

Independent Lifestyle Options Ltd

Independent Lifestyle

Options Domiciliary Care

Inspection report

76 Beddington Gardens
Carshalton
Surrey
SM5 3HQ

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24 November 2015

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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

This inspection took place on 24 November 2015 and was unannounced. At the last inspection we found the service was meeting the regulations we looked at.

Independent Lifestyle Options Domiciliary Care is a small service that provides personal care to people with learning disabilities. At the time of our inspection they were providing care and support to four people living together in one house in the local community.

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

People told us they were safe when being supported by staff. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse so that they could be sufficiently protected. They were also trained to support people in a way which protected them from harm that could arise from discrimination at home and in the community.

There were appropriate plans in place to ensure identified risks to people were minimised. Staff had a good understanding of the specific risks to each person and what they should do to minimise these without restricting people's rights to undertake activities or tasks.

There were enough suitable staff to care for and support people. Senior staff planned staffing levels to ensure there were enough staff to meet the needs of people using the service. The provider carried out appropriate checks on staff to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff were supported by senior staff and were provided with opportunities to share their views about how people's experiences could be improved.

People's consent to care was sought and obtained before care and support was provided. All staff had received training on the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the act. People were supported to make decisions and choices about their care and support needs. Their support plans reflected their specific needs and preferences for how they wished to be cared for and supported in such a way as to retain as much control and independence over their lives as they wanted. These were reviewed regularly with them by staff who checked for any changes to people's needs.

People were encouraged to eat and drink sufficient amounts and maintain a healthy and balanced diet. Staff supported people to keep healthy and well and ensured people were able to promptly access healthcare services when this was needed. Where this was relevant, staff made sure people received their prescribed medicines promptly.

People and their relatives told us staff looked after them in a way which was kind, caring and respectful. Staff knew people well. Their priorities were clearly focussed on ensuring that people's care and support needs were met and they had a good understanding and awareness of how to do this. Staff respected people's right to privacy and dignity. They knew how to provide care and support in a dignified way and which maintained people's privacy at all times.

People said they felt comfortable raising any issues or concerns directly with senior staff. There were arrangements in place to deal with people's complaints, appropriately.

The senior staff team demonstrated good leadership. They sought people's views about how the care and support they received could be improved. They ensured staff were clear about their duties and responsibilities to the people they cared for.

Staff carried out regular checks of key aspects of the service to monitor and assess standards. They took appropriate action to make changes and improvements when this was needed. They also used learning from incidents and events to drive improvements within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew how to recognise the signs that could indicate people were at risk of abuse and how to report any concerns to ensure people were sufficiently protected.

There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Known risks to people's safety and welfare were minimised and managed by staff to keep people safe from injury and harm. Where this was relevant people received their medicines as prescribed and these were stored safely.

Is the service effective?

Good ●

The service was effective. Staff received regular training and support to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the MCA 2005. None of the people using the service lacked capacity to make decisions and could consent to their care and support.

People were supported by staff to eat well and to stay healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

Is the service caring?

Good ●

The service was caring. People were happy with staff that supported them. They said staff treated them with respect. Staff knew how to maintain people's privacy and dignity particularly when they were providing them with care and support.

Staff had received training on how to respect and uphold people's beliefs, choices and rights and to provide care and support which did not discriminate against these.

Staff knew people well, including their preferences and wishes for how they wanted to be cared for and supported. They interacted and engaged with people in a positive and supportive way.

Is the service responsive?

Good ●

The service was responsive. People were actively involved in planning their care and support. Their needs were assessed and support plans set out how these should be met by staff.

People's support plans reflected their individual choices and preferences for how they were supported. People's care and support needs were reviewed regularly with them by staff. People were supported to live an active life in the home and community.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good ●

The service was well led. Senior staff demonstrated good leadership. They were open, approachable and responsive. People were encouraged to share their views and suggestions for how service could be improved.

