

Living For Life (Cumbria) Limited

Living For Life Cumbria Ltd

Inspection report

Northside Community Centre
Trinity Drive, Northside
Workington
CA14 1AX

Date of inspection visit:
02 May 2019
16 May 2019

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18 June 2019

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: Living for life is a domiciliary care agency registered to provide personal care to people who live in their own homes and in a supported living setting. The service provides support and personal care primarily to people with a learning disability but also to older people and people with physical disabilities. At the time of the inspection the service was providing care to seven people in their individual homes and to two people in a supported living setting.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. The service promoted choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

There was a strong person-centred culture which ran throughout the service. Staff were motivated to make a difference and to empower people to take a lead on how their support was delivered.

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

Everyone we spoke with were very happy with the service and would recommend it to others. One person told us, "All the staff are brilliant. They are carefully chosen by the agency and they go out of their way to do things they way I like."

Staff were described as reliable, kind and caring. We were provided with many examples of when staff had gone the extra mile.

People continued to receive a consistently good service and were protected from avoidable harm. The staff team were well-trained and in sufficient numbers to meet people's needs.

Healthcare and social care professionals praised the staff team for monitoring people's healthcare and working together in partnership with them to promote people's health and general well-being.

The registered manager used a variety of ways to monitor the quality of the service and to involve people in the running of the service.

Leadership within the service was strong and focussed upon striving for and maintaining a person-centred service.

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

Rating at last inspection:

At the last inspection the service was rated good (published 19 March 2016).

Why we inspected:

This was a planned inspection to check that this service remained good.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our Well-Led findings below.

Living For Life Cumbria Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out the inspection.

Service and service type:

This service provides care and support to people living in their own homes and in one 'supported living' house. 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. This service also provides personal care to individual people living in their own homes. At the time of the inspection it was providing care and support to nine people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit to be sure the registered manager, staff and people they supported would be available to speak with us.

What we did:

Inspection site visit activity took place between 02 and 16 May 2019. We visited the office location on both the 03 and 16 May April 2019 to see the manager and office staff; and to review care records and policies and procedures.

Before our inspection we completed a planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service. As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service.

We visited a supported living house for three people and visited one person in their own home. We made telephone calls to people receiving a service and their relatives. During the inspection, we spoke with four people who used the service and two of their relatives.

We also spoke with the manager and four members of support staff. We looked at four people's care records and a selection of medication administration records. We looked at other records including quality monitoring records, five recruitment files and a training matrix for all staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were protected and safeguarded from abuse by the well-established systems the provider had in place. These adhered to the local authority safeguarding protocols.
- Staff had all undertaken safeguarding training, completed regular refresher updates and were familiar with safeguarding procedures. Staff knew how to report concerns and were confident the management team would act upon them.
- People told us, "I trust all of the staff." And, "Staff keep me safe. I feel very comfortable with them in my house."
- Staffing levels were sufficient to provide safe and individual care to people.
- The provider followed safe recruitment practices to make sure staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were protected by good risk management plans. The registered manager made sure these were individualised for each person with actions to support them in a safe way. They included details of the person's level of independence and risks in the environment.
- Relatives told us their family members could take positive risks to maximise their control over their lives.
- The provider had emergency procedures for keeping people, staff and others safe and they were regularly reviewed and updated as required.
- Staff were trained to follow good infection control practices, used personal protective equipment when carrying out personal care and followed cleaning schedules to help prevent the spread of healthcare associated infections.

Learning lessons when things go wrong; Using medicines safely

- The service had robust systems in place to monitor and learn from incidents and accidents. The registered manager checked records for any themes or patterns and took preventative actions to reduce any future risks.
- Where there had been errors made with recording of medicines, these were quickly identified and measures put in place to keep people safe.
- Medicines continued to be safely managed and the service used the good practice guidance.
- Staff had regular medicines training and competency checks to ensure they had suitable skills to carry out the task safely.

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

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

- People were supported to live healthier lives. Staff were skilled at assessing people's health and care needs to make sure that the service could meet their needs. The information gathered included people's preferences, backgrounds, personal histories and any cultural needs. This meant staff knew people well and this helped them to provide person-centred care.
- The service understood the importance of working with other agencies to ensure timely effective care. Staff supported people to manage their health and well-being and were very effective in monitoring any changes to people's health.
- The provider used a hospital passport to ensure consistency of approach across different settings and included people's medical conditions, medicines, allergies, personal care, communication needs and how to keep them safe.
- The registered manager ensured care was delivered in line with current good practice and legislation. They used National Institute for Health and Care Excellence (NICE) guidance and referred to good practice in supporting people with a learning disability, including a positive behaviour support approach.

Staff support: induction, training, skills and experience

- The staff team were well supported and had the skills and knowledge to meet people's needs. Staff told us they had access to a range of training which equipped them for their role.
- Comments we received about staff included, "They are very knowledgeable, they know their stuff." And, "I trust them, they know what they are doing."
- Staff praised the supportive relationship and supervision provided by the management team and told us they could be contacted at any time for advice and guidance. One member of staff told us, "I feel very happy working here. I moved from another agency and the induction here has been much more thorough and I've never felt rushed."

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

- People were appropriately supported to maintain a balanced diet in line with good practice guidance.
- Staff assessed people's dietary needs to ensure enough information was gained so an individual care plan could be designed. This included people's food preferences, if the person had any allergies, cultural or spiritual needs or health requirements.

Adapting service, design, decoration to meet people's needs

- The staff team were knowledgeable about accessing services so that people could have equipment and

adaptations to their homes to keep them both safe and promote their independence.

