

Yourlife Management Services Limited

# YourLife (Seaford)

## 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 took place on 24 July 2018 and was announced. We gave the provider 48 hour's notice because we needed to be sure the right people would be available to talk to us when we visited.

YourLife (Seaford) is a domiciliary care service located within a private housing development. It provides personal care to older people living in their own flats. People's flats were within the development, and people also had access to communal areas such as a lounge, garden and onsite restaurant. YourLife (Seaford) provides personal care to some of the people who live in the development who need additional care and support, and at the time of our inspection there were six people using the service. In addition to providing personal care the service was responsible for some facilities management for the development, and YourLife (Seaford) staff also worked in the restaurant and provided cleaning services for the communal areas and in people's homes. This part of the service is not regulated by the Care Quality Commission and was not part of this inspection.

The service did not have 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. The previous registered manager had left and the new manager was currently registering with us.

The service was last inspected on the 11 and 16 May 2017, where we found areas that required improvement. The service was not always effective, there was a risk people would receive care and support from staff who had not had their skills assessed. Staff had not been properly supported with supervision and appraisal. The service was not always responsive, people knew how to make a complaint or raise a concern, but if they did their concerns were not always acted on. The service was not always well led, although there were systems in place to monitor the quality of the service they were not always effective. The registered manager had not always been clear about their role. The service received an overall rating of Requires Improvement. At this inspection it was evident that improvements had been made.

People received care from staff that had received the right training and support to carry out their roles. Staff were well supported by the manager and one to one supervisions and observations of their practice took place. Training records confirmed staff received a detailed induction and regular training updates when required.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in accordance with their assessed needs and wishes. Records showed that people were involved in the assessment process and their on-going care reviews. There was a complaints procedure in place to enable people to raise complaints about the service.

The service had an open culture that encouraged communication and learning. People, relatives and staff

were encouraged to provide feedback about the service and this was used to drive continuous improvement. The manager and provider had quality assurance systems to review all aspects of the service to also drive up improvement.

Systems were in place to protect people from abuse and staff received training in their responsibilities to safeguard people. Risks relating to people's care were reduced as the provider assessed and managed risks effectively.

People's medicines were managed safely by staff. People were supported by staff who the provider checked were suitable to work with them. In addition, there were enough staff to care for people.

Staff supported people to attend appointments with healthcare professionals and worked in partnership with other organisations to ensure that people received coordinated and person-centred care and support. Staff supported people to make healthy dietary choices to maintain their health and well-being.

People's consent was sought before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know people. People were happy with the way that staff provided their care and support and they were encouraged to make decisions about how they wanted their care to be provided.

The manager was visible and approachable and we received positive feedback about the management of the service from people, relatives and staff.

## 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. People were protected against the risk of harm and abuse as staff received training in safeguarding and were aware of the appropriate response to suspected abuse.

People were protected against the risk of avoidable harm, as the provider had developed risk management plans that identified the risk and gave staff guidance on how to mitigate those risks.

Sufficient numbers of suitable staff were deployed to keep people safe. Staff underwent pre-employment checks to check their suitability for the role, prior to commencing employment.

### Is the service effective?

Good ●

The service was effective. Staff received regular training to enhance their knowledge and skills to effectively meet people's needs.

Where required in people's care plans, people were supported to access sufficient amounts of food and drink that met their dietary needs and requirements.

The manager and staff knew their responsibilities in line with the Mental Capacity Act 2005 legislation. People's consent to care and treatment was sought and respected.

### Is the service caring?

Good ●

The service was caring. People and their relatives were happy with the care and support they received.

People were treated with dignity, respect and had their human rights encouraged and promoted.

People received the level of support they needed and had their independence encouraged wherever possible.

### Is the service responsive?

Good ●

The service was responsive. People received person centred care and support. Care plans were devised with people, their relatives

and healthcare professionals' input.

People and relatives understood how to complain about the service, and had confidence their concerns would be addressed.

People's choices and personal preferences were met and reviewed.

### **Is the service well-led?**

The service was well-led. Audits were carried out across a wide range of areas and this showed that the manager and provider monitored the quality and performance regularly.

People and their relatives were asked for their views. They and staff could approach the registered manager with their queries and they were listened to so that improvements could be made.

The manager was visible and approachable and we received positive feedback about the management of the service from people, relatives and staff.

**Good** ●

# YourLife (Seaford)

## **Detailed findings**

### **Background to this inspection**

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

The inspection took place on the 24 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that people would be in to speak with us.

The inspection team consisted of one inspector.

We used 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 looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During our inspection we visited three people in their own homes. We also spoke with three relatives, two care staff and the manager. We observed the staff working and dealing with issues and speaking with people. After the inspection we contacted two health and social care professionals to gather their feedback and received no responses.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, medicine administration record (MAR) sheets, three staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

## Is the service safe?

### Our findings

People and relatives told us they felt safe using the service. One person told us "It is very safer here and I feel safe too". Another person said, "I moved here as it is a safer place to be and the staff make you feel safe".

