

Mr Jaysen Tyahooa

Independent Lifestyle

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

This inspection took place on 13 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector. When we last inspected this service on 2 January 2014 we found the service met all the regulations we looked at.

Independent Lifestyle offers supported living services to people with learning disabilities and enduring mental health problems. The service can accommodate a maximum of 18 people. On the day of the inspection there were 18 people using the service across three supported living locations.

The service had a registered manager who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for people using the service. Risk assessments in place were reviewed and updated regularly. The risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person. People were supported to take positive risks.

Medicines were managed safely and effectively and there were regular medication audits in place. Staff had completed medication training and the service had a clear medication policy in place which was accessible to staff. Risk assessments specific to medicines were in place for people who were supported to take medicines.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who use the service.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff were also safely recruited with necessary pre-employment checks carried out. Staff had regular supervisions and annual appraisals.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood what to do if they had concerns as regards people's mental capacity.

People were supported to maintain good health and had access to healthcare services.

The service regularly requested feedback from people who use the service.

People were encouraged and supported to access the community and engage in a wide range of activities of their choosing.

The management team enabled an open culture that encouraged staff and people to discuss issues and ideas.

The provider had an effective and comprehensive quality monitoring system to ensure standards of service were maintained and improved.

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. There were sufficient staff to ensure that people's needs were met.

Staff were aware of different types of abuse, how to identify abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who use the service were identified and managed effectively.

Good ●

Is the service effective?

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role effectively.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

Good ●

Is the service caring?

The service was caring. We observed caring and positive interactions between staff and people who use the service.

People were treated with dignity and respect.

People were encouraged to develop and maintain independence.

Good ●

Is the service responsive?

The service was responsive. Care plans were person centred.

Good ●

People had access to a variety of activities and they were supported to access the community which supported people to be independent.

The home had a complaints policy in place and people knew how to complain if they needed to.

Is the service well-led?

The service was well led. The quality of the service was monitored.

The service had a positive open culture which continuously strived to improve.

Relatives and staff spoke positively of the registered manager and the management structure.

Good ●

Independent Lifestyle

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.

This inspection took place on 13 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector.

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

During the inspection we spoke to six people who used the service, two relatives, one professional involved with the service, the registered provider, the deputy manager, a senior support worker and four support workers. We reviewed four people's care records, which included care plans, risk assessments and Medicines Administration Records (MAR). We also looked at five staff files and other documents related to the management of the service.

Is the service safe?

Our findings

All six people we spoke to told us they felt safe. Comments from people who used the service included, "It's nice. I feel safe. Staff make me feel safe", "I feel very safe" and "I like it here, I have made friends. I trust the staff and my keyworker." A relative told us, "I am very impressed and pleased with them. [My relative] feels settled and they treat [my relative] like an adult."

Staff understood of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. A member of staff told us, "I would look out for signs of abuse; physical scars, changes to emotional wellbeing, financial changes and bring to the managers attention. I would make notes. We have a good relationship with our local authority." Another member of staff told us, "I have to understand their past and the risks. I would contact the manager, follow procedure and contact the safeguarding team or CQC." Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse and concerns outside of the organisation to the local safeguarding authority and the CQC.

The service had a whistleblowing policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected and would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

Risk was managed effectively. Comprehensive risk assessments were in place for people, which had been checked and signed by the person, their representative, their keyworker and registered manager before being implemented. Risk assessments were personalised and risks identified were individual to the person and were reviewed on a regular basis. People told us they had been involved in their risk assessment and confirmed that they understood the risks posed to them. Positive risks identified what the benefits to the person were by taking the risk, such as going out into the community which could increase their social skills and personality and individuality. Actions were then identified to minimise the risk, for example, encouraging the person to express their wishes and feelings, developing a timetable, discussing positive topics and encouraging them to move location if there was something that upset them.

Other examples of personalised risk assessments in place for people using the service included medicines, finances, mental capacity, specific behavioural concerns and specific risks associated with medical diagnoses.

People were supported with sufficient staff with the right skills and knowledge to meet their individual needs and promote person centred care. People who used the service were supported to increase their independence and staff provided support as and when the person required. A staff member told us, "We are all about supporting independence and encouraging healthy choices. We support people in the background." There were two staff on duty during the day and one staff at night on a sleeping shift with on call support if needed. A person told us, "When I need them, they are always there."

