Local children from a school were invited to sing with people. People told us and records demonstrated this had a real positive impact on people. People confirmed this made them feel involved in their community and not forgotten.
- There was a dedicated hobbies room for people to access with a kitchenette to make drinks. People chose what hobbies took place such as art and crafts, card night, film night and access to a computer. Artwork created by people was displayed in the communal lounge and was for sale. People told us this was a significant part of their day to day life on the assisted living site. People confirmed that had they lived in alternative accommodation in a different kind of set up, they would unlikely participate in their hobbies. People confirmed that staff constantly encourage them to pursue their known interests, which meant people felt they kept their identities of who they are.
- People were enabled to develop and improve the service. The registered manager met with people and asked them how she could best deliver local news within their community. A documented discussion took place and people requested an information board to be displayed with 'This week's local information.' This included newspaper clippings, taxi information, local events such as a reading group that occurred at their local library, local items for sale and theatre productions. We observed people taking the time to catch up with what was on the board during our inspection. Other people told us, they preferred a newspaper delivered to them, which the registered manager had arranged.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, a person was hard of hearing. Their care plan guided staff on the person's hearing loss and how to provide personalised support.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and the records reflected complaints received by the service were recorded and investigated.
- People and their relatives told us they knew how to make a complaint. People told us when they raised concerns these were dealt with. One person said, "[Registered manager] is very good. She listens and that is what is important. I have never needed to make a complaint." One relative said, "In eight years I have only ever had one issue. This was resolved by the manager. They [care staff] are all very good and very patient."

- The service received a number of compliments and the registered manager ensured any positive comments were passed on to the individual staff. One comment described the service they received as, 'Brilliant service and welcoming staff.'

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people and their families for completion should they chose to do so. Where known, people's wishes were recorded and families were involved as appropriate. Staff had training around death and bereavement issues.

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. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and relatives, said the service was well-managed. One person said, "I think she [registered manager] is to be admired for the way she runs this place."
- The registered manager planned and delivered person-centred, high-quality care and consistently achieved positive outcomes for people. This considered all aspects of a person's life, addressed people's health needs promptly and maintained links with their local community. This was evidenced through feedback received and records reviewed.
- The provider promoted an open and transparent, no-blame culture. A staff member said, "The managers door is always open. She is so approachable. Our team meetings focus on how we can be better and how we can improve when things don't go quite right."
- The registered manager demonstrated how they fulfilled their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

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

- The registered manager spent time with people and staff to ensure a high standard of care was delivered. The duty managers had a good oversight of the service and on all aspects of the service delivery. For example an audit had identified a staff member had not been offered a contract or job description. The following audit demonstrated action had been taken to resolve this.
- All staff understood the requirements of the CQC regulations and how to meet these. Staff told us the remit of CQC and how we inspect had been discussed at a team meeting.
- The staff were aware of their roles and worked well as a team, staff told us there was a 24 hour on call system to access if they required support outside of office hours.

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

- The provider created opportunities for people to provide feedback. People had regular reviews, they could provide feedback during the care reviews and spot checks. Annual surveys were also encouraged for people and relatives to complete. Comments from the most recent survey included, 'Carers are very good' and 'Carers are happy and cheerful.'
- The staff told us they were valued and able to contribute their ideas to the running of the service. A staff member said, "[Registered Manager] listens. She really wants to improve the experience of people here and values our opinions in how to do that."

Continuous learning and improving care:

- The registered manager had a number of quality assurance systems in place. These included, audits of medicines records, care records and spot checks. Audits were effective in identifying any issues or underlying themes to drive improvement.
- There was an emphasis on continuous improvement. For example, the registered manager monitored complaints, accidents and other occurrences on a monthly basis to identify any lessons to learn. The registered manager encouraged staff to also complete surveys on how they were enjoying their role, did they feel supported and where the provider could improve. All comments received were positive.

Working in partnership with others:

- The provider had continued to develop their links with the local and wider community, and other organisations to support people's preferences and meet their needs. People knew their neighbours and had built relationships with people in the community for example at their local library and shops.
- The registered manager and staff continued to work in partnership with other services, for example their GP, community pharmacists, advocacy, community nurses and occupational therapists to ensure people's needs were met in a timely way.