The manager had a system in place to record accidents and incidents. These records showed that staff took actions to reduce the risk of the accident recurring. Information about accidents and incidents was shared between staff in meetings. The manager also sent this information to the provider to analysis. This enabled them to learn from these and increase the awareness amongst staff.

There was a robust recruitment process in place. Potential staff completed an application form and attended a face to face interview. This enabled the manager to assess staff's suitability for the role. Following this, staff had a criminal records check by the Disclosure and Barring Service (DBS). DBS helps employers identify any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People were protected from the risk of infection. The provider had an infection control policy and procedures in place. Staff had received infection control and food hygiene training and were provided with appropriate personal protective equipment (PPE) such as aprons and disposable gloves. One member of staff told us "When I am providing personal care to someone I use the gloves and aprons that we are supplied with".

There was a comprehensive safeguarding policy in place that informed staff about their responsibilities to safeguard people and what constituted abuse. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. All staff had received training in safeguarding which improved their knowledge and skills in protecting people from harm and abuse. Staff were confident that the manager would listen to them and act on any concerns they raised. One member of staff told us "Any concerns I had about a person I would make sure they were safe and report it my manager straight away. I know they would act instantly". This ensured people were protected from the risks of abuse.

Enough skilled and experienced staff were available to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. Staff received copies of their rotas and they were also displayed on the staff room notice board. There were sufficient numbers of staff employed to ensure visits were covered and to keep people safe.

Medicines were managed safely. People who needed assistance with medicines received the support they required. There were up to date medicines administration records (MAR) which were completed appropriately by staff. People's care records documented the medicines they were prescribed, any allergies and the level of assistance they required. The manager had checks in place as part of their quality audit systems. They told us that all staff had medicines training and training records confirmed this. Staff had their competency assessed by the manager and had access to additional training in the management of medicines if this was needed to improve their skills.

People had individual risk assessments in place which were completed by the manager. The risk assessment identified risks in relation to people's health and well-being needs. From these assessments, risk management plans were developed and made available to staff to enable them to minimise risks. We noted risk assessments detailed the support people needed with managing their personal care needs, eating and drinking and with their mobility. Risk assessments included details on the equipment people needed to complete tasks and clear details were provided in its use. Staff told us they followed risk assessments to maintain people's safety when they delivered care. For example, for one person's safety they needed to walk with a walking aid. The risk assessment detailed for staff to ensure the person used their aid to walk in a safe manner. Assessing and acting on risks to people's individual health and wellbeing meant that the risk of harm was reduced.

## Is the service effective?

### Our findings

At the previous inspection on 11 and 16 May 2017, we found areas that required improvement. This was because there was a risk people would not always experience effective care because staff were not properly supported with supervision and appraisal. Although staff said they felt well supported by the manager, they had not received regular one to one support during supervision sessions or appraisals. At this inspection it was evident that improvements had been made in this area.

Staff told us they felt supported by the manager and had received regular meetings and supervisions with them. One member of staff told us "I think things have improved the manager ensures we all get our supervisions and is also considering extra training I want to do. We have regular staff meetings. I think the manager is really good at communicating to us". Staff had received regular support to understand their roles and responsibilities through supervision. These consisted of individual face to face meetings where they could discuss any concerns, training and development. This meant people received effective care because staff had received support from their manager.

Staff took a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, dementia and infection control. Staff completed their training on induction and updates in a classroom setting or online if required. One member of staff told us how they had received a detailed induction folder which provided training and information for their induction. They also said "The induction was good and then I shadowed staff to ensure I got to know people well. The manager also checks our competency which I agree with to make sure we are doing things right".

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. People's needs were recorded in care plans and staff we spoke to knew the needs of each person well. Staff also attended equality and diversity training. People using the service also commented on how well their individual needs were met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff held knowledge in this area and could clearly demonstrate how people had choices on how they would like to be cared for because staff had received training in this area. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. One member of staff told us "You cannot presume and always offer choices to people. Some people like things done differently each day so I always find out what they would like".

People were supported to access and attend routine health care appointments such as visits to the GP if required. One person told us "When I felt unwell they were very good, they called a doctor for me". Staff monitored people's health and wellbeing and supported them to access or request referrals to services as

and when required. The manager also gave us examples of how professional relationships had been built up through contact with health professionals such as district nurses.

Care needs assessments for people were completed before commencement of their care. This was to make sure they were confident the person's care needs could be met and to make sure identified risks within the person's home could be addressed. People's sexuality or lifestyle preferences as well as their rights, consent and capacity were taken into consideration, discussed and recorded where appropriate. The manager involved people and their family members in the assessment process where appropriate.

