

Creating Lifestyles Surbiton 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 ●

Summary of findings

Overall summary

About the service

Creating Lifestyles Surbiton provides personal care to people living in two supported living services. People receiving the care have a learning disability. At the time of our inspection, 10 people were living across the two houses. Two people who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements had been made to the service since our last inspection. People told us they felt safe and there was a good atmosphere between people and staff. People received the medicines they required, and they were cared for by a sufficient number of staff.

Where risks to people had been identified, staff responded to these by following guidance in people's care plans. Staff knew people extremely well and as such they were able to tell us about people's individual characteristics.

People said staff were kind to them and there was evidence people were involved in the planning of their own care. People were provided with the foods they required, and staff worked with external agencies to support people to access healthcare when needed.

The manager displayed a positive approach towards people and staff, and they were working with the provider's management team to sustain improvements already made.

Governance systems were in place and people were given the opportunity to contribute to the service through their feedback. In turn, staff were supported through appropriate training, supervision and team meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People were encouraged, by the attitudes and behaviours of staff to remain independent and care provided to them was person centred.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 July 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creating Lifestyles Surbiton on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Creating Lifestyles Surbiton Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had started at the service and was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed the information we held about the service on our internal systems. This included notifications received from them in relation to accidents, incidents or safeguarding concerns. We also reviewed the provider's action plan which they submitted to us following our last inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the manager, senior care workers, care workers and the provider's management staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one social care professional who knew of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not done enough to keep people safe from harm.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People were kept safe from harm and they told us they felt safe. One person said, "I feel safe because I have these grab rails in place, and I use them to help me sit up."
- The provider had reviewed the needs of people living in the houses and as such some people had moved out and others had moved between the premises. This resulted in a better mix of personalities and had led to a safer environment for people.
- Staff knew how to recognise abuse and where to report it, if needed. They had also been provided with training to embed good practice. A staff member told us, "I would write it down and report it to the manager."
- Staff had concerns about the potential self-neglect of one person. As a result, they had raised a safeguarding concern with the local authority in order to review the person's needs.

Using medicines safely

At our last inspection, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to poor medicines management practices.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People told us they received the medicines they required.
- People had a medicine administration record (MAR). We reviewed the MARs and found these had been completed correctly, with no gaps in the recording.
- Medicines were stored appropriately in a locked cabinet, which was clean and tidy.
- The temperature of the cabinet was checked daily to help ensure the medicines were stored in line with the manufacturer's recommendations.
- Regular medicines audits were completed. These helped check that medicines were dispensed as

prescribed.

Assessing risk, safety monitoring and management

- Risks to people were recorded and guidance was in place for staff on how to protect people from harm.
- One person had a fear of falling and as such, staff were reminded, through information in the person's care plan, to reassure them when transferring them between their bed and wheelchair.
- A second person was at risk of choking. Staff were able to describe to us how they would prepare the person's food to help them eat it in a safe way.
- Staff were available during the night to assist people when needed. This was particularly important to one person whose mobility had decreased.

Staffing and recruitment

- People were cared for by a sufficient number of staff. People told us staff were always on hand should they need them, and we observed this to be the case. One person told us, "Staff always come when I need them."
- Staff said there were enough of them, with one staff member telling us, "We almost have too many staff!"
- The service did not use agency staff. This meant staff knew people well. They were able to talk about people at length, describing their needs and individual personalities.
- Prospective staff were recruited through a robust process. They were required to provide evidence of conduct in previous employment, their right to work in the UK and that they were fit enough to carry out this type of work. All soon-to-be staff were required to have a Disclosure and Barring Service (DBS) check. This enables employers to check whether an applicant is suitable to work for this type of service.

Preventing and controlling infection

- Staff were seen using PPE effectively and safely as we saw them wearing masks.
- People and staff had access to the appropriate testing in line with government guidance and there was an infection control policy in place.