Staff's priorities and objectives were focussed on ensuring people experienced care and support that met their needs and which was provided to a high quality standard.

Staff carried out regular checks to assess and monitor service standards. Learning from incidents and events was used to drive improvements within the service.

Independent Lifestyle Options Domiciliary Care

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 inspection took place on 24 November 2015 and was unannounced. It was carried out by a single inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to the Commission.

During our inspection we spoke with the registered manager and care-coordinator. We looked at two people's care records, three staff files and other records relating to the management of the service.

After the inspection we contacted and spoke with three people using the service and three relatives. We asked them for their views and experiences of the service.

Is the service safe?

Our findings

People told us they were safe when being supported by staff. One person said, "They look after us and know what to do." Another person told us they felt 'very safe' and protected by staff. Relatives also said people were safe. One told us, "I've never thought [family member] was vulnerable and I have always trusted them (staff)." Another relative said, "I know [family member] is in good hands and I don't have to worry."

Staff knew how to protect people from the risk of abuse, neglect or harm. They had received training in how to safeguard adults at risk. Staff understood the signs of potential abuse and what steps to take to ensure people were sufficiently protected. They told us they would follow the provider's procedure for safeguarding adults and report their concerns to a senior member of staff or to another appropriate authority such as the local council. A staff member said, "Safeguarding is a priority and I would take immediate action to protect people." Staff had also received training in equalities and diversity to ensure people were protected from harm that could arise from discrimination at home and in the community.

There were plans in place to minimise identified risks to people. Records showed staff discussed with people how their individual circumstances and needs could put them at risk of injury and harm. Staff gave people information about the risks attached to the choices they made about how they wished to be supported. They respected people's decisions about these. Plans were then put in place which instructed staff on how to minimise identified risks when providing people with care and support.

Identified risks were reviewed regularly as part of the review of people's care and support needs, to identify any new risks. This ensured staff had access to the latest information about these, to ensure people were sufficiently protected. Staff demonstrated a good understanding and awareness of the risks people faced and how they could support them to stay safe whilst enabling them to retain control and independence in their lives.

There were sufficient numbers of staff to support people. The staffing rota for the service had been planned in advance and took account of the level of care and support people required from staff, each day, in the home and community. Records indicated wherever possible people were regularly supported by the same staff. This helped to ensure they experienced consistency and continuity in the care and support they received.

Appropriate checks were undertaken by the provider to ensure staff were suitable and fit to work for the service. A relative told us they felt confident that the registered manager, when interviewing people to work for the service checked they had the appropriate skills and temperament to support people. Records showed pre-employment checks had been carried out prior to staff starting work. Evidence had been obtained of their identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People, who were supported by staff with their medicines, said they received these when they needed them.

Appropriate records were maintained by staff which provided a clear record of when, how and by whom medicines had been administered. Staff had received training in safe handling and administration of medicines and their competency was checked every six months by a senior member of staff. Daily checks of medicines were also undertaken by senior staff to ensure people had received their medicines as prescribed.

Is the service effective?

Our findings

People spoke positively about the staff that supported them. One person said, "The staff help us. They are all good. They know what they are doing." Another person told us, "The staff are lovely. They are really good." Relatives said staff had the skills and experience needed to support their family members. One relative said, "The support is excellent. It really meets [family member's] needs."

Staff received the training they needed to meet people's needs. Records showed staff had attended training in topics and areas relevant to their work. Training was regularly monitored by senior staff to identify when staff were due to attend refresher courses to keep their knowledge and skills up to date. Staff said they received regular training to help them in their roles.

Staff said they were supported by senior staff to carry out their roles effectively. Records showed staff received regular support from senior staff through individual one to one meetings (supervisions) and team meetings. Through these meetings staff were provided opportunities to discuss work performance, issues or concerns and any learning and development needs they had. A member of staff told us, "I get very good support and I really enjoy my role."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA and knew what their responsibilities were in relation to the act.

