Positive Life Choices Limited

Positive Life Choices

Inspection report

Grange road Baptist Church
Grange road
Darlington
DL1 5NH
Tel: 01325 353997
Website:
http://www.springfieldhealthcaregroup.com/where-we-are/

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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

Overall summary

The inspection took place on 16 and 17 December 2015. The inspection was announced. This was because the service was a domiciliary care service and we needed to be sure that someone would be available so we could carry out our inspection.

Positive Life Choices is a Domiciliary Care service that provides personal care and support to people with learning disabilities and older people who live in their own home. The service covers the Darlington area and at the time of our inspection provided support to 102 people.

The service had a manager who had submitted their application to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We spoke with a range of different staff members; supervisors, care staff and the training manager who told us that the manager was always available and approachable. Throughout the day we saw people who used the service and staff were comfortable and relaxed with the manager and each other. The atmosphere was relaxed and we saw that staff interacted with each other and the people who used the service in a person centred way and were encouraging, friendly, positive and respectful.

From looking at people's care plans we saw they were written in plain English and in a person centred way and made good use of pictures, personal history and described individuals' care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the care staff and the manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team and care managers.

Our observations during the inspection showed us that people who used the service were supported in a person centred way by sufficient numbers of staff to meet their individual needs and wishes within their own homes and within the community. The recruitment process that we looked into was safe and inclusive.

When we looked at the staff training records and spoke with the training manager we could see staff were supported to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

We were unable to observe how the service administered medicines on the day of our inspection but we were able to establish how people managed them safely in their own home. We looked at how records were kept and spoke with the manager about how staff were trained to administer medicines and we found that the medicines administering process was safe.

During the inspection it was evident that the staff had a good rapport with the people who used the service and we were able to observe the positive interactions that took place. The staff were caring, positive, encouraging and attentive when communicating and supporting people in their own home with daily life tasks, care and support.

People were being encouraged to plan and participate in activities that were personalised and meaningful to them. For example, we saw staff spending time engaging with people on a one to one basis in activities and we observed and saw evidence of other activities such as art, drama and socialising. People were being supported regularly to play an active role in their local community both with support and independently.

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. Any DoLS applications must be made to the Court of Protection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked to see if the service had procedures in place and was working within the principles of the MCA. At the time of our inspection no applications had been made to the Court of Protection. From speaking to staff and looking at the training records we could see that training for staff was provided regarding MCA and DOLS.

We saw a complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

Summary of findings

We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via an annual quality survey to collect feedback about the service.

Summary of findings

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

This service was safe.

There was sufficient staff to cover the needs of the people safely in their own homes.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns and staff knew what to do when concerns were raised and they followed effective policies and procedures.

People were supported in their own homes to administer their own medicines safely.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs, preferences and lifestyle choices.

Is the service caring?

Good

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

People who used the service had access to advocacy services to represent them.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

Is the service responsive?

Good

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to activities and outings, that were important and relevant to them and they were protected from social isolation.

Summary of findings

Care plans were person centred and reflected people's current individual needs, choices and preferences.

Is the service well-led?

Good

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included; person centred approaches, healthy lifestyles, community involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints/concerns.

Positive Life Choices

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 16 and 17 December 2015 and was announced. This was because the service was a domiciliary care agency we needed to be sure someone would be available. The inspection team consisted of one Adult Social Care Inspector. During the inspection we spoke with; three relatives, eight people who used the service and we observed two people while being supported by care staff at day service. We also spoke with; the manager, two care supervisors, the training manager and six members of care staff.

During our inspection we spoke with external stakeholders who worked in partnership with positive life choices to provide support for the people in their own home. We spoke with a representative of the 'life line' service who provide assistive technology for people in their own homes to use in an emergency and we also spoke with a member of RIACT (responsive integrated assessment care team) who provide short term rehabilitation for people in their own homes.

Before the inspection we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service; including commissioners and no concerns were raised by any of these professionals.

The provider was not asked to complete a provider information return prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We observed two people being supported by care staff at their day service to see whether people had positive experiences. This included looking at the support that was given by the staff by observing practices and interactions between staff and people who use the service.

We also reviewed care plans, quality surveys, staff training records, recruitment files, medicines records, safety certificates, and records relating to the management of the service such as audits, policies, procedures and minutes of meetings.

Good

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe having Positive Life Choices supporting them in their own home. One person told us; "Yes I always feel safe, they get me to lock the door, no one gets in."

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We saw copies of contact sheets that were available in people's homes that held all the important contacts for safeguarding. This helped ensure staff and the people who used the service had the necessary knowledge and information to make sure that people were protected from abuse. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "Straight to the office with any safeguarding or whistleblowing. I have had to in the past, go to safeguarding and the support from the manager was effective."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; taking medicines independently. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The manager showed us the recording system and explained how actions had been taken to ensure people were immediately safe and told us; "To learn from accidents and incidents we reflect on them and look back to see what we could have done differently."

