

Lifestyle Care Support Limited

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Inspection report

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Date of inspection visit:
31 October 2017

Date of publication:
05 December 2017

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 31 October 2017 and was announced.

Lifestyle Care support Limited provides supported living at home for people with learning disabilities. At the time of our inspection there were ten people receiving support.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always fully completed. Records management was disorganised in some areas and some records had not been fully completed. Records were not always available in a suitable format for many people using the service, for example care plans and the complaints procedure.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received an induction when they first commenced working at the service. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People's needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs. People's care plans were written with a person centred approach and updated on a regular basis or when there was a change to their care needs. The service had a complaints procedure in place and people said they would feel comfortable making a complaint if the need arose.

People and staff were positive about the registered manager and felt well supported in their roles. Accidents

and incidents were appropriately recorded and appropriate actions had been taken to reduce the risks of any repeat accidents.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Quality assurance systems were not always fully completed regularly which meant they were not always as effective at identifying areas of concern in a timely manner.

Records management was disorganised in some areas and records had not always been completed as necessary.

Systems in place to listen to people and relatives were not always used effectively.

There was visible leadership at the service and staff felt well supported by the registered manager.

Lifestyle Care Support Limited

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 checked 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 announced comprehensive inspection of Lifestyle Care Support Limited took place on 31 October 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector.

Before the inspection we looked at information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

During our inspection we visited five people in their homes and spoke with a relative on the phone. We also spoke with five staff that included the registered manager, the deputy manager and three care staff.

We reviewed a range of records about people's care and how the service was managed. These included care records for four people using the service and three records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Is the service safe?

Our findings

People using the service were protected from avoidable harm. They told us they felt safe when staff were in their home. One person said, "I feel very safe. The staff are always here to look after me." A relative commented, "I don't worry that [relative] isn't safe. I know they are safe." Staff told us and records confirmed they had been provided with safeguarding training and knew how to recognise abuse. One staff member said, "You would look out for changes in behaviour. A person might become withdrawn or may start to present with behaviours that can challenge the service. It's not something I would keep quiet about."

Records demonstrated that the provider had reported safeguarding concerns to the relevant safeguarding authorities and the Care Quality Commission as required.

People had individual risk assessments to enable them to be as independent as possible. They covered a variety of subjects such as, accessing the community, cooking and using public transport. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed that risk assessments were reviewed on a regular basis and updated when required.

Staff were employed following a thorough recruitment procedure. One staff member said, "I had to wait for my checks to come through before I could start work here." Records showed this had been carried out for all staff before they started work at the service.

People told us and the rotas showed there was enough staff with varying skills on duty to provide the care and support people who used the service required. One person told us, "There are always staff around and always someone here to help you when you need it." Staff told us there was enough staff to meet people's needs and that the registered manager ensured that people got the extra time they needed when their needs increased.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred and this was well recorded in their care plans. A relative told us, "I don't have to worry they [meaning staff] make sure [name of relative] gets their medicines when they need it." Staff had received training in the safe administration, storage and disposal of medicines. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice. Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at MAR charts and noted they were fully completed with no gaps or omissions.

Is the service effective?

Our findings

People praised the staff and told us that they were always supported by staff that knew how to look after them. One person told us, "They know how to look after me all right." Another said, "Yes they [meaning staff] know what to do." Staff told us and records showed that they had received induction training when they first started at the service. This was then followed by shadowing experienced staff until they felt confident to work alone. One staff member told us, "The induction was very helpful. It gave me a good grounding of what was expected of me."

Following the induction training staff had been provided with on-going training. However these had not been kept up to date for all staff. The registered manager was aware that refresher training was overdue for some staff and told us there had been difficulties trying to get staff to attend training courses. The registered manager had implemented a new on-line training system so training could be more accessible for staff and this was due to commence the following day.

Staff told us they felt well supported. They told us that they received peer to peer supervision which is where staff members choose another member of staff and sit with them to discuss their work performance, training needs and any other topics that are relevant. One staff member told us, "There is a new system in place for staff to supervise each other. It can be useful." We saw records that showed staff received regular supervisions with their peers. Any areas of concern are brought to the attention of the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedure for this in domiciliary care is called Court of Protection. The registered manager told us that at the time of the inspection that there was no one being supported whose liberty was being deprived. People were encouraged to make decisions about their care and supported in meeting their day to day routines and preferences. Staff had a good understanding of peoples' rights regarding choice.

People were encouraged to follow a healthy diet. People explained that the support they required with nutrition, food shopping and meal preparation was incorporated into their care plans and part of an assessed package of care. One person said, "I get help to cook my food and I can choose what I want to eat." Staff told us that where possible they encouraged people to be involved with the preparation of their meals. Within the care plans we saw there was guidance for staff in relation to people's dietary needs and the support they required with shopping and purchasing food items. Details of people's dietary likes and dislikes were also recorded. For example, we saw that one person enjoyed food specific to their cultural back ground and this was well recorded in their care plan.

People were supported to attend health appointments when required. Staff understood people's individual health care needs and were aware of any medical conditions that may impact on their wellbeing. Records demonstrated that people had been supported to attend healthcare appointments as required.

Is the service caring?

Our findings

All the people who used the service told us that they were treated very well and they had no complaints about the care they received. One person said, "I love [name of staff member] the best. She's my friend." A second person said, "They are all lovely. They are very kind to me." A relative commented, "The staff are very good, very respectful. They are decent carers."

