European Lifestyles (South West) Limited

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**Inspection report**

Cornwall Services Holmbush Business Centre
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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | **Good** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

European Lifestyles is a community service that provides care and support to adults of all ages, in their own homes and in registered services. The service provides help with all aspects of people's personal and social care needs in the Cornwall area. This includes people with learning disabilities, physical disabilities and dementia care needs. The service mainly provides 24 hour live-in care for people in their own homes. However, the service also provides outreach support for people who require support with accessing the local area and work placements, and one to one support for older people with dementia care needs who live in residential care homes.

At the time of our inspection 23 people were receiving support from the service. These services were funded either through personal budgets or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. However, the registered manager was not present during

# Summary of findings

this inspection. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 27 August 2015. We told the provider one day before that we would be coming. This was to ensure there would be someone available at the service when we visited and ensure we could access records relating to the running of the service.

European Lifestyles was last inspected 29 November 2013 and was found to be meeting the regulations.

People who received a service were not always able to express their views due to their healthcare needs, so we spoke with some families who told us they felt the service was safe. We spoke with healthcare professionals who had experience of working alongside the service and they confirmed the service was safe.

The office of the service did not hold current accurate records for each person who used the service. Also a person's care file was missing from the office at the time of this inspection and the phone number for this person's family was not available at the time of this inspection. This meant management and staff at the office could not access current information relating to people they were providing a service to.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. The service had vacant staff positions and staff reported working long hours. However, there were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service was flexible and responded to people's changing needs.

Families told us; "No complaints at all," "The girls (staff) interact well with (the person) and we are very pleased" and "Really good care, (the person) has a really good time with them (staff)."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "I like my carers and want the service to continue" and "(The person) really took to one member of staff they were really good and knew us all well and fitted in great with everything here, but he got moved to another service. (The person) was disappointed. Don't get me wrong all the other staff are good, they know their stuff, just not such a good relationship as we had with (staff name)."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said of management they were supportive and approachable.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Equipment used at people's home was regularly checked and serviced to help ensure it was always safe to use.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

**Is the service effective?**

Requires improvement

The service was not always effective. Information relating to the care and support provided for people, held at the office was not always accurate and up to date.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

**Is the service caring?**

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

**Is the service responsive?**

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

**Is the service well-led?**

Good

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People were asked for their views on the service.

Staff were supported by the management team.

# European Lifestyles (South West) 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.

The inspection took place on 27 August 2015. The inspection was carried out by one inspector. We told the provider one day before that we would be coming. This was to ensure we would be able to access the office and key staff were available to assist with the inspection.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the operations manager, a senior carer and the administrator. We looked at two records relating to the care of individuals, five staff recruitment files, staff training records and records relating to the running of the service.

Following the inspection we spoke with two people who received a service, three families of people who received a service, and 10 staff on the telephone. We spoke with staff at the homes of three people and reviewed the information held at the person's home.

Good

# Is the service safe?

## Our findings

People and their families told us they felt the service was safe. Comments included; "I am very safe" and "Yes, I am sure it is a safe service."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of how to access the whistleblowing and safeguarding policies and procedures. The organisations Safeguarding Policy did not contain the contact details of the local authority however, there was a 'Say no to Abuse' leaflet on the noticeboard which did direct people correctly.

Staff had received recent training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

Extensive risk assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given specific guidance about how to avoid the risk of a person falling, what equipment would be required and how many staff would need to be present to help ensure the person remained safe at all times. Staff were always informed of any potential risks prior to them providing support for the first time. For example, if a person presented behaviours that challenged others when in a public place. Equipment used in people's homes was regularly serviced to ensure it was safe to use.

The service provided care packages at short notice. This meant that it was not always possible for a manager to visit the person's home and complete a risk assessment prior to a care package starting. In these situations a senior care worker carried out the first shift. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person's home.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. For example, one person was found to be having periods of behaviour that challenged others at specific times when certain things happened. This was identified from the monitoring of the incident forms. Behaviour monitoring records identified the exact issue, this was addressed and incidents had reduced.

The staff managed people's money in some services. Records were kept by staff when money was used, receipts were held and these were regularly audited by the operations manager. An external auditor was used annually to ensure people's money was managed appropriately.

