

Yourlife Management Services Limited

Your Life (Newport)

Inspection report

Somers Brook Court
Foxes Road
Newport
Isle Of Wight
PO30 5UN

Tel: 01983524537

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22 October 2019

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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 (Newport) is a domiciliary care agency. It provides personal care to people living in their own homes. Your Life (Newport) operates an assisted living scheme in a modern and purpose built private development called Somers Brook Court. The property consists of flats privately owned and occupied by older people who also share some communal areas and facilities; such as dining rooms, lounges and gardens.

Not everyone using Your Life (Newport) 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. At the time of our inspection 15 people who lived at Somers Brook Court received personal care and support.

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

People told us they remained happy with the home care service they received from Your Life (Newport) and were positive about all aspects of the service. All the people we spoke with praised the staff and registered manager for their kind, respectful and supportive approach.

People were supported by staff who knew how to prevent and manage risks and keep them safe from avoidable harm. Recruitment practices were safe and there were sufficient numbers of consistent staff available to meet people's needs. People received continuity of personal care and support from staff who arrived on time for their scheduled visits and were familiar with their needs and wishes. People received their medicines as they were prescribed. The service's arrangements for controlling infection remained effective.

Staff received effective training that gave them the skills to support people with their needs. People were supported to maintain a nutritionally well-balanced diet, where required and to access health and social care professionals if needed. The registered manager worked in close partnership with health and social care professionals and agencies to plan and deliver people's packages of care and support.

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.

Staff treated people with dignity and respect. People were treated equally and had their human rights and diversity respected. People were encouraged and supported to remain independent.

Care plans remained personalised, which ensured people received personal care that was tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected. People were confident that if they raised any issues, concerns

or complaints these would be dealt with effectively by the registered manager.

The management team were open and transparent and understood their regulatory responsibilities. People and their relatives felt the management team were open, approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement. They were responsive to feedback from people, staff and professionals and acted to make improvements in the service.

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 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information 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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Your Life (Newport)

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats. 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 October 2019 and ended on 22 October 2019. We visited the office location on both these days.

What we did before the inspection

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the 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 used all of this information to plan our inspection.

During the inspection

We visited four people in their homes and spoke with one person in the service office about their experience of the care provided. We also spoke with two relatives and five members of staff including the registered manager.

We viewed seven people's care records and three staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures, records of accidents, incidents and complaints, audits and quality assurance reports.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff visited them. One person told us, "I definitely feel safe with the staff."
- Staff were trained in safeguarding and knew how to recognise signs of abuse and the action they needed to take if they witnessed or suspected abuse. This included referring to external agencies such as the local authority, Police and CQC. A staff member said, "100% the manager would take action if I raised a safeguarding concern."
- There were processes in place for investigating any safeguarding incidents. The registered manager was able to provide us with assurances that if a safeguarding concern was highlighted, it would be fully investigated, and actions would be taken where required.
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed at the start of their care package and reviewed on a regular basis or whenever their needs changed.
- The registered manager routinely audited people's risk assessments to ensure all information remained up to date. This helped to ensure people continued to be provided with safe care.
- Risk assessments were comprehensive and clearly identified specific risks to people. Risk assessments included clear guidance for staff detailing how to reduce and mitigate any risk of harm.
- People had risk assessments in place in relation to; medicines, moving and handling, mobility and use of equipment.
- An environmental safety risk assessment was also completed to ensure staff were working safely in people's homes. This included assessments of possible risks from the premises, access requirements, security, equipment and infection control hazards.

Staffing and recruitment

- People received care from a consistent staff team. One person told us, "They [staff] are very rarely late, if they are going to be late they always let me know." Another person said, "They are always on time and I always know who is coming."
- There were enough staff to meet the needs of people who used the service. The registered manager told us they would not expand the number of people using the service without appropriate staffing levels being in place.
- Recruitment procedures were robust to help ensure only suitable staff were employed.
- Staff files included full employment histories and records of interviews held with applicants, together with

confirmation that pre-employment checks had been completed before the staff member started working at the service. These included Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. References had also been sought from relevant people to check applicants were of good character.

Using medicines safely

- People told us they received their medicine safely and as prescribed. A person told us, "They [staff] know what they are doing, when it comes to my medication."
- The support people required with their medicines was assessed and documented.
- Medicines were only administered by staff who had been trained and assessed as competent to do so. A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted.
- MAR records were returned to the office and audited regularly. Where mistakes were identified, these were followed up with staff and records kept of action taken.
- Where required, people were supported to store their medicines safely within their homes.

