

## Stable Lives Recruitment Limited

# Stable Lives

### 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 ● |

# Summary of findings

## Overall summary

The inspection visit at Stable Lives was undertaken on 04 July 2017 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us.

Stable Lives provides personal care assistance for people who live in their own homes. The service supports people who may live with dementia, mental health conditions, physical disability and sensory impairment. The office is based in a commercial estate in Leeds.

Stable Lives was newly registered on 03 May 2016. Consequently, this was their first inspection.

During this inspection, people and their representatives told us they felt safe whilst being supported in their own home. A relative commented, "[My relative's] safe in their hands, which we're relieved about." People said they had consistency of care staff and never had a missed appointment. We further noted recruitment and selection procedures the registered manager had ensured people were supported by suitably qualified and experienced staff.

The registered manager had systems to manage accidents and to maintain people's safety and wellbeing. Care files we reviewed contained risk assessments to guide staff to protect people from unsafe support in their own homes. Additionally, staff demonstrated a good awareness of reporting procedures if they suspected abuse or poor practice.

We found staff managed people's medicines, where applicable, with a safe and supportive approach. The provider ensured staff had up-to-date information, training and competency testing to underpin their skills and understanding of medication procedures.

The registered manager provided a range of training to underpin staff skills and knowledge. People who used the service and their relatives told us they found Stable Lives had effective, well-trained staff. Staff development was strengthened by regular supervision and appraisal.

Staff received training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. A staff member told us, "I really try to empower clients to make their own decisions in line with the Mental Capacity Act. It's very much about respect." People told us staff were respectful and supported them to make their day-to-day decisions.

We found staff and people who used the service worked together in the planning, review and provision of their care. When we discussed this with staff, they showed a good level of awareness regarding the importance of collaborative working. People and their relatives said they found staff were consistently kind and caring. A relative told us, "I think they are doing a fantastic job."

We found care planning was aimed at helping people to maintain their independence. Care records were personalised to each person's different requirements. Staff described good practice in their approach to people's care in ways that maintained their dignity.

People who used Stable Lives said it was well organised and they felt able to contact them if they had any problems. One person said, "They are so flexible if we need an hour here or there. They are very accommodating." We found the registered manager checked the quality of the service and experiences of those who accessed it. Records included evidence identified issues were quickly addressed.

## 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 when they were supported by staff in their own homes. Staff files we looked at confirmed staff had safeguarding training to protect people from poor care or abuse.

The management team followed safe recruitment procedures in the employment of suitable staff. They had good oversight to ensure staffing numbers met people's agreed care packages.

The registered manager had suitable arrangements to ensure people had their medicines as prescribed and on time.

### Is the service effective?

Good ●

The service was effective.

The registered manager had a variety of training sessions to underpin staff skills and knowledge.

The staff and the management team had a good awareness of the MCA. We found people had signed their consent to care or their representatives.

Where staff supported people with their meals as part of their care packages, the management team had recorded this in their care plans.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff had a caring attitude and were kind and friendly when they supported them. The management team enhanced staff support and respect for people's culture and diversity through relevant training.

We found care records clearly evidenced those who used the service and their relatives were involved in their support planning.

### Is the service responsive?

Good ●

The service was responsive.

The registered manager completed in-depth assessments with people prior to working with them. They utilised this information to build care plans around each person's agreed care packages.

We found care planning was based around helping people to keep their independence. Staff had a good understanding of their social needs and assisted them with this during care visits.

The registered manager provided people with details about the process to undertake if they wished to complain about the service.

### Is the service well-led?

Good ●

The service was well-led.

People and their representatives told us the service was well led and keen to gain feedback about its development.

The registered manager completed regular audits to assess quality assurance and monitor service oversight.

# Stable Lives

## **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.

The inspection team consisted of one adult social care inspector.

Prior to our announced inspection on 04 July 2017, we reviewed information we held about Stable Lives. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes.

We spoke with a range of people about this service. They included one person who used Stable Lives, four relatives, two members of the management team and a staff member. We did this to gain an overview of what people experienced whilst using the service.