Staff were supportive to people's nutrition and hydration needs by helping them with preparing food. The majority of people had their main meal in the onsite restaurant. Staff were knowledgeable about people's preferences and dietary requirements and gave good examples of how they needed to remind and encourage some people to eat and drink sufficiently. For example, in one person's care plan it detailed a person's preference for breakfast and how they like it presented.

## Is the service caring?

### Our findings

People and relatives told us that they were treated with dignity and respect and that staff were caring. Comments included "All the staff are caring and kind and know what I like", "They are lovely and so helpful" and "I think they are lovely and helpful".

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. One member of staff detailed the support that was given to one person's religion, who liked to attend the local church weekly.

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. The manager told us this was given to people when they started using the service. We saw copies of this in people's care plans. This included the complaints procedure and the services they provided. This guide ensured people were aware of the standard of care they should expect.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy.

Staff told us how they promoted people's independence. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us "I don't rush people and encourage to do little things for themselves. They are all very independent but just need help with personal care and medication".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. One member of staff told us "I support one person with a shower and make sure they have privacy and pass them their towel straight away when they ask for it". They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed dignity and privacy was always upheld and respected.

People and relatives told us they could express their views and were involved in making decisions about the care and treatment for their relative who was receiving care and support from the service. People and relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support.

People had been supported to maintain links with their family and friends. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the service users guide. The manager was aware of who they could contact if people needed this support.

## Is the service responsive?

### Our findings

At the previous inspection on 11 and 16 May 2017, we found areas that required improvement. This was because although the provider had an appropriate complaints procedure in place, some people raised concerns with us during the inspection, which they felt had not been acknowledged or taken seriously enough by the registered manager. At this inspection it was evident that improvements had been made in this area.

People and relatives, we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the providers policy. Complaints had been recorded with details of action taken and any outcomes required. The manager told us they welcomed any concerns and complaints so they could know where improvement was required. A suggestion box was also displayed in the main entrance for people or relatives to raise any concerns or suggestions. One person told us "I can go to the manager with any issue and he gets things done". Another person said, "I have not had to complain but have every confidence that the manager would sort things out".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were person centred clear and held in the office and a copy in people's homes. They gave details of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and administering medicines. In one care plan it detailed for staff to be aware that a person's well-being could fluctuate and for staff to ensure they adapted to the person's needs on the day. This included being responsive to varying call times when required.

Individual communication needs were assessed and met, the manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them. The provider offered care plans in large print, braille or audio recording. The manager told us of one person who had a hearing impediment and how sometimes they communicated by writing down on paper what they would like. The manager also told us on how they used a microphone and speaker at homeowner meetings to ensure people could hear what was being discussed.

If appropriate and required people's end of life requirements and wishes were discussed with people. The manager told us they would be documented in people's care plans to ensure staff were aware of their needs and wishes for the future.

Staff told us there was always enough time to carry out the care and support allocated for each person. The manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service. They explained how the service was flexible to people's needs if required. One member of staff told us "It's never an issue as we are all working in the same building and people get the

time they need".

## Is the service well-led?

### Our findings

At the previous inspection on 11 and 16 May 2017, we found areas that required improvement. This was because although there were systems in place to monitor the quality of the service they were not always effective. The registered manager was also not always clear about their role. At this inspection it was evident that improvements had been made in these areas.

The provider and manager maintained a detailed system in place to monitor the quality of the service which included regularly speaking with people to ensure they were happy with the service they received and holding regular home owner meetings. This feedback was used to improve people's care. Audits included care plans, daily records and MAR charts. The provider also carried out internal audits on the service on a regular basis. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held and had been used to keep care staff up-to-date with developments in the service and staff felt these were beneficial.

Records demonstrated that the manager was open and transparent with staff within staff meetings and staff told us there was good communication between staff and management. Staff we spoke with all praised the manager. Comments included "My manager is open and honest and you can go to him with anything and he will sort it out for you. We are a really good team and support one another" and "Things have improved with since the new manager has been here. We now have regular meetings".

The atmosphere in the service was friendly and professional. Staff and people could speak to the manager when needed, who in turn was supportive. The manager had created an open and inclusive culture at the service. Staff, people and relatives we spoke with all complimented the service and the manager. People's comments included "We have a very good manager. Helpful and very responsive", "I think the manager is very caring and always cheerful" and "All very good staff and the manager ensures everything is how it should be". One relative told us "He is a very good manager and always around to talk to when you need him".

The manager showed commitment to their role and developing the service. They told us "I have a good team of staff and we all want to make sure people are happy and get the right care and support". They also spoke of positive partnership working they had been building up with external health care professionals. They were also currently studying for their diploma level 5 in health and social care management.

The manager was aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and

transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The manager told us "I have applied to become the registered manager and just awaiting my interview. I am also studying for the level five diploma in health and social care management"