The service has been short of staff. For example one person's service was two full time staff short over May and June this year. Two team leaders for that person's care reported working over 50 hours a week to cover the shortages. However, the operations manager confirmed there were sufficient numbers of staff available to meet people's needs as staff and management did extra hours. One healthcare professional told us that as the manager was required to provide care and support to people on a regular basis, this had made it difficult to set up meetings at people's homes to discuss their support and equipment needs. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. At the time of the inspection the service had staff vacancies which they were recruiting to. Interviews for new staff took place during this inspection. In the meantime some shifts were covered by management and we saw that wherever possible the same staff were used to help maintain a consistent service to people.

The service produced a staff roster in advance which recorded the shifts required by staff and where they were allocated to each person who required support. People and their families told us they had a regular small number of staff who got to know them well and provided consistent support. Comments included; "I like my carers and want the service to continue" and "(The person) really took to one member of staff they were really good and knew us all well and fitted in great with everything here, but he got moved to another service. (The person) was disappointed. Don't get me wrong all the other staff are all really good, they know their stuff, just not such a good relationship as we had with (staff name)."

Good

# Is the service safe?

A member of the management team was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries or if the service required shifts to be re-arranged due to short notice staff absence. Some people who used the service, lived with their family who could contact the management if a staff shift did not arrive. Other people, who lived in their own properties alone, were supported at all times by more than one member of staff which ensured they were not left alone should the next shift not arrive. Due to the complex needs of some people using the service it was not possible to cover short notice absence of staff with agency workers. Such absences were covered by existing staff members and management who had a good knowledge of the person and their specific needs. There was an adverse weather policy which stated the existing shift would remain with the person until a replacement for the absent staff member was found.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. We were told there were plans to include people who used the service in the staff recruitment process. This would help ensure the person had a part in choosing new staff.

Care records detailed the assistance people needed with their medicines. Medicines were kept securely in people's homes and checked by staff when administered. Most medicines used by staff were held in blister packs clearly showing what medicines were due at what times. Some medicines such as antibiotics were administered from bottles. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines. Medicines in people's homes were regularly audited to ensure people received their medicines safely and at the appropriate times. The service was not administering any medicines that required stricter controls.

Requires improvement

# Is the service effective?

## Our findings

Information held at the office relating to the care and support needs of people who received a service was not always up to date and accurate. Care plan and risk assessment reviews held at the office were not the most current versions, these were held in people's homes. One person who was receiving a service did not have a care file available at the service at the time of this inspection. The operational manager was unable to locate the phone number for the family of this person for the inspector. This meant that the service was not easily able to contact the family regarding this person's care provision if required. We were told that a member of staff might have taken the person's care file from the office however this could not be verified during the inspection. Information provided to the inspector relating to the contact details for people using the service and staff was not accurate and had not been regularly updated.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "I am happy with my carers" and "I can just walk away once the carers arrive, I have complete confidence in them."

The operations manager told us care plans were reviewed every month in most cases, sometimes more frequently if people's needs changed. The records held at the office were not current so we checked the care and support plan's which were present at three people's homes. Two had been regularly reviewed regularly. However one had not been reviewed since April 2015. Two senior staff who supported this person confirmed this to be the case. We were told this was due to the recent shortages of staff and management being required to actively provide care and support to people rather than hold review meetings. The staff assured us they were knowledgeable about the person's current needs and the care plan would be updated immediately.

Staff completed an induction when they commenced employment. The service had not yet introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. We were told by the operations manager there was a plan within the organisation to update induction and a training session had been set up for management to attend. New employees were required to go through an induction which included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. New staff confirmed this process had been supportive.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. One member of staff was due to travel out of the County to attend a specialised course which would enable them to be a champion for Positive Behaviour Support. The plan was for this member of staff to then train other members of the team. Some staff supported a person who was living with dementia in a residential setting. These staff had received dementia care training. Staff meetings took place regularly and staff told us they found these useful.

There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff attended annual updates in the key areas of training such as safeguarding, manual handling, medicine administration and food hygiene. Staff told us they received a mix of e-learning (computer based training) and face to face training, this meant different learning styles were considered.

Most staff received regular supervision and appraisal from managers. This gave staff an opportunity to discuss their performance and identify any further training they required. However, two staff had not received such support since April 2015 due to staff shortages in their areas. We were told meetings had been arranged but were then cancelled due to staff being required to cover staff absences.

Due to the healthcare needs of most people who used the service, the staff supported people to access healthcare appointments as needed. Staff liaised with health and social care professionals involved in their care, if their health or support needs changed. In one person's care file there was a completed Hospital Passport. This travelled with the person to the hospital when appropriate and gave important information about what care and support needs the person had, and their preferences and wishes.

