

Your Lifestyle LLP

Your Lifestyle LLP Dom Care

Inspection report

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Date of inspection visit:
12 July 2016
13 July 2016
18 July 2016
20 July 2016

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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 12, 13, 18 and 20 July 2016. The last inspection took place in November 2013. There were no breaches of regulation at that time.

Your Lifestyle provides personal care for people who require support in their own home. At the time of our inspection 15 people were using the service .

There was a registered manager in post. 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 service was safe. There was sufficient staffing to ensure safe care and treatment was delivered to people receiving a service. Risk assessments were implemented and reflected the current level of risk to people . Medicine administration and recording was safe. People were protected from abuse and neglect and staff had a good understanding of safeguarding policies and procedures.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA).

The service was caring. People and their relatives spoke positively about the staff. It was evident people were receiving a service which was personalised to their individual needs. Staff demonstrated a good understanding of respect and dignity.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe and quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Staff, people and their relatives spoke positively about the registered manager. Quality assurance checks and audits were occurring regularly and identified actions needed to improve the service.

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 from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage was safe.

Staffing levels were sufficient.

Is the service effective?

Good ●

The service was caring.

The registered manager and staff were committed to providing good, quality care.

People and where relevant their families were involved in making decisions relating to their care.

People received support from staff who were caring and compassionate

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing good, quality care.

People and where relevant their families were involved in making decisions relating to their care.

People received support from staff who were caring and compassionate

Is the service responsive?

Good ●

The service was responsive.

Each person had their own detailed care plan.

The staff worked with people, relatives and other professionals to recognise and respond to people's needs.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Good ●

The service was well-led

The registered manager was approachable and provided effective leadership.

Quality and safety monitoring systems were in place and were used to further improve the service.

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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 12, 13, 18 and 20 July 2016 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was community based in people's own homes and we wanted to make arrangements to contact people. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we spoke with four people using the service and looked at the records of five people and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with ten members of staff and the management team of the service. We spoke with five relatives to obtain their views about the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People stated, "The service is good". Another person stated, "I feel safe with the carers. They treat me well". One relative stated "They are doing a very good job".

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, moving and handling and environmental risk assessments of people's homes. This involved working closely with other professionals such as, occupational therapists, physiotherapists, social workers and community nurses. For example, one person was at risk of epilepsy and they had a clear risk assessment which had been developed with health professionals. This detailed clear instructions for staff to undertake hourly checks when the person was sleeping and to ensure they always carried an emergency epilepsy kit whenever they were supporting this person in the community. Another person was at risk of wandering and their care plan contained clear guidelines for staff on how to manage this risk. Staff informed us they found this information to be useful as it enabled them to support each person in a personalised manner.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff had their competency checked annually to ensure they were aware of their responsibilities and understood their role. In addition to this, the registered manager would undertake a direct observation of each staff member to ensure they were administering medication safely.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to support people. The registered manager explained how each person had a core team of staff to support them. They stated this was to ensure people received continuity of care and enabled people to build relationships with staff.

Staff worked on a rota basis covering day and evening shifts. The registered manager also informed us there was an on call system to respond to emergencies and cover emergency staffing shortages. The service also operated a call monitoring system to ensure people received the support they were contracted for. This system would alert senior staff if a call had not been completed. We were shown evidence of one missed visit in the past six months. The registered manager informed us this was due to the service previously using multiple rotas for different care teams. The registered manager informed us this was changed to a single rota for a of the staff following this incident. There was evidence this has minimised the risk of future missed visits.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed by the service. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. Where required, relevant checks had been completed to ensure people were eligible to work in the UK. References were obtained from previous employers as part of the process to ensure staff were suitable

and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Staff we spoke with informed us there was an open culture and felt confident reporting concerns to the registered manager. Staff informed us all concerns were taken seriously and prompt action was always taken when concerns were identified. Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring. As part of the audit process, the area manager completed bi-monthly audits of the service. This included site visits where discussions took place with staff to assess their level of understanding of safeguarding procedures. If any staff learning needs were identified, these would be actioned.