Preventing and controlling infection

- People were protected from the spread of infections.
- The provider had an infection control policy in place and staff undertook training in this area.
- Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.
- People told us staff always wore personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents. This supported them to identify any actions required, check for trends and identify learning.
- The registered manager regularly visited people and monitored staff, to identify any required improvements, and they took prompt actions as required.
- Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- The registered manager completed assessments prior to people using the service to help ensure their needs could be met effectively. Expected outcomes were identified, discussed and agreed with the person and their relatives if appropriate.
- Care plans were reviewed and updated as required, for example following hospital discharge and/or deterioration in people's health, to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported people to have a good quality life.
- Staff had access to a range of guidance documents to ensure care was delivered in line with best practice.

Staff support: induction, training, skills and experience

- New staff were required to complete a comprehensive and detailed induction programme before working on their own. This included completing essential training for their role and shadowing an experienced member of staff.
- People who used the service and their relatives described the staff as being well trained. A person told us, "They [staff] have never given me a reason to think they are not well trained." A relative said, "Well trained, definitely. They know what they are doing and understand [persons] needs."
- There was a system in place to record the training that staff had completed and to identify when training needed to be updated. The records viewed confirmed staff were trained to carry out their role effectively and that training had been updated in a timely way.
- The training staff received included essential training, such as medicines management, safeguarding adults, moving and handling and infection control. Additional training was also readily available to staff to support people's specific needs.
- Staff received regular one to one supervision sessions with the registered manager or senior staff member. These provided them with an opportunity to gain feedback on their performance, identify any concerns, and agree learning opportunities to help them develop. The registered manager told us that in addition to the one-to-one supervision sessions, staff were also regularly observed and received group supervisions. Staff confirmed, and records indicated that supervision was provided as described.
- Staff employed longer than 12 months had received an annual appraisal of their overall performance.

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

- People's needs around eating and drinking were assessed and documented, this included information about their preferences and any special dietary requirements they had.
- People that required support with meal preparation told us staff offered them choices about what they would like to eat and drink.

- Staff monitored people's food and fluid intake as required. One person was supported by the service to access a nutritionist to provide them with guidance on a suitable diet that met their needs.

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

- People had care plans in place, which contained essential information, including information about their general health, current concerns, social information, abilities and level of assistance required. This was shared appropriately if a person was admitted to hospital or another service and allowed person centred care to be provided consistently.
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required.
- Staff told us, where people's health needs deteriorated, they were able to support people to access medical support, if required. This was confirmed by people.

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 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.

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. We found these were met.
- People's capacity to make decisions relevant to their care and support were assessed and documented.
- People told us they were asked for their consent before care was provided. Evidence of this was further supported within people's care records.
- Staff knew and applied the principles of the MCA. They told us they assumed people had capacity unless they had been specifically assessed otherwise and this would be recorded in the care plan. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care
- People's right to decline care was respected. Staff were clear about the need to seek verbal consent from people before providing care or support.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 registered manager led by example, by working hands-on and motivating staff to deliver good care. The caring nature of the service was shared by all.
- People and relatives told us staff were kind, caring and treated them well. Feedback included, "I am glad I have them, they give a very good service and always come in happy and cheerful. We have some good laughs", "They respect me, I think they are all very good", "All the staff are excellent, they talk to me very nicely" and "I have a good relationship with the staff, if I tell them something they will remember and ask me how it is going the next time they visit."
- People's preferences were listened to and respected. People confirmed that they received support from staff in line with their preferences.
- Staff were enthusiastic about their roles, spoke fondly and respectfully about the people they supported and told us they liked their job. One staff member said, "I want the best for people. We are governed by what the people want and try and help people achieve it." Another staff member told us, "I want to try and make a difference for someone. People are very independent and can be reluctant to agree to having help, so it's hard for them."
- People's diverse needs were respected. Care plans identified people's religious, cultural and spiritual needs.

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

- People felt comfortable expressing their views and felt involved in decisions about their day to day care and support.
- The registered manager and staff understood the importance of involving people in decision making. We saw meetings were held with people and their relatives when their wishes or needs changed. Care records contained evidence the person who received care was fully involved in the development of their care plan.
- People were supported by the service to access advocacy services if required. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests, views or wishes would be represented.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "The staff are really respectful to people, they are brilliant." A relative said, "The staff show respect for people and will always call mum by her preferred name."
- People told us staff respected their privacy and consent was sought before staff carried out any support

tasks. A person said, "Staff respect my privacy, they will always wait for me to respond before entering my apartment." Another person told us, "They always knock on my door."

- Staff understood their responsibilities when respecting people's privacy and described to us in detail how they supported people with personal care and went out of their way to help people retain their dignity. A staff member told us, when they provided personal care to a person they would, "shut the door, and ensure the person was covered as much as possible."

- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

- People's independence was promoted, and staff encouraged people to be as independent as they were able to. A person said, "They never rush me and let me do what I can myself."

- People's care plans promoted their independence. One care plan stated, 'I need help to wash and dress, but can do my hands and face.'

- Staff spoke in detail about how they supported people, including those living with limited mobility, to remain independent.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People and their relatives felt staff understood their needs and provided them with person centred care.
- Staff had access to key information about people's care needs and used this information to help ensure they supported people in line with their preferences.
- Care and support records were personalised. Care records included a background history of the person, communication needs, mobility needs, nutritional support and health conditions. These also included a detailed plan for staff to follow when providing care to a person. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.
- People's daily records demonstrated care was provided as described in people's care plans.
- Staff worked together well to deliver timely and effective care to people. Information about people was accessible to staff in the service office to ensure that any updates and key information was passed to them.
- People benefitted from having regular care staff to promote continuity of care. Staff could tell us about people's needs and the support they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed in line with the AIS and recorded in their care plans.
- Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.
- Staff told us about the different ways they communicated with people, including those people with limited communication or hearing impairments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had considered people's needs in relation to avoiding social isolation. For example, the service had supported a person to access additional support from an outside organisation to enable them to participate in social activities.
- People's care visits were planned in accordance with their social needs, for example, the time of care visits would be changed to allow people to attend social events if required.

- Visits from regular, caring staff helped people feel less isolated.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident they would be listened to. One person said, "I have never had the cause for complaint." Another person told us, "If I had a complaint I would go to [name of manager], she is really on the ball and would take action straight away."
- A complaints policy and procedure were in place. No formal complaints had been received by the service in the last 12 months. However, there was a robust system for logging, recording and investigating complaints. Any complaints received would be acted upon immediately, investigated and actions taken where required.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- The registered manager demonstrated they were committed to providing good quality end of life care. They worked closely with people, families, district nurses and the palliative care team to support people to have a dignified death at home.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- Feedback from people described good outcomes and they were positive about the service. Comments included, "I have always been very impressed with the staff and they work very well together", "The staff are really well chosen", "It's all very organised" and "The manager expects things to be done properly and wouldn't have it any other way."
- People were at the centre of the service's culture.
- The provider's ethos, vision and values were person-centred. These ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve. The service planned and delivered effective, safe and appropriate person-centred care.

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

- There was a clear management structure, which consisted of an area manager, registered manager, duty managers and care staff. Staff understood the role each person played within this structure.
- There were quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans and medicine administration records, and the completion of quality assurance questionnaires, which were sent to people six monthly and staff annually. The providers representative and registered manager monitored all findings and feedback received and where issues or concerns were highlighted, action was taken as required.
- Spot checks and competency monitoring of care staff and working alongside staff enabled the registered manager to review staff performance first hand.
- The registered manager kept up to date with best practice through regular training, reading relevant circulars and through updates provided by regulatory bodies. They attended regional team meetings and received monthly visits from the area manager which provided them with support and formed part of their quality assurance process.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were also regularly shared with staff.
- The previous performance rating was displayed on the door to the office and the providers website.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.

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

- If something was identified as not having gone as well as expected, processes in place demonstrated this would be recognised, discussed and a plan made to help ensure the event did not re-occur.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the registered manager who was able to demonstrate that this would be followed when required.

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

- There was a collaborative working relationship between the provider, registered manager and staff. Staff were positive about the level of support they received from the registered manager and the provider. Staff told us the registered manager led by example. A staff member said, "Yes, we are well supported by the manager. I can be open with her and she is always willing to listen and will take things on board. She is very fair, how she manages the team. Another staff member told us, "I'm definitely well supported and valued by the manager. We are a very good team and will support each other."
- There was an open-door policy. People felt confident to speak to staff and the registered manager about the care they received. A person said, "The manager runs the service well. She will always pick up on things and always makes time for people."
- Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives and via emails and telephone contact.
- Feedback was gathered from staff, during their one to one supervision sessions, through quality assurance surveys and during staff meetings.

Working in partnership with others

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The service had links with other resources and organisations to support people's preferences, meet their needs and help keep people safe. For example, local police and fire safety personnel.
- The management team completed initial assessments of people and told us that they spoke to other professionals who knew the person, to determine what their care needs were and if the service could safely meet them.

Continuous learning and improving care

- There was an emphasis on continuous improvement.
- The registered manager monitored complaints, accidents, incidents and near misses frequently. If a pattern emerged, action was taken to prevent reoccurrence.
- Staff performance was closely monitored by the registered manager.
- All learning was shared with staff during staff meetings, handovers and supervision.