Safe recruitment practices were followed before new staff were employed to work with people. Staff files

included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK.

Medicines were handled safely and each person was supported to receive their medicine in a way that was suitable to their needs and abilities. When asked if they received their medicines on time, people responded positively. We checked four of the medicines in stock and they were all accounted for. Medicines administration records (MAR) had been completed and signed with no omissions in recording. Medicines were stored safely in a locked cabinet and there was a separate locked cabinet for controlled drugs, although at the time of the inspection there were no people taking controlled drugs. Medicines were audited on a weekly basis by the registered manager. Records confirmed that this had been completed. The registered manager checked that medicines stocks corresponded with the daily amounts recorded and checked that MAR charts were signed appropriately.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. Accidents and incidents were monitored by the registered manager to look for emerging trends.

The home was clean and tidy on the day we visited. A person told us, "We all chip in to do the house chores." There were records of recent maintenance checks including gas, fire and electrical safety.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. A person told us, "Staff are supportive." Another person told us, "Staff are great. They help me. I go out and they help me. They are great." A relative told us, "Staff are well trained. They seem to understand [my relative's] particular needs. They get on with [my relative]."

Staff had the knowledge and skills which enabled them to support people effectively. New staff completed an induction of between three and five days and then completed a period of shadowing with experienced staff prior to being signed off as competent. Newly recruited staff were also required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Training records showed that people had completed training in areas that helped them to meet people's needs. Mandatory training for all staff included; health and safety, moving and handling, risk assessments, medicines, first aid, safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), infection prevention and control, fire awareness and food hygiene. In addition, staff received training specific to their role, such as epilepsy, autism, diabetes and mental health to name a few. A staff member told us, "We have regular annual mandatory training and extras such as epilepsy, food hygiene, diabetes awareness and autism; which is good as it gives us the opportunity to put training into practice."

The registered manager told us that staff appraisals took place on a yearly basis and records viewed during the inspection confirmed this. Staff told us they received supervisions on a regular basis and they felt supported by the management team if they had any concerns. Records showed that supervision sessions took place every two months in addition to an observation session. The supervision included a discussion around learning and development, performance and any additional support needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in the best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called a Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager told us that nobody using the service was subject to a DoLS and that all people using the service had their own set of house keys and they could come and go as they pleased. People we spoke to confirmed this. A person told us, "I normally go out by myself." We observed people coming and going as and when they pleased. People's care files contained a consent form which had been signed by the

person.

The registered manager and staff had a clear understanding of the MCA and had attended training. People receiving a service were assessed as not lacking capacity but staff understood their responsibilities to report to the registered manager if they thought someone might lack capacity. One member of staff told us, "Everyone here has capacity to make their own choices. They manage their own timetables." Another member of staff told us, "Everyone has capacity. We presume capacity unless otherwise noted. We have to be least restrictive as possible and be aware of possible DoLS situations."

Care plans identified people's nutritional needs and preferences. Menus written by people who used the service were on display on the kitchen walls and people's dietary needs were displayed. People and relatives were complimentary about the food and told us how people were supported to eat and prepare food. A person told us, "I cook with help. I cook spaghetti, chicken, rice, fish and lamb. I write my own menu." Another person told us, "I help [the carers] to cook. I get to choose. They help me to do the shopping." The staff were all aware of people's dietary needs and preferences and supported people to become more independent with preparing food for themselves. A staff member gave us an example of ensuring a person was provided with halal meat at a recent summer barbeque due to their religious beliefs.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, an optician and other healthcare professionals. Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. A person told us, "They get me to the doctor if I am not feeling good. We call to make an appointment. They are helpful." Another person told us, "I get support to call and make an appointment."

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments from people included, "The staff are caring. I know I can go to them if I need any help. If I am emotional or if I just want to talk" and "I love it here. The people are friendly and the staff are nice. We do lots of things and I am getting a lot better." Comments from relatives included, "They treat my relative like an adult. They go out of their way to get her to make her own decisions" and "I think it's outstanding. How they do what they do is fantastic. They are second to none."

