

# Independent Lifestyle Options Ltd

# Independent Lifestyle

# Options Domiciliary Care

## Inspection report

76 Beddington Gardens  
Carshalton  
Surrey  
SM5 3HQ

Date of inspection visit:  
10 January 2018

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their home. It provides a service to adults with a learning disability. At the time of our inspection they were providing personal care to four people living together in one house in the local community.

This inspection took place on 10 January 2018. At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

Staff continued to ensure people were protected if they suspected they were at risk of abuse or harm. Staff were given appropriate guidance on how to support people to minimise identified risks to keep them safe from harm or injury at home and in the community. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care and when preparing and storing food.

There were enough staff to support people safely. The provider maintained robust recruitment checks to assure themselves of staff's suitability and fitness to support people. Staff received regular and relevant training to help keep their knowledge and skills up to date with best practice. Staff were supported by the provider to meet the values and vision of the service which were focussed on people experiencing good quality care and support. Staff knew people well and had a good understanding of their needs, preferences and choices. They were aware of people's preferred communication methods and how people wished to express themselves.

People remained actively involved in planning and making decisions about their care so that they received support that was personalised and which met their specific needs. Staff used information and guidance, based on best practice and current standards to plan and deliver care that would support people to experience good outcomes in relation to their healthcare needs. Senior staff reviewed people's needs regularly to ensure the support they received continued to meet these. People were encouraged to keep healthy and well and helped to access healthcare services when needed. They were supported to eat and drink enough to meet their needs and to take their prescribed medicines, where this support was provided by staff.

People were encouraged to do as much as they could and wanted to do for themselves to retain their independence and control over their lives. People were supported to participate in activities and events to meet their social and physical needs and to build and maintain friendships and relationships with others. Staff were kind and caring and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs.

People were asked for their consent before care was provided and prompted to make choices. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People, their relatives and staff were asked for their views about the quality of care and support provided and how this could be improved. They said senior staff were approachable and supportive. Senior staff monitored the quality of care and support provided. They undertook surveys and regular audits of the service and took appropriate action if any shortfalls or issues were identified through these. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

The service had a registered manager in post who was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Independent Lifestyle Options Domiciliary Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 10 January 2018 and was unannounced. The inspection was undertaken by a single inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to the registered manager and two care support workers. We looked at two people's care records and two staff records. We also looked at records relating to the management of the service, including the service's policies and procedures.

After the inspection we spoke to a relative of one person using the service to gather their views about the support their family member received.

# Is the service safe?

## Our findings

A relative told us people were safe. They said, "[Family member] is very safe...they [the service] have policies about safety and protecting people." The provider continued to support staff to safeguard people from abuse. All staff had been provided training in how to safeguard adults at risk. Staff were able to tell us about the different types of abuse that could occur and how to recognise signs that could indicate a person may be being abused. Staff told us the action they would take to ensure people were protected if they became concerned about them. This included following the provider's safeguarding policy and procedure for reporting concerns to the registered manager or to another appropriate authority such as the local council.

Risks posed to people's safety continued to be assessed, reviewed and monitored. Plans to manage identified risks were current and guided staff on how to mitigate and reduce identified risks to keep people safe. For example, some people needed support to travel in the community as they lacked road safety awareness. Staff were instructed on the measures to take whilst people were travelling in the community by, for example, assisting people to cross busy roads safely. Staff had a good understanding of the identified risks to each person and how they should support them to keep them safe. A staff member said, "Everyone is very independent but I make sure if there is anything they can't use safely, like a very sharp knife, I support them with that. I also make sure there are no obstructions and pathways are clear so they don't trip and fall."

There were enough staff at the time of this inspection to support people safely. Staff rotas showed senior staff took account of the level of care and support people required each day when at home and in the community to plan the numbers of staff needed to support them safely. The provider maintained recruitment procedures to check the suitability and fitness of any new staff employed to support people. The provider checked staff's eligibility to work in the UK, took up character and employment references, sought evidence of qualifications and training and undertook criminal records checks.

