

Ordinary Lifestyles

Ordinary Lifestyles

Inspection report

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16 June 2023

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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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Ordinary Lifestyles provides care and support to people living in a number of 'supported living' settings so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support:

Staff knew and understood people extremely well. They put people at the heart of everything they did, helping people to live active and happy lives. People received care and support from a consistent team of dedicated staff, some of whom had worked for the service for many years. Staff enabled people to access specialist healthcare services and followed best practice when supporting people with their communication, and with making decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Everyone who provided feedback to us praised the service. People received person-centred care of a high standard. Staff were caring, kind and understanding and treated people with respect and dignity. Staff knew people well and provided support and care on an individual basis. Staff understood how to protect people from poor care and abuse. There were enough skilled staff to meet people's needs. Staff were given opportunities to learn and develop their knowledge, which meant people were cared for by highly skilled support workers.

Right Culture:

The culture of the service was exceptionally friendly, open and transparent. People, relatives and staff were listened to, and their feedback used to inform improvement and development. Auditing systems were in place that enabled the registered managers to have effective oversight of the service and identify and respond to any improvements needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 April 2018).

Why we inspected

We inspected this service because it was over 5 years since we last visited and inspected them.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Ordinary Lifestyles

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector 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.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there were two registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out. We wanted to be sure there would be people at home in the supported living settings to speak with us.

Inspection activity started on 12 June 2023 and ended on 5 July 2023. We visited the location's office on 12 June 2023 and several supported living settings on 13 and 16 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 7 family members on the telephone about their experience of the care and support provided. We visited 4 supported living settings and spoke with the people who lived there. We also visited a 'cooking class' in a community library, where we talked to people and observed how staff interacted with them. We received email feedback from 4 health and social care professionals who have dealings with the service. During our visit to the service office we spoke with both the registered managers. We sent questionnaires to support staff asking a range of questions about their experience of working for the service. Seven completed questionnaires were returned to us. We reviewed a range of records. This included 3 people's care records and 3 staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records and policies and survey results.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew people well and understood how to protect them from abuse.
 - Staff induction records showed that staff had completed safeguarding training and had access to guidance about what to do if they had concerns about a person's safety and wellbeing.
 - A relative told us, "She has been with them (the service) for so long. They deal with everything really professionally. They always put (name) first in any kind of situation. I do feel they are safe."
- Another relative said, "We live locally, and we often see (name) out and about. You can tell from their demeanour that they look safe and confident."

Using medicines safely

- Staff had received training in medicines administration and had their competency checked.
- People had medicines care plans and risk assessments in place. These provided information which helped staff administer medicines safely. Care plans contained body maps which showed staff where to apply topical creams.
- Medicines were stored correctly in people's homes.
- The service followed the principles of STOMP (stopping over medication of people with a learning disability, autism or both). The registered manager gave us examples of how they had worked successfully with people to reduce their reliance on medicines which were used to control their behaviour.

Preventing and controlling infection

- People were protected from the risk of infections. Care staff had received infection control training. Personal protective equipment (PPE) was used by staff when supporting people with personal care.
- The homes we visited were clean and well-maintained.

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Care plans included assessments which identified potential risks and how these should be managed by staff. These covered a range of safety and wellbeing needs, such as assistance with medicines, moving and handling, nutrition and environmental risks. Fire risk assessments had recently been completed.
- Safety checks, such as of the smoke alarms and water temperatures, were completed regularly.

Staffing and recruitment

- The recruitment procedures ensured that care staff were suitable to work with vulnerable people. Pre-

employment checks, including references, employment history and a Disclosure and Barring Service (DBS) check had been completed as part of the recruitment process. These helped to ensure people recruited to the service were suitable. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People were supported by a core team of staff. This ensured people were cared for by staff who knew them well and had developed close relationships with them. In addition, the service had a staff 'bank' who worked regularly at a number of different settings.
- Relatives were happy with the staff teams. One relative told us, "(Name) has a team of 5 carers who are the regular ones. Occasionally there is an agency worker if a shift can't be covered. She knows everyone." Another relative said, "The carers are all very good at covering for each other. It is rare that it is someone from another house."