Learning lessons when things go wrong

- Where incidents occurred to people, staff responded appropriately. One person appeared unwell and staff alerted the emergency services who took them to hospital. Although the person returned to their home, it meant a healthcare professional was able to declare them well.
- A recent medicines error resulted in the staff member involved re-doing their medicines training.
- The providers governance lead carried out regular visits to the service and worked closely with the manager to review people's needs and as such develop plans to respond to these. This included two people whose health had deteriorated which meant they were at a heightened risk of accidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to a lack of assessments for people, resulting in people being incompatible as housemates.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- We found at this inspection that the registered provider had learnt from our last inspection to ensure people's needs were robustly checked. A staff member told us, "People were placed here without considering other people and it did not work. Since they have moved out things have settled down. People are moving around between rooms and houses and it will work better because people's ages and their interests are more suited."
- However, despite this staff told us they were finding it harder to meet one person's needs due to their deterioration. The local authority was in the process of finding a more suitable placement for this person. We heard following our inspection that this person moved to a more appropriate setting.

Staff support: induction, training, skills and experience

At our last inspection, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not been provided with appropriate training for their role.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff told us they felt supported and received the training they required for the role. A staff member said, "I've even done training that doesn't concern me because I want to learn. I'm starting an open university course in October as I think it will help with understanding [name's] needs."
- The training matrix showed that staff carried out training in mandatory topics such as safeguarding, DoLS, food and hand hygiene, health and safety and fire safety. However, they also had the opportunity to attend training sessions covering areas such as challenging behaviour, epilepsy, effective communication and stress management.

- Staff had the opportunity to meet with their line manager to discuss their role, progression or any concerns. A staff member told us, "We always have supervision with the team leader. We have three a year."

Supporting people to eat and drink enough to maintain a balanced diet

- People's support plans contained information on their likes and dislikes in relation to food. One person's plan was clear about a particular type of food they could not eat as it would upset their stomach. The person confirmed this to us when we spoke with them.
- Staff were aware of people's preferences and risks to people in relation to their eating and drinking. Staff were making people drinks and snacks throughout our inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection we made a recommendation to the registered provider that they ensure people can access healthcare appointments and the outcome of these appointments is recorded.

- Although the agency only provided the regulated activity of personal care, there was evidence that when people required the input of a health care professional or another agency, staff supported with this.
- The local learning disability team were involved in people's care reviews and people had been escorted to dental and podiatry appointments.
- Staff carried out handover between shifts in order to help ensure everyone was working to the most current information about a person. This was particularly important for the two people who received the regulated activity as their needs were changing.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent information was seen in people's support plans and they had signed to indicate their consent. There was evidence that people had been assessed for their capacity to make day to day decisions and where they needed help to make complex decisions.
- One person had a Court of Protection application for their finances in place which is appropriate for a community service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection, we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were observed not always treating people with dignity and respect.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- There were clearly good relationships between people and staff. The atmosphere was friendly, relaxed and there was a sense of companionship.
- People told us staff displayed a respectful approach towards them and supported them with their independence. A relative said, "Staff are kind and try to do their best for people."
- People had keys to their bedrooms to enable them to have privacy when they wished it. People went out when they chose and had a free reign within their home.
- A staff member told us, "I will always ask [person's name] if they would like to hold the fork and eat themselves. It may not be co-ordinated, but I encourage his independence."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind to them. One person told us, "Staff are kind and they assist me when I need it." A social care professional said, "I have had no concerns raised to me."
- A staff member said, "All the staff here have a caring heart. You have to gain the trust of people. I have known them (people) for a long time and I love my job." This was evident when this staff member was interacting with people.
- We heard staff speak in a kindly manner to people, saying things like, "You don't have to worry about that. It's nice to talk about things though."

Supporting people to express their views and be involved in making decisions about their care

At our last inspection we made a recommendation to the registered provider that they involve people's families in reviews of their care and support needs.