Where people's finances were managed with support from staff. There were procedures in place for staff to record cash withdrawals and expenditure. These were audited regularly by the registered manager.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included a uniform, protective gloves and aprons. This equipment was stored in the agency office. Staff had been trained in the prevention and control of infection.

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff are excellent". A relative said, "The staff are very good". Relatives said the service met people's needs.

Staff had completed an induction when they first started working for Your Lifestyle. Each member of staff had to complete one and a half weeks of mandatory training when they first started working for the service. Each training session was competency based and included verbal evaluations and written tests at the end of each session to gauge staff learning. The registered manager informed us the decision as to whether to retain staff following the induction training was based on the outcomes of the training evaluations. Staff who successfully completed the initial induction training were required to complete shadow shifts. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager informed us each experienced member of staff would complete a shift evaluation form detailing the new staff member's performance. The registered manager informed us staff would only do shadow shifts with the person for whom they would form the core support group in order to maintain people's confidentiality and dignity. The registered manager informed us some families wanted to be involved in the staff training process, and would take an active part in the shadow shift process to ensure staff knew their family member well. We were shown an example of where one relative had worked with numerous members of staff before choosing their preferred support group.

The registered manager informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. This was checked and signed off by the registered manager when a person completed their induction. One member of staff we spoke with informed us they had found the training to be informative and felt it had prepared them well for their role.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. The registered manager informed us all new staff were required to complete the care certificate. One person who had started in their role shortly before the inspection informed us they felt the training had covered lots of useful topics. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. The registered manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles and found that at the time of this inspection, records showed the service was adhering to the principles of the Act.

We checked whether the service was working within the principles of the MCA. We saw from the training records staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files.

To ensure staff maintained a high level of knowledge and competency around the MCA, the registered manager informed us each staff member would be sent a MCA and DoLS questionnaire. This included questions around staff understanding of the MCA, the principles of the MCA, staff understanding of DoLS as well as case studies for staff to work through. Staff informed us they found these questionnaires to be useful as they felt this ensured they maintain a high level of understanding of the MCA and DoLS.

The registered manager informed us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us they were consulted in relation to the care planning process.

The registered manager informed us they used advice from health and social care professionals involved in people's care to plan care effectively. There was evidence strong relationships had been formed with other professionals to ensure people received an effective service. For example, there was evidence of support from the Community Learning Disabilities Team to develop the care plans of people before they started receiving support from Your Lifestyle.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans. When speaking with people, they stated staff were well aware of their dietary requirements.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. The outcomes following appointments were recorded and were also reflected within care files.

Is the service caring?

Our findings

People we spoke with told us staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. They used words such as "Caring" and "Very good" to describe the staff. Staff were positive about the people they supported. One member of staff stated, "I really enjoy working with the people I support".

People and their representatives were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences, likes and dislikes, what made them happy and things that were important to them.

It was evident from talking with people and their representatives; staff had listened to them and had worked hard to provide the level of support required by people. For example, one relative informed us how their family member was unable to express their own preferences in relation to their care. In order to obtain a detailed pen picture of the person to enable them to provide a personalised service to this person, staff had liaised with relative. The relative informed us they felt staff had worked very hard and had listened to them throughout the process. They went on to say this made them confident their family member's care needs would be met according to their preferences on a daily basis.

The registered manager informed us how each person had their own profile detailing their support preferences, interests and likes and dislikes which was developed jointly with the person and their family. This profile would be used to match care staff to the person. The people we spoke with stated they felt this system worked and they were supported by staff who knew them well. When speaking with staff, they were able to provide detailed accounts of the routines and preferences for the people they supported.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. For example, care files identified any areas of independence and encouraged staff to promote this. For example, where people were able to manage aspects of personal care independently, this was clearly detailed in the care plan. When speaking with staff, they were aware of people's level of independence and were able to demonstrate how they would support this person to maintain their independence.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff informed us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was maintained at all times when supporting them with personal care.

People were given the information and explanations they needed, at the time they needed them. Care staff spoke with about the service provided. One said, "I love working here". People told us they would recommend the service to others.

Is the service responsive?

