Independent Lifestyles Support Services LLP

Independent Lifestyles Support Agency

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

We inspected Independent Lifestyles Support Agency on the 22 March 2016 and it was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that people we needed to speak with would be available.

Independent Lifestyles Support Agency provides personal care and support to people living in their own home. Personal care and support is provided for people with a learning disability, acquired brain injury and autism. The agency also provides day care services to people who use their services and staffing twenty four hours a day to houses that are rented privately by people who require supported living. The Care Quality Commission inspects the care and support the service provides, but does not inspect the accommodation people live in or the day care service.

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

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good. One person told us "Yes, I always feel safe with the staff".

Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and supported to access health care services if required.

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access and prepare food and drink of their choice and were supported to undertake activities away from their home. One person told us "I like cooking and [member of staff name] helps me, we have fun".

Staff felt fully supported by management to undertake their roles. They were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using the service. One

member of staff told us "We talk about all the people I see and any concerns then decide on my training needs". All staff had a personal TNA (Training Needs Analysis) for the coming year.

The management team monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the registered manager through surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. Complaints were responded to in a timely manner with details of any action taken.

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 felt safe. There were appropriate staffing levels to meet the needs of people who used the service.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The registered manager assessed risks to individuals and gave staff clear guidelines on how to protect people.

People were supported to receive their medicines safely. Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Is the service effective?

Good

The service was effective.

People received effective support as staff knew people well. They supported people, listened to what they wanted and treated them as individuals.

People were supported to eat and drink a healthy diet which met their dietary and health needs, including people living with medical conditions such as diabetes.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005. Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff knew people and their preferences.

Staff were respectful and polite when supporting people who

used the service. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

Staff promoted people's privacy and dignity. Staff supported people to maintain relationships with their family and friends

Is the service responsive?

Good

The service was responsive.

People received support as staff knew people well. Support plans were detailed, highly personalised and contained information to enable staff to meet people's needs.

Staff communicated with each other and their manager regularly to ensure that information was shared about people's needs.

People and relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

Is the service well-led?

Good

The service was well-led.

Staff were supported by a management team. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People and staff felt the management were approachable and supportive.

The registered manager and provider carried out regular audits to monitor the quality of the service and drive improvements.

Independent Lifestyles Support Agency

Detailed findings

Background to this inspection

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

The inspection took place on the 22 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be available to speak with us.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed 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 plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with six people who use the service and 12 relatives on the telephone, five support staff, one co-ordinator, and the head of business development. The registered manager was unavailable on the day of the inspection. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

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

We contacted two health care professionals after the inspection to gain their views of the service.

The service was last inspected on 29 January 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "Yes, I always feel safe with the staff". Another person said "The people in the office come round if there are any difficulties or an emergency, so that's no problem".

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service. The head of business development told us "We have a great team of staff and we ensure we recruit the right people, we are a conscientious service".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the registered manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The provider was also in the process of renewing all of the staffs DBS checks. Once staff were trained, they shadowed an experienced member of staff until they felt safe and competent in their role.

Staff demonstrated an understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff told us "Any concerns however little we may have we report straight away and ensure people are safe". Staff training records confirmed that all staff had completed training on safeguarding adults and this was regularly updated. The contact details for people to report concerns externally were made available to staff in the office. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. The head of business development told us there were opportunities for staff to discuss any concerns on a one to one basis. Policies and procedures on safeguarding had recently been updated and were available for staff to refer to if needed and displayed in the office. There was also a safeguarding tool kit for staff to refer to if required which detailed the process to take in a visual flow chart format and the contact details of the local safeguarding team and documents to complete.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. They detailed what specifically was the hazard, who might be harmed and how to minimise the risk. They were reviewed annually or as and when needed. Risk assessments included areas such as personal care, accessing the community, preparing food, finance, risk of dehydration and skin breakdown. These were regularly reviewed and updated if there were any changes. One risk assessment we looked at detailed how a person used a stair lift in their home and the risks. The assessment detailed staff to ensure that any loose clothing was away from the stair lift when the person was using it and it was serviced

regularly. In another assessment it detailed the risks of the person travelling in a car and what needed to be in place which included discussing the car journey with the person and how to manage behaviours that may challenge. Where someone was at risk of becoming distressed and anxious the triggers for this and physical signs of this occurring were documented and the subsequent action needed recorded. One member of staff told us "It's important to be able to continually risk-assess for each person, so we can guide them to safe decision-making".