We observed relationships between people who used the service and staff which was open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. There was a genuine fondness shown for the people they cared for. People who used the service and staff were relaxed in each other's company. There was a rapport which people enjoyed and showed familiarity. A member of staff told us, "The girls are quite vibrant. It's like a party every day."

Care plans contained goals which people using the service set for themselves. Examples included, going to a particular concert, arranging a family event or celebration and obtaining educational qualifications. People's achievements were displayed throughout the home and people told us about their goals. A person told us, "We each got our own care plan. It's good. You get to go through it all. We choose what goes into it, like and dislikes. We can change our mind." We observed an animated discussion between a staff member and a person who used the service regarding a recent concert the person attended with staff. A person told us, "I have gone back to college two days a week." Staff told us of their pride when people achieved goals. A member of staff told us, "When [person] first came they were introverted and had a lot of negative thoughts about their past. But now they have community access, social interaction and their personality has unleashed!"

Care plans noted if people had a religious faith and they were supported to attend religious services if they chose to do so. A person told us, "On Sunday I go to [named] church. Staff go with me." Another person told us, "Church, no I don't like that. If we don't like it, we don't have to go."

People said that staff respected their privacy and dignity and offered them choice in how they received their care. A person told us, "If I want to be alone I just ask them. They respect that and after a few hours they will knock on my door to ask if I am okay." A member of staff told us, "This is a very sensitive job. I put into practice how I would treat my family. I knock on their door and if they are getting changed I close the curtain. I offer people privacy to have conversations."

People were supported to be independent which was very evident in people's care plans. Staff were clear that they provided support at a level the person requested and they supported people to be independent as much as possible. A person told us an example of when symptoms of their medical condition worsened they required additional assistance from staff, however when their condition improved, they resumed their independent living and staff supported that. This person told us, "They are good at supporting me when I have problems and I ask them to help with making tea and ironing."

Each person had a designated keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. Each person we spoke with knew who their keyworker was. A person told us, "My keyworker and I meet once a month." Another person told us, "My keyworker looks after my paperwork. I open my post myself and my key worker sends it into the office for me." We saw that there were regular key working sessions between the keyworker and the person using the service which were minuted by the person using the service if they chose to.

People were supported to maintain relationships with their families and friends. People were also supported to safely engage in relationships with people they identified as a potential partner. A relative told us, "We can visit whenever and [my relative] comes over to us." People had access to an advocate when they required further support from an independent person. During the inspection, we observed a person using the service being supported to make a phone call to their advocate.

The provider had an equality and diversity policy in place and staff had received training in equality and diversity. Staff we spoke to understood what equality and diversity meant and how that affected the care they provided for people who use the service. When asked about supporting people who identified as lesbian, gay, transgender or bisexual (LGBT), a member of staff told us, "I would speak to the person and ask what support they would like. I appreciate everyone is diverse. We would make sure our own views are not on it."

The homes we visited were comfortably furnished and personalised with photographs, drawings and people's activity timetables were displayed on walls. The homes we visited were also decorated for Halloween. During the inspection, with permission we looked at two people's bedrooms which were personalised and comfortably furnished. A person told us, "I got pictures of my family, my CD's and my paintings. I got everything. It's my room. I like it. I love it!"

Is the service responsive?

Our findings

People were supported to engage in a range of activities which reflected their goals and interests. This included attending college, work experience and voluntary work, regular shopping trips, going to the library, eating out and days away. A person told us, "On Mondays I do my house shopping. On Tuesdays I go to the library and the pub or café. On Wednesdays I go bowling and go to Costa. On Thursdays I do a sewing class and we eat out. On Fridays it's top up shopping and movie night. Everyone chooses a movie. On Saturday I do my personal shopping and my menu for the week. I like to try different foods. On Sunday I go to church." Comments from other people in relation to activities and interests included, "I've got the gym later", "I go bowling and play golf. I spend time with my family and my school friends" and "I'm going to football and then a restaurant later. On Saturday I'm going to the shop, the gym and then the library."

A relative told us, "Sometimes I go through [my relatives] schedule. It's busier than mine! [My relative] is young and adventurous and gets to do a lot of learning. [My relative] is always going to a good variety of social occasions such as theatre, outdoors activities and theme park." People were supported to access social media. A member of staff told us that it was a running resident meeting agenda item to remind and guide people using the service about the safe use of the internet.