During the inspection we looked at how new staff were employed and this showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. The manager showed us the records of how they kept on top of staff safety checks and this showed when they needed to be updated.

We spoke with people who used the service that self-administered medicines in their own homes. We saw the medicines records, in people's files which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date.

We were unable to observe medicines being self-administered but could see how this was managed and recorded. One person who used the service told us; "The staff are good they give me my medicines to take and they put it on the chart."

We saw in people's records that the application of prescribed local medicines, such as creams, was clearly recorded on a body map and stored in the Medicines Administration Record (MAR) sheets. Records were signed appropriately indicating the creams had been applied at the correct times.

We found there were effective systems in place to reduce the risk and spread of infection. We found that staff had access to disposable protective gloves and aprons for carrying out personal care. One member of care staff told us; "We can come into the office when we like to collect gloves, aprons and hand sanitizers and we dispose of them afterwards."

When we spoke with care staff they told us how they kept the people who used the service safe and one member of care staff told us; "When we are using equipment, for example in people's homes, I always check that the slings are not frayed and that the maintenance checks have been done and that the equipment is clean."

Good

Is the service effective?

Our findings

During this inspection, there were 102 people using the service in their own homes. We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge one staff member told us; "The last training I did was medicines training and how to use oxygen. This was put in to practice when I had to support someone being discharged from hospital with oxygen and when they were having problems I could support them safely." This showed us that learning outcomes from training could be put in to practice.

For any new employees, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. The induction training provided to new starters was the care certificate and this is based on standards set by the Health education England called 'skills for care, skills for health' and this was carried out in partnership with Age UK (voluntary sector organisation – supporting older people).

Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. One member of staff told us; "Supervisions are regular and I can request extra on tap if I wanted. Anything I'm not sure about I can bring up, It's nice to talk through your role together."

We saw completed induction checklists, staff training files and a training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses covered specific long term conditions such as; dementia awareness, learning disabilities and dementia, Multiple sclerosis and Huntington's disease. This was alongside mandatory training including; fire safety, infection control, equality and diversity, medicines and first aid and also vocational training for personal development in health and social care. One member of staff told us; "The dementia training is the best one I've been on yet. I'm starting my level two in social care. There are some really good mentors in the staff team and the management have really helped me progress, when I first started and still do." This showed us that staff training was valued by the provider and staff were encouraged to develop.

Team meetings took place regularly and during these meetings staff discussed the support they provided to people in their homes and guidance was provided by the manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff minutes and when we spoke with staff, they said; "Staff meetings are every other month and it can be hard to get us all together but they're a good chance to talk about things that we need to share."

Individual staff supervisions were planned in advance and the manager had a system in place to track them. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues.

Where possible, we saw that people were asked to give their consent to their care and we could see in people's care plans that they had been involved in the development of the plan, choosing the file and photographs and their comments were clearly recorded. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals

We looked in people's care plans and spoke to people and we could see that people were encouraged to eat and drink healthily to meet their needs. Throughout the inspection we observed people who used the service being supported by staff to enjoy a meal in a positive encouraging way.

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. Any DoLS applications must be made to the Court of Protection.

Good

Is the service effective?

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection no applications had been made to the Court of Protection.

Good

Is the service caring?

Our findings

When we spoke to the people who used the service they told us that the staff were caring and supportive and helped them with day to day living. One person who used the service told us; "I couldn't say a wrong word about them, they make my day. One member of staff told us "I love it; the people are the best thing about this job. I can't imagine myself doing anything else now."

We saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place while the person was attending day service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. One person who used the service told us; "We can have a laugh. But at the same time I need them and rely on them to help me get dressed. If I get up and I feel down they cheer me up especially [name] they have me in kinks laughing, I don't need the TV. They're all nice, I couldn't do without them."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's personalised care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role. One person who used the service told us; "The staff always respect my dignity."

People who used the service told us how important their independence was to them and how they like to be supported to do the things that they can and we saw evidence in people's care plans and people told us; "I do as much as I can for myself and they help with the rest. If I don't like what they're doing I can tell them and they respect that." One staff member told us; "We encourage one person we support to pay at the till for things her when we're out in the community and this is a big step for them." This showed us that care staff encouraged people to maintain their independence.

When we spoke with staff they told us how they respected people's dignity and respect especially when supporting them with aspects of personal care in their own home. One staff member said; "I make sure those doors and curtains are closed." One person who used the service told us; "They always knock before coming in and always ask me first." This showed us that the staff valued the importance of respecting people's privacy and dignity.

