

Lifestyle Care Support Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 08 December 2015 and was announced.

Lifestyle Care support is a supported living service for people with learning disabilities. At the time of our inspection there were ten people receiving support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the service. Staff were aware of what they considered to be abuse and how to report this.

Summary of findings

Risks to people's safety had been assessed and were detailed in people's support plans. Staff used these to assist people to be as independent as possible.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff had been recruited using a robust recruitment process.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision by the registered manager.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People could make choices about their food and drink and were provided with support when required to prepare meals.

Each person had access to health care professionals to ensure they received effective care or treatment.

Staff treated people with kindness and compassion, and knew people well.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

People had the privacy they required and were treated with respect at all times.

People's support plans were person centred and reflected how they wished to receive support.

Staff supported people to follow their interests and social activities.

There was an effective complaints procedure in place.

Regular meetings were held for staff to enable everyone to be involved in the development of the service.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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?

The service was safe.

Staff had received safeguarding training and knew how to put this into practice. Staff had a good understanding of the different types of abuse and how they would report it.

Risks to people's safety had been assessed and were in people's support plans.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision by the registered manager.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily life.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs, and were supported to follow their interests and social activities.

People were encouraged to provide feedback.

Good



Is the service well-led?

The service was well led.

The service had a registered manager who was supported by a staff team and the provider.

A variety of meetings had been held to keep people informed of any changes.

There were internal quality audit systems in place.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 08 December 2015 and was announced. We gave the registered manager 24 hours' notice as they often work out of the office and we needed to ensure they were available.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in September 2013.

During our inspection we observed how staff interacted with people who used the service.

We spoke with two people who used the service. We also spoke with the registered manager and four support staff.

We reviewed three care records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe, one person said, “I know I am safe here.” Another answered “Yes” when asked if they felt safe.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “We have a policy that we will report it immediately to the management.” They told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them.

Staff also told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Risks to people’s safety had been assessed and were in people’s care plans. These included risks associated with handling money, being out in the community and using the oven and hob. Staff told us that these had been developed with the person themselves. Risk assessments were used to enable people to take risks safely, keeping and developing their independence. Evidence of up to date risk assessments were seen within people’s support plans.

Staff told us they had the contact numbers for staff on call and the registered manager. This enabled all staff to be able to contact the appropriate person in an emergency. There was a list of emergency contacts which included the provider, utility suppliers and in an operations file, a copy was at each site. The operations file contained a variety of information including; emergency information, handover sheets, rota’s and copies of any memos sent. This enabled staff to have access to important information without having to visit the office

The registered manager told us rotas were developed around people’s allocated hours and the activities planned. One person using the service said, “I know who is coming to support me.” They went on to tell us that they had a white board with the week and who was supporting her on each visit. Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. We saw the rotas for the month and these showed suitable staffing numbers of differing skills levels.

Staff told us that when they had been recruited they had gone through a thorough recruitment process. This included supplying references, proof of identity and Disclosure and Barring Service (DBS) check, and an interview. The checks had been received before they had started to work. Records we saw confirmed these checks had taken place.

People told us staff helped them with their medicines. One person said, “Staff sort that out.” Staff told us they were only allowed to administer medicines if they had completed training and competency checks to do so. We completed a stock check of medication, this was correct. We checked three people’s medication records. These contained information and a photograph of the person and of the medication they had been prescribed. Medication Administration Record (MAR) sheets we looked at had been completed correctly. Medicines were stored correctly and audited weekly. We observed one staff member speaking with the doctor and pharmacist on the phone as there had been a shortage of medicines sent to the service for one person.

Is the service effective?

Our findings

People told us that they felt the support they received was good and was from well trained staff. One person said, “I have good staff to help me.”

The registered manager told us that most staff worked across all of the supported living sites and the residential home that she also managed. This enabled all staff to get to know all of the people who used the service and them to get used to all staff. She also explained that some staff and people have a better rapport when doing various activities. In that case she tried to make sure they were working together at those times.

The provider had an induction programme which all new staff were required to complete. We were also told us that the provider was in the process of introducing the new care certificate for new staff to complete as their induction.

Staff told us they received training on a variety of subjects. This included; health and safety, infection control and safeguarding. There was also more specific training for the people they provided support for. One staff member said, “There is a lot of good training available.” Another said, “The training is good and we are given the opportunity to progress within the company.” Some staff had completed nationally recognised qualifications at level two; the registered manager and a senior support worker were in the process of completing their diploma at level five. We saw the training matrix which listed all of the staff and training delivered.

Staff told us they received support from the registered manager and senior staff including regular supervisions, which they said they found useful. One staff member said, “We have supervisions monthly.” Documentation we saw confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. We checked whether the service was working within the principles of the MCA.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required. This ensured people were supported appropriately with decisions they needed to make.

People told us staff always asked for consent before assisting them. One person said, “Yes, they always ask.” The registered manager told us that people signed their support plans; they were giving consent for the support to be provided. This was explained to them at the time, but staff would always check before every activity. We observed this during our inspection. This showed people were given the choice to decline or accept support. Staff told us that if anyone declined support, they would accept that decision after first checking the person was fine and then possibly making further arrangements.