Learning lessons when things go wrong

- There was a system in place for analysing information from incidents, accidents and complaints so that any trends could be established. Where appropriate this information was shared with the service trustees for further oversight.
- Actions taken following incidents were shared with staff to help prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Ordinary Lifestyles ensured that detailed assessments of people's needs had been carried out before they started to receive care and support from the service
- Care plans reflected a good understanding of people's needs, including assessments of any complex medical needs and specialist medical equipment.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction programme, based on the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme. Ordinary Lifestyles had adapted the Care Certificate so that it was relevant to their particular service.
- Where appropriate, staff were provided with training in specific healthcare needs. For example, how to support people with their tracheostomy (breathing) tube.
- Staff were complimentary about the training. One support worker said, "I believe Ordinary lifestyle provides all the support for staff to expand the knowledge and skills required to work as a support worker. They also conduct individualised training for staff to gain proper understanding about the (health) conditions of individuals we support." Another support worker told us, "We are also encouraged to request any extra training that we feel would help us."
- Relatives were happy with the way staff were trained. One relative told us, "When someone is appointed to her team they do shadowing for a while until they are completely trained on how to do her personal care. They are constantly having training courses."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced and healthy diet.
- Staff encouraged people to choose what meals they would like and helped them with shopping and cooking. One relative told us, "Food is very important to her. At meal times they plan what she wants to eat. They go shopping with her. They have been cutting down on how much chocolate and sweets she has for the last couple of years and she looks great. They have her on a healthy diet and chocolates are treats." Another relative said, "They sit down at the beginning of the week and decide what the meals are. They show her pictures, and she points out what she wants."
- Some people required nutrition via a percutaneous endoscopic gastrostomy (PEG) tube. Staff had received the relevant training to support people with this.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The management team worked closely with other healthcare agencies to ensure people received good access to medical care.
- We received very positive feedback about the service from all the healthcare professionals we contacted. They commented that the service was always proactive in seeking advice and support when needed.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care plans included information about their ability to make decisions and included guidance for care staff about the decisions that people could make for themselves.
- During our inspection we saw staff encouraged people to make decisions and choices, prompting or helping them where appropriate.
- Relatives were happy with the way staff encouraged people to make decisions. One relative told us, "They are guided by her. She has opinions and she makes them known." Another said, "They take his thoughts into consideration. They ask him before they do something."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw many positive and caring interactions between the people we visited and staff. Staff treated people with kindness and were genuinely interested in making their lives as happy and rewarding as possible. People were comfortable and relaxed with staff.
- Relatives were extremely complimentary about the staff and about the organisation as a whole. Comments included, "I find everyone superb. We have a super team. It runs closest to a family you will get. They are incredibly caring"; "The carers are outstanding. They go above and beyond. You can tell they care. They treat him like an individual and take a person-centred approach. They treat him as a friend, they treat him kindly" and "They are kind, caring, go the extra mile and are inclusive."

Supporting people to express their views and be involved in making decisions about their care

- There were systems in place to support people to make their own decisions whenever possible. People were encouraged to be involved as much as they could be in making decisions about their care.
- Relatives told us staff involved people in decisions. One relative said, "They try to get her to decide what she wants. They let her choose where she wants to go, such as the disco." Another relative said, "They always take her wishes into account. She is treated how I would expect to be treated."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. One relative told us, "They give her her own space to get changed. They are mindful that she needs quiet spaces." Another relative said, "They don't do anything without asking her. They give her choices. If she is in her bedroom, they knock on the door."
- Family members spoke positively about the way staff promoted independence. One relative told us, "They do things in the home with him. He is encouraged to make his own food, clean, personal care. They support him to do the shopping on his own." Another relative said, "They don't automatically do things for her. They wait for her to ask for help. It's good."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everyone we contacted for feedback about Ordinary Lifestyles, without exception, was extremely complimentary about the service. They described the service as one that put people at the heart of everything they did. One professional told us, "I find Ordinary Lifestyles to be an excellent organisation to work with, as they support people in the community live the life they want to live."
- People's needs and wishes were at the centre of the service. Relatives confirmed this. One told us, "They put her first and are always thinking of how to make things better. Either to improve her flat or what activities she does." Another said, "I have always found them excellent. They are very proactive and always thinking of things to do. They have such energy."
- The registered manager and staff were continually striving to ensure people received outstanding support, which was flexible and responsive. Feedback we received frequently mentioned how innovative the service was. For example, we were told the service had recently paid to have a person's bedroom soundproofed to alleviate problems with noise caused by the person's hoist.
- Staff were knowledgeable about people's needs and wishes. Staff received ongoing specialised training that was tailored to each person. For example, one person needed help with their breathing. Staff had received specific training on the use of complex equipment to make their breathing more comfortable. This meant the person felt relaxed and safe and was able to live at home confident that they were supported by knowledgeable and capable staff. Many staff had worked with the same people for exceptionally long periods of time and had seen their lives change over this period. It was evident from our observations on inspection that meaningful and sensitive relationships had been developed and maintained.
- Staff provided support in a sensitive and caring way, using touch, where appropriate to help people feel calm and safe.
- Staff showed understanding of people's different family dynamics, and helped people to maintain relationships, even through difficult times. For example, staff recently helped a person support a relative through an operation, by enabling them to help with laundry and meal preparation, things that a person would generally do for a relative in that situation.
- People were given the opportunity to take part in their individual person-centred review. We saw photographs of one person's recent review which showed them enjoying the chance to share all that was good in their life, talk about their worries and put forward their aspirations for the future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to live active and busy lives. Staff helped people to participate in a wide range of activities and events of their choice, including going on holiday. One relative told us, "They (staff) are always

looking for opportunities for him to develop and enhance his life experiences."