When we observed people who use the service interacting with the staff supporting them the atmosphere was relaxed and the staff were encouraging and speaking in a caring manner. And when we spoke with people they spoke of the caring attitudes that the care staff had, one person told us "As well as being caring, we chat together and I find them entertaining."

We saw that there was information for people who used the service about advocacy. But when we spoke to care staff not all of them were knowledgeable about advocacy. One staff member told us; "None of our people use advocacy but I know where to go to find that support." Others were unsure and unable to tell us how they would support someone to get an advocate if needed. We raised this with the manager who assured us that this would be revisited at team meetings and the contacts for advocacy would be made readily available for people and the staff to access. This showed us that people were encouraged to exercise their rights, be consulted and involved in decision making about all aspects of their care, treatment and support.

We saw records that showed that each person had a personalised health action plan that was in an easy read format and covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including; the community learning disability team and GP. Evidence was also available to show people were supported to attend medical appointments.

Good

Is the service responsive?

Our findings

During the inspection we could see that people using the service were encouraged to engage in activities in their home and in the community. One of the people using the service told us; "I like making candy canes" and "Going to the cafes." Staff were supporting them to take part in Christmas craft activities and told us they do different things every day including; bowling, horse riding and beauty treatments.

The care plans that we looked at were person centred which meant they were all about the person and put them first. The care plans were in an easy read format. The care plans gave an insight into the individual's personality, preferences and choices. The 'one page profile' in the care plan set out how people liked to live their lives and how they wanted to be supported. The care plans went into detail about how people liked to be supported, what people should avoid and how some people liked a regular routine. For the person the care plans covered; my dreams, my nightmares, my days, how I communicate, relationships, health and wellbeing, likes and dislikes, top five tips to support me well, what keeps me safe, life in the community, where I go and what I do and my goals.

When we spoke with staff about the care plans they told us; "We are rolling out new care plans for people that are more person centred. These new ones have a section 'all about me' this is working well. It's nice for the people to look to see and now their care plan is now more about them as a person and not just about their care" another told us "Every time I'm out on calls I check on the care plans and we do a full review every year but update them in between and when needed." This showed us the service was committed to a person centred approach to supporting people in their homes and the community.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw that people's care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. Staff that we spoke with told us; "I helped one person plan a trip to visit their relatives. I helped them to decide and make decisions by offering suggestions and we considered the risks."

During the inspection we asked the care staff how they would get to know someone who used the service and find out about their histories, one member of staff told us; "There's lots of information in the care plans, but also people open up when we talk so I can find out all about them, what they used to do for a living and their families."

The complaints policy that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see how complaints had been responded to and monitored appropriately. However the final outcome from the complainant was not recorded following the action from the provider. The manager assured us that final outcome recording to include feedback from the complainant would be added to the monitoring. From speaking with staff and the manager and staff they were knowledgeable of the complaints procedure. One member of staff told us; "I have had to complain to my manager and it was easy to approach them and I was informed of any updates."

People who used the service were also aware of their right to complain and were able to tell us that they were aware of what action to take. One person was able to give us an example of when they had complained and how it was treated and how the provider had responded. They told us; "Everything is working well now." This showed us that the service had a transparent system in place for complaints and staff and people know how to complain if they needed too.

The service had received a number of compliments from relatives and people who use the service but these were not recorded and the manager agreed to start to record these and share them with the care staff team at team meetings.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager that was in the process of becoming a registered manager and had submitted their application to the CQC. A registered manager is a person who has registered with CQC to manage the service.

The manager carried out regular spot checks to observe the staff team supporting people in their own homes and the manager used these observations to ensure quality care and support was delivered. The manager told us; "Care is monitored through service evaluation, reviews with clients to find out what is working for them and what's not and we make them changes. Part of our supervision process is for the staff to share service improvements. As well as observations I liaise with family and care managers to get their feedback on the care too."

The manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements. The manager explained how safeguarding, complaints, human resources, accidents and incidents reports were monitored by the regional management team and then by the company directors.

The staff members we spoke with said they were kept informed about matters that affected the service by the manager. They told us that staff meetings took place on a regular basis and that they were encouraged by the manager to share their views. We saw records to confirm this. Staff we spoke with told us the manager was approachable and they felt supported in their role. They told us; "The management are always there, there's an out of hour's number so I can always get someone."

We also saw that the manager enabled people and those that mattered to them to discuss any issues they might have. We saw how the manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The manager told us; "We provide quality and safe care and have well trained staff to deliver the best care for people that we support. We work in partnership with other professionals to enable people to live at home in the community. Everything is person centred to meet the needs of them as individuals."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals.

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure at the main office, up to date and in good order, and maintained and used in accordance with the Data Protection Act.