People told us they were supported with buying and cooking food. One person said, “The staff help me with my shopping, but I choose what I want.” They then went on to tell us about the support they had with their meals. They told us they decided on their week’s menu and it was written on their board. This reminded them what to have. Staff told us they supported people with the preparation and cooking of meals.

Within people’s support plans we saw evidence of contact with other healthcare professionals. For example, hospital appointment, opticians and dentists. The registered manager told us that either staff or people’s families accompanied people on healthcare appointments when required.

Is the service caring?

Our findings

People told us that staff were very kind. People made comments regarding the kind and caring approach of the staff. One person said, “They [the staff] are good to me, especially that one.” Pointing to a particular staff member. They went on to tell us why they thought so.

Staff were able to tell us about the people they supported. They were able to discuss how individuals were cared for and their differences. It was obvious from the conversations that they knew the people well and had a good rapport with them. We observed positive interactions between staff, the registered manager and people who used the service. Staff were seen talking with people about things of interest to them.

People told us they had been involved in the planning of their care. One person said, “Staff talk with me all the time about what I need and it gets written down.” Support plans we viewed showed full involvement of the person and relative if appropriate.

The registered manager told us that people were supported to express their views, along with their family or representatives, and they could speak to staff or the registered manager at any time. People we spoke with confirmed this.

The manager told us that they have the use of advocacy services when required. At the time of our inspection no one was using the services of an advocate. The registered manager told us they had people in the past that had used them.

People told us they were treated with privacy and respect by the staff. One person said, “The staff help me if I need it but I can do stuff on my own.” This showed dignity and respect, but was also assisting with keeping people’s independence. We observed staff treating people with respect. Staff knocked on doors and asked for permission to enter and staff asked people if we could look at their support plans.

Is the service responsive?

Our findings

People told us they were involved in their support plan if they wanted to be. One person said, “I know what is in it.” They got it out and gave it to me to read. They were able to explain the contents.

There were systems in place for people to have their individual needs regularly assessed and reviewed. One staff member said, “Support plans are reviewed every month, but can be done anytime.” This was evident in the support plans we looked at. The registered manager told us that staff were very good at reporting back if a person’s care needs had changed. This would then trigger a review and a re-assessment of their needs would be undertaken.

It was obvious from our observations that people were given as much control over their own lives as possible. They were able to tell us what they had chosen to do. One person told us they did not get on with a particular staff member and had asked them to leave their flat. The registered manager and person explained that they had discussed the event and it had been decided that the staff member would not support them anymore.

People’s support plans were comprehensive and were written in a person centred way. They included; pre assessment paper work, essential contacts, risk assessments, information on medication and a full up to date plan of care. Staff kept daily notes for each person which were added to the main care plan. It was obvious through the documentation that the person or their representative had been involved and had signed the care plan.

Staff told us that before anyone was offered a place, the registered manager or another senior would always visit the person and their family or representatives to carry out

an assessment. This was to ensure that the service was able to meet the person’s needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for the person. We saw documentation which confirmed this.

People were encouraged to follow their own interests. One person said, “[registered manager’s name] is helping me find some new things to do.” They told us they knew what they were doing as they had a white board in their flats with their weekly plan written on it. One person had theirs in picture format and removed it when the activity had been completed. We saw these being used. The registered manager told us they had discussed what they would like to do and had arranged taster sessions to try out a variety of activities. We saw evidence in people’s support plans of a variety of different activities. These included; bowling, gardening, and attending a local day centre. Within people’s support plans was a weekly programme of individual’s activities, this stated what they were, where they were held and the times of attendance if appropriate. Staff told us they supported people to attend activities of their choice.

People we spoke with knew how to make a complaint. One person said, “I do know.” There was a complaints policy and procedure in place. This was also available in an easy read format to assist people with making a complaint. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that they used questionnaires for feedback from family/representatives. The latest had been sent out earlier in the year. Some comments included: ‘I feel [person’s name] is safe.’ ‘my relative is well cared for.’ And ‘I am welcomed whenever I visit.’ There were no negative comments.

Is the service well-led?

Our findings

Staff told us that they had been included in many decisions regarding the service. Staff said that there was an open culture, they could speak with the registered manager or provider about anything and they would be listened to. They also said they could contact them and ask for a meeting if they wanted and they would meet with them as soon as possible.

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information.

There were strong links with the community. People were given the support they needed to shop and access social and leisure activities local to them.

Staff confirmed meetings were held regularly. They said, “We meet and discuss all of the people we support. We can put forward our opinions and suggestions and we are listened to.” Minutes seen showed that suggestions made by staff had been listened to and acted on.

Staff and the registered manager told us that accidents and incidents were reported and recorded and were analysed to identify any trends. Accident/incident report records were seen. They had been completed in accordance with the provider’s procedure.

There was a registered manager in post who was registered with the Care Quality Commission (CQC). She was supported by seniors and support staff. There was management support from the provider. People we spoke with knew who she was and told us they saw her often. Staff also told us that the provider visited and was available to speak with.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way, and copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. This included; audits of support plans, medication records and fire protection. Other quality checks carried out by support staff on a daily basis included checking people’s finances and people’s medicines. These were recorded and passed on at handover when completing the handover form. Documentation seen was completed and action plans had been developed when discrepancies had been found and these had been completed.

We saw evidence of information regarding staff disciplinary procedures. These had been carried out correctly following the provider’s policy.