None of the people using the service lacked capacity to make decisions and could consent to their care and support. Records showed people were clearly involved in discussions about all aspects of the support they received and their choices and decisions about this were reflected in their support plans. People formally gave their consent to their planned care and support by signing their support plan. Guidance for staff detailed how people communicated their choices and decisions so that staff clearly understood when people were or were not giving their consent to support. Staff demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so.

People said they had choice and flexibility about the meals they ate. They told us they were supported by staff to plan their weekly menu and to prepare meals they wanted to eat. Records showed staff involved people in discussions about their diet and took account of people's likes and dislikes for the food they ate. People's choices about this had been used to support them to plan meals that met their personal

preferences and that were well balanced and healthy. There were no restrictions placed on people so they could eat at times which suited them. Staff monitored how much people ate and drank which provided them with information about whether people were eating and drinking sufficient amounts and maintaining a healthy diet.

People were supported to maintain good health to promote their overall wellbeing. They were supported to attend all their scheduled healthcare appointments and the outcomes from these visits were documented. Any changes or additional support people may have needed resulting from these visits were communicated to all staff. Staff monitored and recorded daily their observations about people's general health and wellbeing. They dealt with any concerns about this promptly. A relative told us how their family member had experienced a period of ill health and staff had supported them to access medical assistance and support quickly. Another relative said, "Their keyworker system is excellent. I get a call straight away if there are changes or something wasn't right."

Is the service caring?

Our findings

In our conversations with people it was clear they were happy with the staff that supported them and described them as 'nice' and 'kind'. They told us staff treated them with respect and listened to what they had to say. One person said, "It's really nice and comfortable and I feel really happy." Another told us, "Staff are nice. They listen." Relatives said staff were caring towards all of the people using the service. One told us, "[Family member] is getting brilliant care. I know [they] are really happy there."

The provider had taken steps to ensure people were treated fairly and in a non-discriminatory way. All staff had received training in equalities and diversity. This equipped them with the information they needed on how to respect and uphold people's beliefs, choices and rights and to provide care and support which did not discriminate against these.

Relatives told us staff knew people well, including their preferences and wishes for how they wanted to be cared for and supported. They said staff interacted and engaged with their family members in a positive and supportive way. It was clear from our discussions with staff that the majority of them had known and supported people for a considerable time. They demonstrated a very good understanding and knowledge of people's life histories, the things that were important to them and how they wanted to be supported by staff. Staff used their knowledge about people's specific communication preferences to share information with them in a way they could understand. People's records contained information about their preferences for how they wished to be engaged to support them to make choices and decisions.

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. We noted when staff spoke about people they did so in a kind and respectful way. They did not openly discuss personal information about people.

Staff ensured people's right to privacy and dignity was respected. A relative said, "They [staff] are very respectful when they are helping [family member]. It's done with a lot of dignity and I know they are always very careful and protective about making sure people get their privacy." Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people's doors were kept closed when staff were supporting people with their personal care and respecting their privacy when people wished to be left alone.

People were encouraged and supported to be as independent as they wanted to be. Records showed when planning care and support staff discussed with people the ways they wished to be supported to achieve this. People's support plans guided staff on how to ensure people were encouraged to do as much as they wanted so that they retained as much control as possible. For each person using the service the level of dependency varied but where possible people were encouraged to wash, dress and eat as independently as they wanted with staff supporting them to do so.

Is the service responsive?

Our findings

People experienced care and support which met their specific needs and improved the quality of their lives. A relative said, "I think the support [they've] had has really improved the quality of [their] life. I'm really proud of how [family member] has progressed." Another relative told us, "[Family member] has come on so much. They really know how to take care of [them]."