We also spent time looking at records. We checked documents in relation to two people who had received support from Stable Lives and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

# Is the service safe?

## Our findings

Those who used the service and their relatives said they felt safe when staff delivered their care packages. A relative told us, "[My relative's] very safe in their hands." Another relative added, "They keep [my relative] safe and are safe with her. We have that peace of mind."

We found recruitment and selection procedures the registered manager had ensured people were supported by suitably qualified and experienced staff. Staff files included background and criminal record checks, as well as the candidate's full employment history. These were obtained before their employment to demonstrate they were of good character. When staff first started at the service, the registered manager introduced them into their role slowly and carefully. This included training and several shadow shifts to help people and staff start to build a trusting partnership. A staff member told us, "[The management team] shine on transition into the service as a new employee. They don't let us see any clients until you've completed a two week induction."

The registered manager told us they had a new electronic system to monitor staff/client ratio. They said this gave them oversight of staff numbers required to meet each person's agreed visit hours. The registered manager told us, "Currently, there's more than enough staff to meet care packages. If staff are on leave or off sick then we can still cover it between us." Out of hours emergency contact details were available to individuals who lived in their own homes if they had any concerns. They said they had consistency of care staff and never had a missed appointment. Staff stated they had time to complete visits and ample travel time in between.

The registered manager had systems to manage accidents and incidents. Relevant documentation outlined the location and description of the incident, as well as any injuries and immediate actions taken. The management team followed this up with a review of potential causes and themes in order to reduce the potential of accidents reoccurring. For example, staff recorded a person who used Stable Lives had mistakenly taken an extra dose of their medication. Documentation evidenced the service took appropriate measures to tighten procedures in place.

Care files we reviewed contained risk assessments to guide staff to protect people from unsafe support in their own homes. These included infection control, environmental security and safety, movement and handling, fire safety and medication. The management team completed detailed documentation about the level of risk and actions to support individuals with a safe approach.

Care files in people's homes contained pictorial information to assist them to understand what abuse was and what to do if they experienced this. Staff files we looked at confirmed staff had safeguarding training to protect people from poor care or abuse. When we discussed this with them, they demonstrated a good awareness of reporting procedures.

We found staff managed people's medicines, where applicable, with a safe and supportive approach. Care planning clearly outlined the individual's requirements, including the agreed support, such as prompting,

assisting or administration. One person said, "Since joining Stable Lives' [my relative's] getting her medication at the right time and in the right way." If people refused their medicines, we found staff completed correct procedures. For example, one staff member told us they would not force the person and if they continued to decline they said, "I would get in touch with all the agencies involved. Such as the chemists, GP and [the registered manager]."

The management team monitored and trained staff to ensure individuals who used the service received their medicines as prescribed. They also provided the new National Institute for Clinical Excellence (NICE) guidelines 'Managing medicines for adults receiving social care in the community'. This meant staff had information to hand about the safe delivery of people's medication. We sampled records associated with medicines administration and found they were documented correctly. For example, there were no gaps or missed signatures.



# Is the service effective?

## Our findings

People who used the service and their relatives told us they found Stable Lives was an effective service. One relative said, "Finding Stable Lives has been a relief because I know that [my family member] is getting what she needs." Another relative added, "They're very experienced and well trained."

We reviewed training the registered manager had in place and noted they provided a variety of sessions. These included movement and handling, health and safety, medication, safeguarding, behaviour that challenges and the care certificate. This last training covered such areas as person-centred care, communication, first aid and safeguarding. Staff confirmed they had guidance to carry out their duties confidently and effectively. A staff member told us, "We recently had training on dementia. The managers really do keep us up-to-date, which is very encouraging." The management team also reviewed staff learning through regular competency tests and spot checks. They confirmed they followed up any issues through supervision and further training.

Records we looked at contained evidence staff received regular supervision and appraisal to support them in their roles. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. The sessions were an open two-way process to explore personal and professional development, as well as any training needs. A staff member said, "I feel they're really good. It just makes you stop and reflect."

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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection.

The staff and management team demonstrated a good awareness of the MCA. One staff member said, "I wouldn't want someone coming in and just taking over. It's about what's in their best interests, not mine." At the time of our inspection, the registered manager told us they did not work with anyone who had a DoLS or Court of Protection in place.