- People were offered many opportunities to make and maintain friendships through regular weekly and monthly social groups. These included a monthly disco, the weekly cooking group and through visits to the community allotment. The service was proactive in encouraging people from other similar services to attend its community groups and share the facilities.
- During our inspection we visited the cooking group and saw people relaxed and happy, enjoying a game of bingo and helping prepare a healthy meal. There was much smiling and laughter. We saw the organisation's value of 'enjoyment and fun' in action.
- People were also able to pursue their own interests at home, including watching television and playing computer games. Staff encouraged people, where able, to be involved in daily tasks about the home, such as cooking and cleaning and choosing the décor. This helped them develop a pride in their homes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff showed a skilled understanding of people's communication needs. They were able to describe how they supported people to understand and be understood. Where people were unable to communicate fully verbally, staff used their in-depth knowledge of peoples' different communication styles, facial expression and body language to ensure they were able to express their needs in ways that were relevant and personal to them. For example, we observed a support worker communicate with a person who was unable to speak, using their favourite toys.
- Staff had developed innovative ways to enhance communication with people. For example, it was important for one person to know which member of staff would be supporting them and when. Staff had developed a pictorial rota which showed which member of staff would be on duty. This helped to put their mind at rest.
- The service had worked closely with a Speech and Language therapy team to create dictionaries for individuals who could not communicate verbally.
- Information was made accessible to people so that they could give their opinions and be involved in decision-making. For example, the annual survey and its results and actions taken was in pictorial format, so that it was easy for everyone to understand.
- Relatives told us how staff communicated well with their loved ones. One relative said, "Yes I feel they recognise his needs. They can recognise his communication styles and moods." Another relative told us, "(Name) does a lot of Makaton signs. They show her pictures of food and drinks to see what she likes."

Improving care quality in response to complaints or concerns

- Relatives told us they did not have any complaints. However, they were confident if they had cause to complain they would be taken seriously. Relatives were happy with the way the service communicated and discussed concerns with them. One told us, "We talk to them all of the time. They ask our opinions. We discuss everything."
- The service had an effective complaints policy which ensured any complaints would be documented, investigated and responded to within clear timeframes.

End of life care and support

- The service was able to provide end of life care, although this was a rare occurrence. The registered

manager told us about how they had cared for someone at the end of their life, providing staff with training from a local hospice and working closely with the community nursing team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff showed through our conversations with them and through our observations on inspection that a person-centred approach was promoted. The staff demonstrated the values of the organisation – enjoyment and fun, inclusion, independence, health and wellbeing, choice and control.
- Professionals we contacted praised the service for their approach. Comments included, "I am proud to say I am associated with Ordinary Lifestyles, as I believe they really are person centred and equally value the people they support and their staff" and "Ordinary Lifestyles appear to provide good person-centred care. They know the people they support, and it is apparent from their behaviour, Ordinary Lifestyle support staff want the best for them."
- We asked relatives what they felt were the 'positives' about the service. Comments received included, "The fact that they put her first and are always thinking of things on how to make things better. Either to improve her flat or what activities she does. They are very proactive and very careful. They do things in terms of her capabilities. She is happy." Another relative said, "It (the service) is run for the benefit of the individuals. It is professionally run. They are very committed people. There is a low turnover of staff so they can build relationships with people. They are remarkable. They look after their staff properly. It is a whole package."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective governance systems were in place. These monitored many different aspects of the service, and included annual quality monitoring visits to each supported living setting, regular safety checks and spot checks on service provision.
- The organisation had a strategic action plan which enabled the service to review its progress and plan for future development.
- All the relatives spoke highly of the service and how it was run. One relative said, "I think it is brilliantly run and managed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked closely families and with other healthcare professionals and external agencies to ensure people received safe, effective person-centred care. One professional told us, "Management is always responsive to enquires and send regular updates on the people they support." Another said, "They have

notified the relevant agencies when concerns have arisen and have been instrumental in gaining the right support for (name)."

- Team meetings and social media groups were used to ensure information about the service was shared with staff.
- A quality improvement survey was circulated with people, their families and other significant people involved in their care and support, during 2022. Both positive comments and suggestions for improvement, with the service response, were shared with all those involved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.