- People were supported to be involved in their care as there was evidence of people's involvement, as well as those close to them, in the review of their support plan.

- People could make their own decisions around when they wished staff to provide their personal care. One person had remained in bed during the morning and a staff member told us, "I am waiting for [person's name] to tell me when he's ready for his personal care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's individual needs were not been met by staff.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Staff knew people extremely well. They were able to describe people's individuality and specific needs in detail. A staff member told us, "When you work in this job you know to adapt to everybody and get to know how people can change."
- People's support plans contained personalised information relating to them, such as their specific health conditions or their routines.
- One person liked to do things at their own pace and would take themselves off to their room if they had had enough of being with other people. Guidance for staff recorded this person did not like too much fuss and lost concentration if staff spoke to them too much.
- Where people had relatives, they were involved in their care. There was evidence of people being regularly in touch with family members and enjoying activities and trips out with them.
- Monthly keyworker meetings were held with people to review medical appointments, contact with external agencies and activities and goals. These were a good way for staff to check people's lives were as fulfilled as they could be.
- We did find however, there was still a lack of people's background in their support plan. This is useful to help staff who made not know someone, to get to know them as a person. Although current staff working with people had a long history with them and no agency staff worked at the service. We did however feed this back to the manager at the end of our inspection who understood the importance of starting to gather this information.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available in a way that would be understood by people. We observed pictorial

information and guidance, such as a pictorial complaints process. Although, no complaints had been received since our last inspection, where complaints in the past had been raised, the provider took steps to address these and offered to meet with the complainant to discuss their concerns further.

- We also saw information for people on who they should talk to should they have any concerns or worries.
- Staff understood how to communicate with people. A staff member told us, "You need to know people and how to talk to them and calm them down." A second staff member said, "You know from [person's name] nods or eye contact what he is trying to say."

End of life care and support

- Although no one was receiving end of life care, staff had started to put together care plans for people in this respect.
- One person had started to fill in their end of life wishes. They had specified music they would like played and what sort of flowers they would like.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Auditing and governance of the service was not effective. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as statutory notifications had not been submitted to us.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17 and Regulation 18 (Registrations) Regulations.

- A range of audits took place within the service and actions plans were developed to address any shortfalls and to help ensure systems and processes were reviewed.
- People's support plans had been reviewed and where documentation was missing this was addressed. Risks to people were revisited and guidance updated for staff.
- The provider's quality assurance lead carried out monthly audits of the service, looking at all aspects of the care provided to people. A staff member told us, "We have the governance team here all the time checking things."
- We reviewed the information held on our internal systems and found evidence of the provider submitting notifications to us of accidents, incidents or safeguarding concerns. This included concerns about one person who they felt required alternative accommodation more suitable for their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff gave positive feedback about the new manager and felt the service provided to people would improve under his management. One staff member said, "I think [manager name] will make a good manager. He is getting to know people and gain their trust. He's friendly, but there is still that respect. I think I am going to feel supported by him." A second staff member told us, "He's very friendly; the way he interacts with us. All the time he is checking with people – I think he is going to be good."
- Our observations of interactions between the manager and people was encouraging. He had already developed good relationships and it was evident he had a clear vision on the type of service he wanted people to receive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the service as they were given the opportunity to give their views on the care that was provided to them. Feedback was also sought from relatives or other people who were involved with those receiving a care package. We read good feedback from people.
- Staff meetings were also held, and a staff member told us, "I feel I can talk to him (the new manager) and I think the staff we have here now are very friendly."

Continuous learning and improving care; Working in partnership with others

- Lessons had been learnt from the last inspection and work carried out to address shortfalls and improvements needed to the service provided. We were told, "We are empowering the team leaders and care staff. A lot of work has been done around incident reporting and communication books. This includes how to prevent incidents. We have introduced quarterly monitoring and a monthly manager's report which is submitted to the operations director."
- The service worked with the local authority, community day centres and the National Autistic Society to help support people.