We found people had signed their consent to care or their representatives. We saw evidence the management team discussed this with them and agreed support mechanisms to meet their needs. Everyone we spoke about Stable Lives told us staff were always respectful and supported them to make their day-to-day decisions. A relative confirmed, "They ask permission to do something whenever things change. Mine and [my relative's] consent is very important."

Where staff supported people with their meals as part of their care packages, the management team had recorded this in their care plans. They also documented the person's food likes and dislikes to guide staff. A

relative told us, "They prepare for [my relative] and always check what she wants. They're very accommodating with that." We saw the registered manager provided food hygiene training to maintain good food safety standards.

Staff described good practice in supporting people to access other services as part of their ongoing care. Care records contained a communication section for staff to record any contact or advice about changes in support. The management team documented healthcare services involved, such as the GP, social worker, care co-ordinator, pharmacist, district nurses and occupational therapists. They checked their contact details to ensure these were up-to-date. People and their representatives told us they were fully involved in decisions made and kept up-to-date. A relative added, "They fully inform me of anything of note."

# Is the service caring?

## Our findings

People and relatives told us staff had a caring attitude and were kind and friendly when they supported them. One person said, "The staff are both very good. I'm very fond of them, they're a hoot." A relative commented, "They are very good. They seem to be doing as well as expected, so that's really good so far."

We found care records clearly evidenced those who used the service and their relatives were involved in their support planning. For example, they had signed their consent to care and visit times were agreed. A relative told us, "If there's any changes they contact me first to discuss. They really do involve me and [my relative] in what's going on." When we discussed this with staff, they showed a good level of awareness regarding the importance of collaborative working. One staff member said, "It's about working alongside the relatives and clients to make sure they are fully involved." The management team had recorded each person's preferences and wishes in relation to their support planning. This showed the service actively worked with those who used Stable Lives to meet their requirements.

Staff had a good understanding of the individual's preferred routines and preferences. A staff member told us, "What is at the forefront of my mind is how I would want to be treated. Good care is about building good relationships with people." We were told caring bonds between staff and the individuals who used Stable Lives were strengthened by consistency of care package delivery. The management team achieved this through the allocation of care visits to the same staff member whenever possible. A person who used the service said, "I see my keyworker most of the time, which means I get to see the same person. That's been very good in developing our relationship."

Information in care plans and the service user guide made reference to people's dignity and respect. For example, details in the handbook stated, 'Staff will respect your privacy and dignity.' We found care planning was based upon a strong foundation of respecting the person's dignity because this was a theme throughout their care records. People and their representatives told us they felt staff were caring in their approach. They said staff consistently maintained their privacy and dignity whenever they supported them in their own homes.

The management team enhanced staff support and respect for people's culture and diversity through relevant training. They also guided staff to each person's associated needs by checking and recording their religious, ethnicity, cultural and spiritual preferences. For example, the service user handbook included statements such as, 'You have the right to practice your beliefs, religion or culture without constraint by restrictive or discriminatory practice.' The handbook also highlighted how they would meet requirements related to protected characteristics, as stated under the Equality Act 2010.

The registered manager provided information for people about how to access local advocacy services. Advocates provide independent support for those who may require assistance to express their views. Pointing people towards advocacy services helped to promote their rights to make decisions about their care and support.

## Is the service responsive?

### Our findings

Staff had a good understanding of people's social needs and supported them with this during care visits. For example, those who used the service said staff worked beyond agreed care packages, for example, to do some shopping or collect prescriptions. This helped people to feel less isolated and they said staff humour had a positive impact upon their lives. One person who used Stable Lives told us, "The staff are very pleasant and jolly, which is the most important thing for me to feel less isolated." A relative explained their family member had mental health conditions and talked about the importance of social support. They added, "They'll suggest things, such as activity groups in the area."

The registered manager recognised the importance of friendly discussions as part of reducing people's seclusion between care visits. This additionally promoted their social skills to lead meaningful lives. One person added, "The carers don't just come in to do a job. They have fun with me and chat about all sorts of things. It really does get me through the day." A relative added, "The staff always give a bit of social time. For that little bit of time it gives [my relative] a break from me." Records we saw showed staff established specific care plans associated with their social skills, interests, volunteering and work.

