

# Changing Lives UK Quality Care Limited

# Changing Lives UK

## 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 focused on two different service types which operate from the same premises. The first being a residential care home and the second being a service offering support to people living in their own homes.

This inspection took place on 20 January 2016 and was unannounced.

Changing Lives UK is situated in the Littleover area of Derby and provides a care home service for up to two adults. The home specialises in caring for older people and people with Learning disabilities. At the time of this inspection there was one person living at Changing Lives UK. The provider is also registered to provide a domiciliary care service. At the time of our visit five people were receiving this service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The provider ensured staff understood how to protect people from abuse and were responsive to their needs. People were protected against the risk of abuse, as pre-employment checks were made to confirm staff were of good character to work with people. There were sufficient staff available to meet people's needs. The registered manager and the team leader were also the providers and main care staff.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

Risk assessments and care plans had been developed with the involvement of people and their representatives. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were involved in making decisions where possible and their legal rights upheld, which ensured that the least restrictive option was taken in a best interest decision for them.

People received care from staff that were respectful and caring and ensured that people's privacy and dignity was maintained. Care people received was personalised and responsive to their needs.

People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about a person's health.

People's representatives knew how to make complaints and were confident these would be acted upon.

The provider did not have formal systems in place to audit the quality of the service being provided.

## 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. The provider and staff knew how to recognise and report potential abuse.

Risks were managed in a way that kept people safe. There were enough staff available to meet people's needs.

Medicines were managed in a way to protect people from the risks associated to them.

### Is the service effective?

Good ●

The service was effective.

Staff were supported through training and development to meet people's assessed needs.

People's consent to care and treatment was sought. Care records showed that the principles of the Mental Capacity Act 2005 were used when assessing people's ability to make informed decisions about their care and support people's rights.

People were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were met.

### Is the service caring?

Good ●

People were supported by staff that were kind and caring.

People were supported to make informed decisions about their care and support.

People's privacy, dignity and independence was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive

People received a personalised service that took account of their individual needs and preferences.

Relatives of people using the service felt confident that any concerns they raised would be listened to and action would be taken.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was working in an open and approachable management style and engaged well with people and their representatives.

People using the service were asked for their opinions and views of how the service was run.

The service worked in partnership with external health and social care professionals. The provider did not have formal systems in place to audit the quality of the service being provided.

# Changing Lives UK

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 20 January 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with one person who was living at Changing Lives UK. After the inspection we spoke to one external health and social care professional. We spoke with one person using the domiciliary care service. After the inspection we spoke with two relatives by telephone and a second relative emailed us feedback. Their family members received support in their own home. We spoke with the registered manager who is also the provider, as well as the team leader who is another provider. We were unable to speak to other staff working at the service.

We looked at the care records for one person living at the care home and care records for another person who was receiving support in their own home. This included looking at their plans of care to check that they were receiving the care they needed. We looked at two recruitment and training records. We looked at records in relation to the maintenance of the environment of the care home and equipment. We viewed other records which related to the management of the service including the quality assurance systems, policies and procedures.

# Is the service safe?

## Our findings

We asked one person using the service how they felt about living at the home. They told us, "I feel safe here." A person supported in their own home said "The carers are good, I have no problems." Relatives of some of the people supported in their own homes told us that their family members were supported safely by the staff. A relative told us "The staff know what to do to prevent an incident occurring."

The provider's safeguarding policy told staff what to do if they had concerns about the welfare of any of the people who used the service. Training records seen showed that staff were trained in safeguarding. The registered manager was knowledgeable about their responsibilities in reporting safeguarding issues to external agencies. The registered manager told they were aware of the procedures to follow if there were concerned about people being at risk of abuse and that they would report the concerns to the local safeguarding team.

The provider had a system of risk assessment in place. We looked at risk assessments relating to the person living at the care home and the person being supported in their own home. For example risk assessments informed staff about the support required to enable the person living at the care home to remain as independent as possible. When risks had been identified, the care plans showed how this risk could be reduced. This demonstrated staff had the information available to manage risks to people in a safe way.