- The office was suitable for the purpose with good facilities for staff such as a training and meeting room.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

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

- People's rights were protected. The service followed the MCA guidelines and were regularly involved in best interest meetings to ensure people's capacity was assessed and they were supported to make their own decision, wherever possible.
- Staff had completed training in the MCA and had a good understanding of the principles of the legislation.
- People's records contained information to guide staff on how best to support people to enable them to make decisions and give their consent. The service regularly involved independent mental capacity advocates to support people in making decisions.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported and treated with dignity and respect, and were involved as partners in their care. People made very positive comments about the staff and said they enjoyed spending time with them. They told us, "The staff are great and ask me what I want to do. They help me when I get worried." Another person told us, "The staff treat me as an equal. They support me to have a great life."
- One relative told us, "The staff are fabulous. They give my relative an interesting and active life. I always feel I can talk to them and they listen."
- Staff had a sensitive and caring approach and understood the importance of protecting and respecting people's human rights. Staff documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality and independence.

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

- Staff recognised what was important to people and ensured they supported them to express their views so that they could maintain their independence. Staff understood people's communication needs. They could talk about people's preferences, routines and how best to communicate with them. People were given information in different formats particular to their needs.
- People and their relatives all confirmed they were supported to express their views in a variety of ways. They were fully involved in the reviews of their care plans and were regularly asked for their opinion on the running of the service.
- The registered manager made sure information was readily available about local advocacy contacts and people made good use of these. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence and autonomy was at the heart of the service's ethos. Staff were very aware of the importance of building self-esteem and demonstrated this in the way they interacted with people. Staff used positive language and expressed a desire to see people succeed and achieve goals.
- One health care professional told us, "Staff are proactive in promoting independence. They are seen as part of the multidisciplinary team and actively contribute."
- People told us their independence was positively encouraged. One person told us, "The staff are all good at getting me to do as much as possible. This helps me feel more positive about myself and on my off days they will step in and do more for me. This works really well for me."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery. The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care continued to be extremely personalised and centred on the individual. People had control over their lives and how their support was delivered.
- The registered manager had ensured there was a strong, visible and person-centred culture built on positive relationships with people. People's needs, including those related to protected characteristics as defined in the Equalities Act 2010, were clearly identified in care plans. Staff had received training in equality and diversity.
- Staff were committed to maintaining and developing interests which were important to people and which helped prevent them from being socially isolated. Staff supported people to gain and continue with employment and college places. One person told us, "I get staff to take me to concerts, night clubs, the cinema. I love it. And another person told us, "I get to do the things I'd always wished. They spend a lot of time looking for interesting things and places to go to that they know I'm interested in. I couldn't wish for better."
- Social care professionals told us, "The staff are responsive and always have a thorough understanding of people's individual needs."
- The service ensured people had the information they needed in a way they could understand it, and this complied with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- The registered manager had an open approach to working with people when they had complaints or concerns. They were explored thoroughly and responded to in good time in an open and transparent way, with no repercussions. Where complaints were upheld, the registered manager wrote to complainants to apologise, outlining actions taken to avoid the same thing happening again.
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. People we spoke with were happy with the service they received and had no complaints.

End of life care and support

- The service was developing its working practice for end of life care . There was no one currently at the end of life. However, the service had supported people in the past and worked with them, their relatives and

other health professionals to coordinate end of life care.

- People were supported to make decisions about their preferences for end of life care and staff empowered people and relatives in developing care and treatment plans. One person had been supported by staff to attend a funeral of a friend and this was carried out by staff in a thoughtful and considerate way.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and staff team demonstrated a continued commitment to providing person-centred, high-quality care. People's wishes were continually respected and care was arranged around people's preferences and requirements.
- The manager's and staff had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.
- Health and social care professionals spoke positively about the service. One social care professional told us, "The service is very well-led and they are committed to promoting positive risk taking being proactive in communicating issues."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. One person told us, "The agency are very good like that, very open. They are not afraid to say sorry if something's not worked out. They make it easy to speak to them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The service was well-led and the registered manager and agency manager used a variety of systems and methods to assess, monitor and improve the quality of the service. This helped to identify good practice and check improvements had been made.
- The service was under-going a re-structure. The organisation's care home and Living for Life agency currently had one registered manager overseeing both. We had received an application for the agency's manager to become the registered manager. This person had been in post for approximately a year and had led on many improvements. These had included linking all the organisations policies to the CQC key lines of enquiry and to national good practice guidance and introducing a new style of goal centred care plans.
- Everyone we spoke with was very positive about how the service was run and organised. A relative told us, "This is the best agency we have used. It's very reliable, the staff are well-trained and capable. I have full faith in them. It's a fantastic service and has been a god send for us."
- Health and social care professionals spoke positively about the service and partnership working. One professional told us, "I have found staff and managers pro-active and go above and beyond what is required to support people and their families. They are transparent when issues arise. They follow advice and want the best for the people they support and can achieve this were other care providers have been unable."
- The registered manager understood their role in terms regulatory requirements and when notifications should be sent to CQC to report incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was a strong emphasis on continually striving to improve. The registered manager and agency manager used current good practice for supporting people with a learning disability from the National Institute for Health and Care Excellence and Building the Right Support guidance.
- People were included and encouraged to be involved in how the service was run. For example, they were involved in the recruitment of staff and consulted with about the standard of staff. They confirmed their thoughts and opinions were genuinely considered and concerns were acted upon.