A member of the management team completed in-depth assessments with people prior to working with them. They told us, "We have two meetings beforehand to explain who we are and to talk about what they need." As part of those processes, each person was given a self-assessment form, whereby they highlighted their own abilities. These included cooking, personal care, environmental cleaning, socialising, physical and emotional wellbeing, education and work. The registered manager utilised this information to build care plans around each person's agreed care packages. In addition, relatives said the service was very adaptable and worked around people's different needs. One relative said, "They are very responsive and flexible. They often work over the agreed hours and it's never a problem to change visit times."

The registered manager had an electronic care planning system to monitor and check support was responsive to people's needs. This was live and gave staff immediate access via mobile phone to update an individual's care plan to any changes. Additionally, the registered manager said they updated records by regular contact with the individual or by staff communication about any changes. Consequently, care planning and risk assessment records held at the individual's home matched those at the office.

We found care planning was personalised and records included people's preferences and backgrounds. Records outlined each person's chosen name, food likes/dislikes, spiritual needs, activities and preferred visit times. Further information detailed the individual's life history to assist them and staff to build strong bonds. One person said, "They're very proactive. They really want to know [my relative] and are very sensitive to her needs." We saw the management team formally reviewed care planning monthly with the person who used the service. This guided staff to be responsive to people's ongoing needs. We discussed this with people who accessed the service and their relatives. They said their care planning and support they received from staff helped them to keep their independence. One person commented, "I am trying to be as independent as possible and they help me with that."

The registered manager provided service user handbooks to people, which highlighted the process to undertake if they wished to complain about the service. Details covered about how the management team would respond and contact details of other services, such as the Local Government Ombudsman and CQC. The registered manager said they had not received any complaints over the past year. A relative stated, "The staff have told us how to complain if we want to, but we don't."

## Is the service well-led?

### Our findings

A registered manager was in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their representatives told us the service was well led and keen to gain feedback about its development. One relative said, "They are very flexible and open to feedback. They want to know what things they can do better." A relative added, "We are delighted with Stable Lives and how it is managed."

As a new service, we observed and found evidence in records to show the management team involved staff in the developing service. One staff member told us, "The managers are really good at making us feel involved in the growth of Stable Lives. They listen to us and are keen to hear our ideas." They said this developed an open working relationship between them and staff. Staff confirmed they felt the management team was supportive and approachable. This staff member added, "The managers are very good."

The management team worked closely together with staff on a regular basis. Staff confirmed the managers frequently provided people's care packages, which gave them an understanding of staff roles. Stable Lives only worked with four people and employed a small number of staff, which meant team meetings were not a viable option. However, we saw emails, memos and supervision records verified staff were kept up-to-date with good practice, service changes and human resources reviews. One staff member confirmed this and added, "I feel a real sense of being involved in the service's development and improvement."

The management team sent out satisfaction surveys to check people's experiences of care when they used Stable Lives. One relative told us, "They're very open to our ideas and ask us for feedback." Questionnaires asked people to comment on, for example, quality of service, staff attitude, trust, respect, visit times, continuity of carer and staff interaction. We reviewed a sample of responses and noted people were positive about the service. Comments seen included, 'Thank you both for accommodating the extra hours,' and, '[The registered manager's] enthusiasm was infectious and it was soon plain that it came from the heart. Her empathy was also evident.' Other statements were, 'Just to say it was nice to see two lovely, smiley faces today. Thanks for coming,' and, '[My relative] absolutely loves you. I cannot thank you enough for the time you are putting in with her.'

The registered manager completed a monthly 'administration audit and action plan' to assess quality assurance and monitor service oversight. This reviewed, for example, accident reports, complaints, communication and meetings. The management team assessed risk levels, action required and recorded when this was completed. Other audits covered staff training and supervision, care records, monitoring the delivery of care packages and medication. The registered manager told us, "We have high standards. How we work so closely with our staff and clients means we can better maintain these standards."