People were supported to receive their medicines safely. The majority of people administered medicines themselves or were supported by family members. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. One member of staff told us "I had detailed medication training. My manager observed my practice until she could say I was competent". Staff received a detailed medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medicines. The registered manager audited the medicine administration records (MAR) on a monthly basis. Any errors were investigated and the member of staff then spoken with to discuss the error and invited to attend medication refresher training if required.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. We saw details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's support plan. The registered manager used an audit tool that documented and detailed the accident or incident and what actions were taken.

Due to a recent incident with a person and a member of staff out in the community the provider had created a personal safety strategy and protocol for lone working. The purpose of this was for staff safety when lone working in the community and the welfare of the person being supported. In the event of an emergency they had created a code word for staff to use when phoning the office and assistance was required. The provider was also producing a small support card that staff would keep on them and they could hand this to someone which detailed who to contact and the reason why they needed assistance. This was in case the staff member was unable to make direct contact.

Good

Is the service effective?

Our findings

People and relatives told us they felt the staff had the right skills and experience to meet their needs. One person told us "The staff are good, they help me with what I want to do". Another person told us "I am very happy with my carer. I have a brain tumour together with depression, and I am able to discuss this with the agency staff and my carer. The carers are diligent in what they do and always ask if there is anything else I need or want. I would, without any hesitation, recommend this agency and the carers it employs".

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. Staff we spoke with had a good understanding of the MCA and knew the 5 principles and understood the context of the legislation and had knowledge of how this was applied to ensure decisions made for people without capacity were only made where this was in their best interests. One member of staff showed a good understanding of the MCA principles and the importance to their work. They said "It's a brilliant training programme and a very supportive company". Details around the MCA were displayed in the office to have as a reminder. We were also told how the co-ordinator had been sending out text messages to staff to ask how they were applying the MCA in their support for people. Staff had replied back with examples which included details around choices for people. The head of business development told us how this was a great tool to check staffs understanding on the subject and get them to realise it is used every day.

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. The application procedures for this in care homes, hospitals and in supported living settings are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made referrals to the local authority for people living at the supported living services that may need a Deprivation of Liberty Safeguard to be in place.

People were supported by staff who had the knowledge and skills required to meet their needs. The staff induction incorporated the new Skills for Care care certificate for the staff. The certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care. A member of staff told us "We talk about all the people I see and any concerns then decide on my training needs". All staff had a personal TNA (Training Needs Analysis) for the coming year. The document systematically related training needs to refresher dates and changing needs presented by people. One person had two people with epilepsy, and detailed training was highlighted as a priority. Staff received essential training which provided them with the skills and confidence in providing effective care. Staff records showed staff were up to date with their essential training in topics such as safeguarding, medication and health and safety. Other courses available to staff included learning disability awareness, epilepsy, autism awareness and MCA in practice. The online training plan documented when training had been completed and when it would expire. The head of business development told us about the quality training that was delivered by internal qualified staff and external professionals and the training was CPD (continual professional development) certified. The CPD

Certification Service is the independent CPD accreditation centre working across all sectors, disciplines and further learning applications. PROACT-SCIPr-UK® training was also provided for staff. This training is training that worked specifically with people's individual needs around behaviours of concern that needed an individualised response. This showed us that provider addressed the specific needs of people with learning disabilities via training tailored to meet their needs. Staff also had the opportunity to carry out apprenticeships in health and social care to further develop their skills and knowledge. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff had regular supervision with their manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person's home. This ensured that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial. Staff told us when they called the office or came there was always someone available to provide guidance and support to help them provide effective care to people. One member of staff told us "I receive regular supervision, managers are so approachable and we have such a good working relationship, we don't need to wait for supervision if there's a problem to be solved. But we have a diary full of supervision dates for the year ahead and also have annual appraisals".