Staff told us they had built positive relationships with people who used the service. A staff member told us, "I have worked here for quite a long time and I look at the people I care for like my brothers." One relative told us, "The staff are all approachable, from the management to the carers." We observed some interactions between staff and people using the service which were positive and encouraging. Staff spoke with people in a friendly way always referring to people by their names and involving them in conversations.

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. They felt this was because there was consistency in the staff team and they had been able to spend time getting to know people's likes and dislikes. One staff member told us about one person they cared for and said, "[Name of person] doesn't like to have too much choice because they get very anxious. We use proactive strategies to support them with their anxieties such as giving them time every day to sit and chat about what has gone well, and what has not gone so well; so they can reflect on their day. This also gives them the opportunity to talk about anything they wish and speak up if they are not happy."

People told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "I am always involved in my care. I know what's in my care plan." A relative said, "I have regular monthly meetings with the registered manager about [name of relative's] care." Staff told us they tried to involve people with their care plans, if they were not able, then family or representatives were asked.

Advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's privacy and dignity were respected, for example staff gave people their full attention during conversations and spoke with them in a considerate and respectful way. One person told us, "The staff respect me. They are never rude and always speak with me politely." Staff had an understanding of why they should maintain people's privacy and dignity. One told us, "Everyone should be treated with respect. We're all human and need to be respected as individuals." Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Is the service responsive?

Our findings

People continued to experience care and support that was focused on their needs. One person told us, "I get the care that's right for me. I go out and do the things I want. I'm happy." A relative said, "[Name of relative] does get good care. I do have peace of mind."

Staff informed us that people's care plans informed them well, they said that they were very clear about what they must and must not do to support each person. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes when we spoke with them. For example, a member of staff told us about one person who uses a visual schedule to inform them what they are doing each day and which helps to reduce anxiety levels for the person. They prepared this with a staff member every day and we saw this information recorded in the person's care plan.

The registered manager told us that prior to receiving a care package people's needs were assessed. Records we looked at showed that information from the needs assessment was used to inform the care plan. The plans contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported.

We saw evidence that when there was a change to a person's needs the care plan was updated to reflect the change and we saw that people and their representatives were involved in this process. Staff were made aware of any changes to ensure that people received the relevant care and support.

People we spoke with told us that communication was very good with the service. One said, "I always know what I'm doing every day." The daily action logs clearly described staff's intervention and included information on nutrition, activities and the person's feelings.

People told us that their experiences, concerns and complaints were listened to and acted upon. One person said, "Yes I would make a complaint if I needed to. I would go to [name of registered manager]." A relative told us they had made several complaints over the years and most issues had been sorted out.

Although people were satisfied about how their complaints were handled we found the recording of complaints had not always been completed in full. For example, what actions had been taken by the service as a result of the complaint.

Is the service well-led?

Our findings

The service continued to have a registered manager. They told us that the service had, over the last year lost various roles such as administration and human resource support. In addition the staff team had all been made the same grade with no senior staff to take on additional tasks. The registered manager acknowledged this had had an impact on the records management at the service, but had not impacted on the care people received. For example, we found that people's weight had not always been recorded on a monthly basis, when it clearly stated in care plans that they should be.

Records were not always available in a suitable format for many people using the service, for example care plans and the complaints procedure.

The complaints records were disorganised and did not always utilise the detailed paper work in place for recording complaints. In addition we found that mandatory refresher training had not always been kept up to date for all staff.

Systems in place to listen to people and relatives were not always used effectively. For example, a relative told us that they had regular monthly meetings with the registered manager about their relatives care. They told us they had frequently asked for minutes of these meetings but they had not been forthcoming. They commented, "Things raised can get forgotten in the passage of time." Following the inspection the registered manager informed us that notes were kept of each meeting so that there was a record of what has been discussed and agreed. The notes were kept in each person's care records and they informed us they would make sure the previous notes were present at each meeting so they could be referred to.

The provider had arrangements in place for monitoring and assessing the quality of the service. All staff were expected to complete a weekly monitoring check that covered areas such as complaints, supervision, petty cash, medication stock checks and care plans. Records showed that these were not always completed on a weekly basis and when they had been undertaken not all areas of the audit had been completed. This meant that these checks were not always as effective as they could be at identifying areas of concern in a timely manner.

The registered manager informed us that they had recently employed a deputy manager to support them in the management of the service. In addition they had sourced a remote human resource service which they had started to use and who had recently undertaken some work on the staff supervision process. The registered manager told us the service had been through a difficult time. However they now felt confident that sufficient resources had been sourced to ensure improvements at the service could progress and continue.

People knew who the registered manager was and we received positive feedback from people about them. One person told us, "[Name of registered manager] comes to visit me. I can talk to her about anything." A relative commented, "The manager is very accessible and approachable. I can talk to them if I have any concerns."

Staff told us the registered manager ensured that the culture at the service was open and transparent and they were positive about the management and leadership of the service. They also told us that the registered manager was approachable and supportive. For example, one staff member said, "The manager is interested and open to new ideas and suggestions. I feel well supported." A further comment made by a member of staff was, "The management are there to help. I can go to them if I have a problem." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Staff told us that they felt valued and respected by the management team. One staff member said, "I do feel listened to and that I make a difference. We get a lot of encouragement."

The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

Accidents and incidents were appropriately recorded. The provider had taken appropriate action to reduce the risks of any repeat accidents. They had also informed the Care Quality Commission (CQC) of notifiable events as required by law.