Care plans were person centred, reviewed regularly and updated as changes occurred. People told us they were involved in care reviews and one person told us, "I do the care plan with Jayson [registered manager]. We get a doctor review. The doctor is very pleased with me." A relative told us, "We go through the care plan at least every six months. We would add in or take stuff out." Each care plan had a pen portrait section which was written by people who used the service and contained information about them, their families, their likes and dislikes and their hopes for the future. People were actively involved in making decisions about their care and their preferences were supported. Care plans contained quotes from people and their input was evident. For example, a care plan documented that when the person was asked about their finances, they laughed. Another care plan contained a quote from the person stating, "I look forward to Christmas. I am going to celebrate in style!"

Care plans provided detailed guidance for staff to support people with symptoms of their mental health conditions, for example, an episode of relapse. The care plan guided staff to recognise the signs of a relapse, such as the person spending more than half a day in their bedroom and listed management strategies to support the person, such as counting back from 100 and strong smelling items that could distract the person.

People and relatives told us they had no complaints. The service had a policy and procedure in place for dealing with any concerns or complaints. All compliments and complaints were recorded, followed up and resolved. The registered manager also monitored complaints for emerging trends. Each home contained a complaints box and complaints guidance was on display. A member of staff told us, "We have a complaints procedure. They write on a form and put it in the complaints box. We sit and review the complaint and then all involved would rectify and review the complaint."

We looked at the services compliments book and saw compliments from people, relatives and healthcare professionals. A person using service recorded the following compliment, "I am so happy that I live here and....help me achieve things that before seemed impossible." A compliment from a relative read, "Against the odds I am now witnessing the emergence of a beautiful and happy [person]."

Is the service well-led?

Our findings

People, relatives and staff we spoke with told us they felt the service was well-led. Comments from people included, "If I need [the registered manager], I can call him", "[Registered manager] is friendly. We have a good chat and go out" and "[Registered manager] is great." A relative told us, "They disseminate responsibility well. [Deputy Manager] has gone the extra mile to build a strong relationship." Comments from staff included, "Management is very open and I would never be worried about raising concerns with them", "It's a very good organisation and the management team are very good to work with" and "I like it. They are a small company but they treat us right. They have always looked after me."

The overwhelming feedback we received from people, relatives and staff was that people were happy living there and staff were happy working there. A person using the service told us, "We are all friends here. We have parties, barbeques and meetings. I love them." Staff turnover was low and many staff we spoke to had been employed by the service for a number of years. A relative told us, "I have never noticed any differences. I know most of the staff there." A member of staff told us, "It has a family feel. We hear stories about other places. We feel supported. There is no hierarchy. We all have the same goal, to care for the service user." Another member of staff told us "The culture is very positive. Everyone is very good." A healthcare professional told us that the service was very responsive, kept them updated and they had no concerns at all about the care provision.

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager explained that a monthly audit was completed by the registered manager and a senior support worker. As part of the monthly audit, people's finances were audited, care plans were monitored for changes and an privacy and dignity audit was also carried out. The registered manager also completed an unannounced spot check and a night visit on a six monthly basis. In addition to the monthly overall service audit, medicines were checked on a weekly basis and health and safety checks such as fridge/freezer temperature monitoring and fire alarms were checked on a daily basis. The registered manager also completed a monthly safety walk which ensured all health and safety checks had been completed. The local authority also completed an audit of the home and recommendations made were also taken on board which were checked on this inspection.

There were records of regular staff meetings which took place every two months. Staff were invited to raise concerns at meetings and contribute ideas for improvements. Topics such as safeguarding, CQC inspections, people's birthdays and changes to care needs were discussed. Staff told us they enjoyed attending staff meetings and found them beneficial. Residents meetings also took place on a monthly basis and were minuted by a person using the service. Topics discussed included diabetes, safeguarding, the role of CQC, ramadan, internet safety and achievements and goals were discussed.

There were arrangements in place for people, relatives and healthcare professionals to provide feedback. Feedback forms were sent to people, relatives and health professionals on a yearly basis. The results were collated and analysed for trends and emerging concerns. We looked at the analysed results for 2016 and noted that no concerns had been raised and people were generally satisfied with the service.