Much of the food preparation at mealtimes had been completed by family members or by people themselves. One person we spoke with told us how they enjoyed coming to the providers day centre and did cookery. They said "I like cooking and [member of staff name] helps me, we have fun". People's nutritional needs were assessed and people chose what they wanted to eat with guidance from staff where needed. People's likes and dislikes were recorded in their care records and any associated health needs such as having diabetes were clearly documented. People were supported at mealtimes to access food and drink of their choice. Food preparation at mealtimes was also completed by family members or themselves and staff were required where needed to support people and ensure meals were accessible to them. In one support plan it detailed that the person followed a Jewish diet and what they could and could not eat. In another support plan it detailed that the person required assistance with food shopping and what shops they liked and to encourage a balanced diet and make suggestions on what they may like. One member of staff told us "We encouraged one person to try the day centre, and involvement in cooking there has led to them now cooking at home, with support. We've done food safety training with him so he doesn't keep unsafe food in the fridge. He's made great steps and has been involved in the process of deciding steps to take, he understands we are still moving forward". We were told that if staff had concerns about a person's nutrition or weight they would seek advice from health professionals.

People received support to obtain services they needed in relation to their health and care from a range of healthcare professionals including speech and language therapists, psychologists and occupational therapists. People's healthcare needs were monitored and discussed with the person wherever possible. This was documented in people's records. Support records seen confirmed visits to and from healthcare professionals had been recorded.

Good

Is the service caring?

Our findings

Every person and relative told us staff were very caring. Comments included "It is extremely good, she [relative] gets excellent support", "My daughter loves her carer and is sad when there is a replacement but this does not happen very often, without hesitation I would recommend this agency" and "The staff are very caring, I like them all".

People and relatives told us they saw regular care staff and were advised in advance of who was coming and at what times. New care staff were introduced to people in advance to ensure they were suited to each other. One person told us "I have more confidence in doing things as a result of the support. Staff as able to understand me, they know what they are doing". One relative told us "My son used to rebel about new carers, now he is ok with them and curious about their lives. He does prefer male carers and as soon as he [the care staff] walks through the door my son is alert and very chatty".

Staff spoke about their roles with commitment and enthusiasm .Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. One member of staff told us "This has been a brilliant two years, I've grown a lot into the role. The service is big on choices, people are given time, it's all so person centred. It's about learning about people personally. Another member of staff told us "The service offers expertise to the community".

People and relatives said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One relative told us "Before commencement of using this service a meeting was held with the agency and all possibilities were discussed, changes that may need to be made in the future. Avenues of assistance and funding were explored together". People were also able to express their views via annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

People told us they were offered choices about what they did and how their care was provided. This was done a daily basis and was part of the way support was provided and was about the relationships that had been built between staff members and people. A staff member told us of how they used a Picture Exchange Communication System (PECS) board which is a tool that provides people with a way to visually associate ideas about their everyday life, and to communicate with staff and family. The use of this board assisted the person to communicate their choices.

The majority of people we spoke with felt they were independent and had support visits for activities or shopping. One relative told us "My [relative] is so fond of his carers, there is no cause for concern at all my [relative] and the carer try to come to decisions together which makes a lot of sense. They are buddies". Staff told us how they promoted people's independence. In one care plan it stated that a person wanted to maintain their independence and have assistance with daily living including accessing the community and shopping. It detailed the support that was required including supporting them in the mornings with personal care. Staff told us that wherever possible people were encouraged to maintain their independence

and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A staff member described how they had seen big gains in one person's independence. They told us "This person use to see support workers as there to do things for them but has responded to encouragement. We have taken the line of asking them to show us why he can't do things, then working with him to find ways that he can. Like making the bed and cooking".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. One person told us "Washing is always carried out politely and gently. They respect my dignity at all times and are self motivating but always check with me to see if it is ok".

When we arrived at the inspection we were introduced to some people who were attending the day centre who also received support and personal care from the service. Staff explained why we were there and asked if they were happy to talk to us. Throughout the inspection we observed management and staff treating people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. It was clear staff knew people well and were very involved in their care and support.

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Care staff rotas were collected personally from the office. Information on confidentiality was covered during staff induction and training.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A health professional told us "Yes the service is responsive. I know due to a lack of boundaries, one service user asked for their keyworker to be replaced, the service responded to this improving satisfaction for the service user".