Where this was required, staff supported people to take the medicines prescribed to them. We checked medicines records for people that received support to take their prescribed medicines. Staff had completed these appropriately to ensure records were accurate and reliable. For people that were able to take their prescribed medicines independently, there were systems in place to enable staff to monitor that people continued to be safe to do this. Staff received appropriate training to support people with their medicines. Senior staff undertook monthly checks of medicines to assure themselves these were managed safely and appropriately and that staff remained competent to administer these.

People were protected by the prevention and control of infection. Staff had received training on infection control. They wore personal protective equipment (PPE) when supporting people with their personal care to reduce the risk of spreading and contaminating people with infectious diseases. They had also received training in basic food hygiene and were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

# Is the service effective?

## Our findings

Prior to people using the service, the provider had carried out comprehensive assessments of people's needs in line with best practice and current standards to ensure a holistic and person centred approach to planning and delivering the support people required. People's records contained detailed information about how their personal care needs, their dietary needs, their physical and psychological health and their social needs should be met by staff to help people achieve good outcomes and enhance the quality of their lives. Staff were clear about these intended outcomes and how they could help people achieve these through the support they provided.

Staff continued to be well supported by the provider and received regular and relevant training to help them to meet people's needs. This helped staff keep their knowledge and skills up to date with current best practice with regard the support people required. Staff had supervision meetings and an annual performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Staff helped people to plan the meals they ate which reflected their personal preferences. They supported people, where this was required, to prepare and cook their meals. Staff told us they encouraged people to choose healthier options to support them to maintain a healthy and well balanced diet. Staff monitored how much people ate or drank. This gave everyone involved in people's care and support important information about whether people were eating and drinking enough to meet their needs.

People were supported by staff to keep healthy and well. People's records set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP or dentist. Where this was appropriate, people were supported by staff to attend their healthcare and medical appointments. Outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support people needed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection.

We checked whether the service was continuing to work within the principles of the MCA. Staff had received appropriate training in the MCA and were aware of their duties and responsibilities in relation to the Act. People's records showed assessments had been undertaken by senior staff to check their ability to make and consent to decisions about specific aspects of their care and support. None of the people using the service lacked capacity to make decisions and could consent to their care and support. People were

involved in discussions about all aspects of the support they received and their choices and decisions about this were reflected in their support plans. There was guidance for staff on how people communicated their choices and decisions so that staff were clear when people were or were not giving their consent to support.



## Is the service caring?

### Our findings

A relative told us staff were kind and caring. They said, "The actual care is very good and [family member] is very happy there." Recent feedback the provider had received through a quality survey showed that people and their relatives were positive about the support provided by staff. Comments included, "I am happy how things are going." And, "The service is excellent...communication is excellent...service users are given the opportunity to express (communicate) in the way that suits them."

People were supported by staff that knew them well and understood their needs. People's records contained detailed information about their life histories, likes and dislikes and their preferences and choices for how they wished to be supported. There was good information for staff on how people wished to communicate and express themselves which helped staff understand what people wanted in terms of their care and support. Staff told us they used the information on people's records to get to know people and could tell us what was important to people particularly with regard to how their specific needs should be met. To ensure this level of support remained consistent, the provider made sure there was continuity with the support people received from staff. A relative told us, "[Family member] gets on well with everyone and they [the provider] make sure they have the same staff so it's consistent."

People were treated with dignity and respect. People's care records prompted staff to ensure support was provided in a dignified and respectful way. Staff demonstrated good understanding about how they should respect people's privacy and dignity, particularly when they were being supported with their personal care. This included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace.