Our findings

The service was responsive to people's needs. The service was person centred which meant the care was tailored to the person. This was achieved through working in partnership with the person, their families or representatives and other health care professionals.

Care records were held at the agency office with a copy available in people's homes. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Care plans included people's likes, dislikes, their hobbies and interests. Staff said the care plans held in people's homes included a high level of detail to enable them to provide safe care to people. Each care file had daily notes which contained information such as what care was provided, details on people's emotional well-being, whether any medication had been administered, whether people had engaged in any activities and where required, people's nutritional intake was recorded. The registered manager informed us this was very important as it meant if a different member of staff were to visit a person they could read the notes and be well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff informed us the registered manager ensured any updates to people's care files were reflected accurately in both copies of the care files. In some instances the registered manager would meet with an individual's parents every 6-8 weeks to ensure their care file was up to date and any changes were recorded. For example, one person wanted to visit the farm and this was discussed at the meeting. Another person wanted to manage their own medication. Following on from the meeting, clear plans were developed including risk assessments which enabled the people concerned to fulfil their wishes.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said "I will tell the carers if I have any concerns".

It was evident from speaking with staff they knew people well and were aware of their needs and preferences. For example, stated they knew a person wanted black current juice when they said they wanted the 'black drink'. Another member of staff informed us how it was very important to one person for all staff to be formal with them and refer to them with their formal title.

Complaints and compliments were managed well. Where complaints had been received there was evidence these had been dealt with effectively and had resulted in positive outcomes for people. We were shown evidence of a complaint which was being dealt with at the time of the inspection. There was evidence the provider had followed their complaints procedure and was taking appropriate action to address the concerns raised.

Is the service well-led?

Our findings

There was a registered manager in post. Staff spoke positively about the management of the service. The registered manager was keen to ensure staff were well supported. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used words such as "Approachable" and "Easy to work with" to describe the registered manager.

The staff described the registered manager as being "Hands on". We were given examples of when the registered manager would go out on care calls in emergencies to support staff. Staff we spoke with told us they felt morale amongst staff was high and this was down to good leadership from the registered manager.

Staff informed us there was an open culture within the service and the registered manager listened to them. Staff stated they felt well supported by management. For example, one member of staff stated this was the most supported employer they had worked for. They felt this was due to the strong support from management.

Staff meetings occurred every two months which were used to enable staff to make suggestions as to how the service could be improved as well as develop staff learning. For example, we saw evidence where health and safety issues and the Duty of Candour were discussed at a recent staff meeting. The Duty of Candour is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Staff stated they found these meetings to be productive and informative.

Quality assurance systems were in place to monitor the quality of the service being provided. The area manager completed bi-monthly audits of the service. This included audits of people's care files, and medication records, audits of safeguarding records and practices, and of mental capacity records. In addition to this, the registered manager would complete annual audits of the service. Where issues had been identified, an action plan was developed with clear timescales. There was evidence these timescales had been met. For example, the last audit recognised all care files needed to be updated to reflect the service's new care file format. There was evidence this had been done by the time of the inspection and within the agreed timescale?

In addition to annual audits of the overall service, the registered manager informed us they would do spot checks on staff whilst they were providing support to people in their homes. The registered manager informed us this gave them an opportunity to observe staff practice and also obtain the views of the people using the service. The registered manager stated they also used this visit as an opportunity to discuss the person's needs with the staff member to assess whether the staff member's knowledge of the person matched what was in the care file.

In addition to the internal checks the local authority completed compliance visits as part of their ongoing monitoring of the service. This was because they commissioned the service. One of the locations where 3 people received support from Your Lifestyle had recently been inspected by Gloucestershire Voices. The

report spoke positively about the service provided. For example the report stated, "We were impressed with the range and amount of physical activities" and "X (address of property) is homely and has a calm and happy atmosphere".

The registered manager attended various meetings and forums to keep up to date with service developments and best practice. This included meetings with the local authority as well as care provider forums. The registered manager stated this was done to ensure they continued to provide a high quality service to people.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing high quality person centred care to people using the service.

The registered manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.