A person who was supported in their own home, their home environment had been risk assessed to ensure that the care and support the person required was provided within an environment that was safe for the person and staff. Also to ensure that any potential risks were minimised

A health and social care professional supporting the person living at the care home told us that the registered manager informed them of any incidents involving this person. This ensured that the provider worked in partnership in meeting people's needs safely.

People we spoke with and other people's relatives told us there were enough staff to support them. There were sufficient staff to meet the needs of the people that used the service which took into account their level of dependency and the support required in order to maintain their safety.

We looked at the medication administration records for the person living at Changing Lives UK, to check the way they were supported with their medication. The registered manager and team leader told us that the person at the service did not manage their own medications. Records we checked showed that the person had received their medication as prescribed. Medicines were safely stored and managed at the service. Records showed that staff were provided with medication training. This meant that the person was supported by the safe administration of medication.

The registered manager told us that people, who were supported in their own home with their medicines, were only supported by staff who had undertaken training in this area. Records seen confirmed this.

The provider told us that the protocol in place for the administration of PRN medication (medication which is to be taken as and when required), was in the process of being updated. This provided assurance that staff would have updated guidance to follow on when to give PRN medication and what the medication was prescribed for. The person living at the care was receiving PRN medication. The team leader we spoke with was clear when the medicine should be offered; records we looked at contained this information.

The providers had systems in place to check staff's suitability to support people using the service before they started work. We looked at the recruitment records in place for two recently employed staff members. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.



## Is the service effective?

### Our findings

During our inspection our observations showed that staff knew the person living at the care home well. Staff supported them to make the most of their day and provided them with reassurance when required. A relative of a person being supported in their own home told us that "The staff are excellent with [Name]; they know exactly how to support [Name]." Another person's relative stated "The staff always communicate effectively with us." Another relative said "The staff are all very willing to assist whenever they can and are cheerful."

The registered manager told us that staff had completed an induction program and that they had introduced the care certificate for all new staff commencing employment. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training records we looked at showed that staff had completed a range of courses to support the person at the care home and people being supported in their own home. This included moving and handling, first aid and infection control. The registered manager told us that staff were provided with an opportunity to discuss any issues and receive feedback on their performance, through supervision. Records seen confirmed this. This demonstrated that people were cared for by staff that were well supported.

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 people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that they had considered if people were being restricted unlawfully. The registered manager confirmed that a DoLS application was being discussed with the local authority regarding a person living at the care home. This demonstrated that the provider understood their legal obligation to ensure people's rights were protected.

The provider had arrangements in place to ensure staff knew what to do when people were unable to give valid consent. Information regarding people's capacity to consent in different areas of daily living was assessed and the level of support they required to make decisions was included within their best interest plan, which was undertaken in conjunction with their capacity assessment. The registered manager told us that they sought consent before supporting people, our observations confirmed this. For example the person at the care home was asked whether they wanted a hot drink or not.

Detailed information was seen in care records regarding people's nutritional and dietary needs and preferences. This included specific diets that were culturally appropriate and appropriate for people's health needs. Records showed that people were supported to maintain their health needs through maintaining a healthy diet and through undertaking regular weight checks. An external health and social care professional

told us that the person who lived at the care home was supported by staff to maintain their weight.

People who were supported in their own home, who needed help with preparing their meals and beverages information was recorded in their records to enable staff to do this in the person's preferred way. This ensured people were supported to maintain a diet that met their needs.

People's health care needs were documented on their care plan. A person living at the care home told us that staff supported them to access health care services including attending GP appointments. A person supported in their own home told us that a carer was taking their glasses to the opticians to have them repaired for them. One person's relative stated "The staff are on hand to help with the many hospital appointments [Name] needs. The staff help transporting [Name] there and back and arranging appointments as necessary for the doctors, hospital and dentist." Staff followed guidance from health care professionals and worked with them which demonstrated that safeguards were in place to promote good health care. For example a person's relative said "The manager requested an occupational therapist (OT) assessment to minimise risk whilst supporting [Name]. The manager and staff were present when the OT came out so that all staff were clear on the guidance in supporting [Name]." This meant that people could be supported in an individualised way when accessing health care services.