People were supported to be as independent as they wanted to be. People's records provided information for staff on how to support people to undertake tasks and activities which promoted their independence. A relative told us staff encouraged their family member to take control and do as much they wished to. Staff provided us with various examples of how they supported people to build their independent living skills such as with household chores, planning trips and outings and managing personal finances. A staff member said, "It's important to promote independence...I encourage and support people to do their laundry and get washed and dressed by themselves. I only help with the things they can't finish themselves."

## Is the service responsive?

### Our findings

People continued to receive care that was tailored to their needs. People were actively involved in planning and reviewing their care and support needs. In people's records there was detailed, up to date information about the support they needed from staff which reflected people's decisions and choices about how this was provided. A staff member told us they used the information in people's records to help them provide the support that people needed which maintained their independence and right to retain choice and control over their lives.

People's care and support needs were reviewed regularly with them. When changes to their needs were identified through these reviews, people's care records were updated promptly so that staff had the latest information about how to support people appropriately.

People's records contained detailed information about how they communicated and expressed themselves and their choices through speech, signs, gestures and behaviours. This helped staff to respond more effectively to people's choices and preferences as well as tailor and provide information to people in a format that met their specific communication needs. This knowledge about people's communication needs and preferences was shared with others when required, such as commissioning local authorities when they undertook annual reviews of people's care and support. This helped to ensure that people received information in a coordinated and consistent way from all those involved in their care, to help them make decisions and choices when required.

People continued to be supported to undertake a wide range of activities, outings and events to meet their social and physical needs. These ranged from personalised activities aimed at promoting their independence which included attendance on college courses, participation in social clubs and groups and attending sports and fitness classes. There were also regular group outings, get-togethers and holidays. People were supported to undertake activities and events with friends they had known throughout their lives and staff understood this helped people feel included and part of a wider community. Participation in activities had also provided opportunities for people to develop and maintain new friendships and relationships with others. We saw a good example of this for one person who through their chosen activities had developed a network of friends that they now socialised with regularly. People's cultural and spiritual needs were respected and when people wished to be supported with these, for example through attending church services, this support was provided by staff.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in an accessible format for people to raise their concerns. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

## Is the service well-led?

### Our findings

People and staff spoke positively about the management and leadership of the service. Senior staff were involved in the day to day delivery of the service, supporting people to attend activities and regularly participating in events and social occasions. As a result senior staff knew people well and had developed positive relationships with them and their families. Recent feedback the provider had received from people and their relatives through a quality survey showed they were satisfied with the management of the service and the support provided by staff. Staff told us senior staff were supportive and approachable. A staff member told us, "I've had a lot of support from managers. [Registered manager] is very good. Always asks for feedback and he's very approachable."

All staff were aware of the values and vision of the service which were focussed on people experiencing good quality care and support. They had individual work objectives which reflected these values and vision and senior staff monitored and reviewed how staff were achieving these objectives through their working practices. Records of supervision meetings showed staff were asked to demonstrate with examples how the support they provided improved the quality of people's lives. This meant the provider was ensuring all staff were actively contributing to the achievement of the service's values and vision.

The service continued to have 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. The registered manager was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider had maintained an open and inclusive environment where people, relatives and staff were regularly encouraged to share their views about how the service was delivered and could be continuously improved. People discussed with staff through 'house meetings' the quality and standard of support they received from staff and what aspects of this could be improved upon, if required. People and their relatives were also asked for their views and suggestions for improvements through quality surveys. The provider was responsive to feedback from people and relatives and developed action plans when required to make the necessary changes to improve the service. Staff were provided with opportunities to give their views about the quality of the service through individual supervision and regular staff team meetings. One staff member said, "If I felt there were changes needed, I'll raise them and we can talk about things. Everyone can talk freely." The registered manager told us they had an 'open door' policy and people, their relatives and staff could speak with them at any time.

The provider continued to monitor, assess and improve the safety and quality of the service. Records showed senior staff undertook regular checks of key aspects of the service and took action to make improvements when required. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider worked in partnership with other agencies. For example, staff worked collaboratively with local authorities funding people's care so that were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.