Staff were knowledgeable about the health care needs of the people they cared and supported for. Staff also told us about how their whole approach was individualised to the person and that they knew people's individual likes, dislikes and preferences. Staff were able to describe what signs could indicate a change in a person's well-being. For example one member of staff told us how they would recognise that someone may be having an off day. They would find out why they were feeling like this and encourage them in their daily activities. Another member of staff told us how they had been working on communication with one person and found out how much they could read so they could leave some reminders and guidance for the person, using simple words, block capitals, clear spaces between. They described the person could have anxiety and paranoia and how they had seen benefits of consistency of staffing which had helped in the person's understanding of relationships.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. There were two copies of the care plans, one in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes. The care records were clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff are to give independent support to a person and engage them in activities where they are reluctant to do so with other people they lived with. Such as going to cinema. This was part of a plan to help the person develop confidence and integrate into group activities over time. In another care plan it detailed a person's preference to effective communication. The person could have anxiety and responded well to humour as a means of redirection and reassurance. This ensured people were receiving the correct care and support required from staff. Care plans were reviewed on a regular basis and staff were made aware of these updates. People and relatives confirmed they were involved in the care plans. A member of staff told us "Because of the depth of relationships we form, people and their families trust us and we learn from them, and we can then be involved together in any changes". They then gave an example of one person being prepared for moving from their family home to supported living and how they had been involved in this.

People told us about the activities they participated in and the hobbies they pursued. People were involved in regular activities and supported by staff where needed. On person told us "Tomorrow I am planning to do some gardening when my support worker visits my home, they will help me get organised". They also told us

they know the manager really well and would raise any concern with her in first instance and staff always come when he was expecting them and know how to talk to him. A member of staff told us how they had done crafts with the same people and takes out one person for trips. They said "This person likes to go to the cat's protection centre which is a favourite of theirs". The member of staff had known this person for a long time and sees it as good example of inter-agency liaison and involvement had been sustained for continuity.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in their care plans and complaints made were recorded and addressed in line with the policy. Where required the policy was in a pictorial format for people to understand. Complaints had been recorded with details of action taken and the outcome. A follow up to the complaint were in place where needed. All people with spoke with told us if they had to contact the service they would expect a positive and helpful response.

Good

Is the service well-led?

Our findings

People and relative spoke highly of the management team. One person told us "I like the people in the office, they are nice and always help me when I need it". One health professional told us "The current manager of the agency has been in post for a number of years has been the best so far as she understands. For example, after an assessment I found a customer had only a thin blanket for bedding, I was concerned about the potential for snow and effects this could have on their wellbeing, there was an urgent need to make arrangements for more insulated bedding. Whilst being respectful of the customers wishes and dislike for spending money to meet their most basic needs and after talking this through with the manager I felt confident they would support the person to source bedding in their own time whilst monitoring the weather conditions, to decide if more urgent action was required".

The head of business development showed passion about the service and talked about always looking on ways of improving. They told us of training and courses they and the registered manager had attended. We were also told how staff had worked closely with health care professionals such as GP's and social workers to ensure people were receiving the appropriate care and support. They told us "We have great staff that will go the extra mile for people. One member of staff has accompanied a person on holiday to the Isle of Wight and staff will also attend social events with people such as local concerts or just going out for the evening".

The atmosphere was professional and friendly in the office. All staff spoke highly of the management team. One member of staff told us "The office workers are very committed to the support workers and have a good knowledge of all the customers. They make surprise on-site visits, which are also supportive to us and the customers. It has to be a good thing that they want to see the quality in all we do".

The registered manager and the head of business development were approachable and supportive and took an active role in the day to day running of the service. People appeared very comfortable and relaxed talking with the staff working in the office. While we were on the inspection we observed positive interactions and conversations were being held with staff and people who were visiting the day centre. The head of business development took time to listen and provided support where needed. Staff felt they were supported by their manager and given development opportunities. One member of staff told us "[member of staff name] is always at the end of a phone, by day and after hours. Supervision is planned into our rotas and we have a timetable for it for the whole year. They want to see you grow, there's a definite career path".

Regular audits of the quality and safety of the service were carried out by the registered manager and the provider. These included staff training, care plans, accidents and incidents and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought from surveys which were sent to people and their relatives. The most recent survey had positive comments around the management of the service and people felt staff listened and were skilled in their role. A service improvement plan had been put in place for the coming year which was aligned to the CQC's key lines of enquiries and objectives under each domain which enabled staff to drive improvement.

Staff told us they had regular office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. Minutes of the meetings were available to staff who were unable to attend these meetings.

The management team understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.