People were actively involved in the planning and delivery of their care and support. People told us their views about this were listened to and acted on by staff. A relative told us, "[Family member] will tell them (staff) what [they] want and they go along with it." People's records confirmed this. We saw people and their relatives had been involved in discussions about how care and support should be provided to them. Information from these discussions was used to develop a detailed support plan for each person which set out how their specific care and support needs should be met by staff. These plans were person centred, focussed on people's priorities and aspirations for their care and welfare and were reflective of their specific likes, dislikes and preferences for how support should be provided. For example people's specific preferences for their daily routines were documented in their support plan and staff were instructed on how to ensure these needs were met in a way that people wanted.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker who was a member of staff responsible for meeting with them regularly to discuss their needs and to identify any changes that were needed to the support they received. Where changes had been identified people's support plans were updated promptly to reflect this so that staff had the information needed to support people appropriately.

People were supported to pursue activities and interests that were important to them. A relative said, "[Family member] has access to lots of things and opportunities to meet with other people. They have a very diverse group of friends." Another relative told us, "[Family member] is always so busy. [They are] always doing something and I think that makes [them] really happy." Each person had a personalised weekly timetable of planned activities they undertook at home and in the community. We were able to see these reflected people's specific likes and preferences which they had discussed with staff as part of the planning of their care and support. These ranged from undertaking courses at college, activities in the community such as attending social clubs and participating in local theatre groups. People also undertook personalised activities with the support of staff. These included shopping trips, visiting attractions and meals out. Staff demonstrated a good understanding of people's preferences for activities and outings and how they should support them with these.

People knew who to talk to if they were unhappy or wanted to make a complaint. One person told us, "I would talk to [registered manager] straight away." Relatives told us if they had any concerns or issues they would be comfortable raising these with senior staff and were confident these would be dealt with appropriately. Records showed no formal complaints had been received by the service for some time. Despite this the provider encouraged people to make comments and complaints about the service. The service had a procedure in place to respond to people's concerns and complaints which detailed how these

would be dealt with. The complaints procedure was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about the service.

Is the service well-led?

Our findings

People and relatives said the service was well managed. They spoke positively about the senior staff team. One relative said, "The [registered manager] is very good. I've known [them] a long time. They are understanding, caring and really committed to [their] work and to all the people that live there." Another relative told us, "The [registered manager] does do a really good job."

Senior staff ensured there was an open and transparent culture within the home. One relative said, "You can ask them [registered manager] anything. They take on board your concerns and they listen to you." Senior staff ensured people were given a say in how the service was ran and how it could be improved. People said they had regular meetings and they were encouraged to contribute their ideas and suggestions which we saw were documented in meeting minutes.

The provider also sought the views of people and relatives through questionnaires. People were encouraged to give their ideas and suggestions for how the service could be improved. We looked at a sample of completed questionnaires and these were positive about the care and support people received. Staff told us they were encouraged and supported by senior staff to express their views.

The provider had a clear set of values about the quality of care and support people should experience. These were underpinned by a set of 'residents rights' which set out what people could expect from staff and the service. This included their right to be treated with dignity and respect, to be treated fairly and in a non-discriminatory way, to retain control and independence, to live their chosen lifestyle and to be involved in making decisions and personal life choices. Staff were set objectives by senior staff to ensure these rights were upheld and which were focussed on ensuring people experienced good quality care. These were monitored and reviewed by senior staff through meetings such as supervisions, annual work performance appraisals and staff team meetings. From our discussions with all staff, it was clear they had a good understanding of what was important to people. Their priorities and objectives were focussed on ensuring people received care and support which met their needs and which was provided to a high quality standard.

Staff carried out regular checks to assess and monitor service standards. These covered key aspects of the service such as the support people received, the accuracy of people's records, the management of medicines and staff training and support. These checks were all documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these checks.

Learning from incidents and events was used to drive improvements within the service. Senior staff, through checks, identified a high number of errors made by staff when administering medicines. They analysed the reasons for these errors and took appropriate action to address this. This included retraining staff to refresh their knowledge of safe handling of medicines, reviewing their competency every six months and undertaking daily checks of medicines to ensure people had received these as prescribed. The care coordinator told us the number of errors had significantly reduced as a result of the actions taken.