Requires improvement

# Is the service effective?

Staff supported people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. Some people were assisted to prepare their own meals. One person told us; "If I choose something that is not healthy my carers prompt me to consider healthier options, I like most things."

People and their families told us staff always acted in their best interests and respected their choices and wishes. One person told us; "I do what I want, I have choice." One family member told us; "We were anxious when (the person) moved in to their own place, now (the person) visits us regularly but they can't wait to get back to their own home, they enjoy their independence and like their carers."

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Care records showed where best interest meetings had been held, with family and other professionals involved in the person's care, in order to reach a decision. For example, a meeting was held to discuss the pet caring responsibilities required of one person who owned a pet. The organisations Deprivation of Liberty Safeguards policy had not been updated to reflect the change in the legislation which resulted from the Supreme Court judgement in 2014.

Good

# Is the service caring?

## Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People told us; “I have the same staff mostly” and “I have good care.” A healthcare professional told us; “The staff are caring, positive and client focussed.”

People told us staff always treated them with dignity and respect and asked them how they wanted their care and support to be provided. Staff were kind, caring and had a good knowledge and understanding of people. Staff knew people and their needs well and spoke with passion and enthusiasm about their work. They told us; “I am happy here, I have just come back to work here having had a break, it’s a good service” and “We have recently had a new person start a service with us and their family are really involved in their care, and so we liaise with them to meet (the person’s) needs.” Staff respected people’s wishes and provided care and support in line with those wishes.

Some people who used the service depended on their care staff to meet all their needs at all times. Staff stayed with them throughout the day and night. We saw the responses to a survey which had sought the views of people who used the service and their families. Staff and family members had supported some people who used the service to answer the survey themselves. The responses were positive.

People and their families knew about their care plans. Meetings were regularly held at people’s homes to review their care and support needs so their care plan could be updated as their needs changed. Families told us; “They (staff) are here all the time, no problems at all, we know there is a care plan, we know the staff well” and “We have a lot of contact with staff , all good, (the person) is very happy, they (staff) are a godsend.”

Some people were not able to communicate verbally due to their healthcare needs. We asked staff how they knew if they were providing care and support in the way the person wished and at the right time. Comments included; “Because the staff are pretty consistent with each person who receives a service we know them well, we know what their body language and their gestures mean” and “You know about it is (the person) has a strong view.”

The service has links with an advocacy service for people who offer independent support to people predominantly with their finances, and these links also helped support people to share their views of the service they received.

Good

# Is the service responsive?

## Our findings

People had their needs fully assessed before they began to receive a service from the agency. From these assessments detailed care plans were developed, with the person, who was asked for their agreement on how they would like their care and support to be provided. Where people were unable to answer for themselves due to their healthcare needs, families and healthcare professionals were involved in the care plan.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual. This meant staff could access detailed information on how, when and where to meet people's needs. People's care plans also included information about their hobbies and interest and some life histories. This gave staff useful information about people backgrounds and interests to help them understand the individual's current care needs. Where the provider had identified areas that required improvement actions had been taken promptly to improve the quality of the service provided. For example the service had made changes to the way one person was supported in public. This person had been assessed as a risk to the public when out in the community and was restricted by this to where staff could safely support them. This meant the person was not always able to follow their interests outside in the community such as swimming. This person's support needs had been reviewed in detail and staff had been provided with specific training and guidance. Staff told us; "Since we reviewed (the person) and changed how we do things, it has resulted in us (staff) being able to take them to more activities, there is nothing we won't do with (the person) now, it's really worked out good."

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The service was flexible and responded to people's needs. Staff confirmed that some care plans required to be updated weekly in response to changing needs.

People and their families said they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were included in the service user packs provided when they began receiving support from the agency. The complaints procedure was available in an Easy Read format to ensure everyone using the service could access this information. However, this procedure did not inform people of the contact details of people in other agencies who could support them to make a complaint if they needed to. For example, the Care Quality Commission or the Ombudsman. People and their families knew how to make a formal complaint if they needed to within the service, but told us issues would usually be resolved informally. We were told the service had not received any complaints in the last year.

Good

# Is the service well-led?

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This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>Systems and processes must enable the registered person to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decision taken in relation to the care and treatment provided. Regulation 17 (2) (c) |