## Is the service caring?

### Our findings

The person living at Changing Lives UK told us, "[Name] and [Name] are kind and nice." We observed a positive and caring relationship between the person who used the service and the registered manager and team leader. They were polite when they spoke with the person and involved them in decisions about their care. The person appeared comfortable with the providers who supported them. The staff demonstrated a good understanding of the person's needs and treated them with respect and in a caring way. The registered manager told us that the service supported people to maintain as much independence as possible, so long as the person was safe. For example we saw that the person at the care home organised their self in preparation for going out. The registered manager supported the person discreetly by giving them verbal prompts. This showed that people were treated with respect and dignity.

An external health and social care professional stated that the care home provided a culturally sensitive and appropriate environment. Care records showed that this person was supported by staff to participate in religious celebrations which were important to them.

A person supported in their own home said "I am happy with the carers." Relatives of some of the people supported in their homes were complimentary about the staff, including their attitude and approach when supporting their family member. One relative said "My family members cultural needs are being met, the service being provided is culturally sensitive." Another relative stated "Staff treat [Name] with respect and dignity."

Care records we looked at for the person living at the care home and a person being supported in their own home contained details on people's method of communication and preferred language. The registered manager told us that staff working with the person at the care home and with people who were supported in their home had the correct language skills to communicate effectively with them. This method of support enabled partnership working with the person and those who supported them. Records showed that staff supported people to follow their cultural and religious needs. For example the team Leader told us that the person living at the care home required a halal diet. The providers were committed to providing care on an individual basis. This demonstrated that people's diverse needs were met by staff that had a good understanding of their needs, preferences and methods of communication.

The registered manager told us that the service met people's gender preferences, with regards to the staff that supported them. Information seen in care plan's demonstrated that people's gender preferences with support and care were met. A relative of a person supported in the community also verified this. They said "The service have met [Name] preference, regarding the gender of the person they wished to be supported by."

Relatives of some of the people supported in their own home told us they were kept informed and involved in their family members care. One relative said, "I have reassurance that staff would contact me if there are any problems or issues. I am not on tender hooks." Another relative told us "The communication is effective; the manager will share information including any changes in [Name] needs. Information in people's care

plans demonstrated that people were supported to maintain relationships with people who were important to them.

The registered manager told us that information regarding independent advocates would be made available for people. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

During the inspection the registered manager confirmed that a referral had been made for an advocate for the person living at the care home.

## Is the service responsive?

### Our findings

Relatives of some people who were supported in their own home confirmed that the support provided to their family members met their needs as an individual and felt that the service was responsive. One relative told us "The manager arranged to visit us and put care in place very promptly in a reassuring and professional manner."

The registered manager told us that she visited people and their relatives as part of the initial assessment process. This was to ensure that the service had a clear understanding regarding the person's expectations of the support they needed so that the person could be confident that the service was right for them. The assessment of need had been used to develop people's care plans. People's care records we looked at were individualised. Care plans we looked at have been signed by the person or their relatives. One relative said that they had been involved in the care plan and reviews of the service provided to their family member. This demonstrated that reviews of care were completed in partnership with people and their representatives and these were centred on people's diverse needs.

Relatives of people supported in their homes told us that their family member's received continuity in the support they received. They felt that their family members were supported by a regular team of staff that knew and understood their needs.

People's care and support plans we looked at included information on their hobbies and interests. We saw that the person who lived at the care home was supported to follow their interests and access community facilities. Care records showed that staff supported this person to access the local community facilities. For example on the day of the inspection a member of staff supported the person to attend an arts class. This person told us that they were looking forward to going to the class. This person was also supported to maintain relationships which were important to them, which was also verified by an external professional supporting the person.

A person at the care home told us that "If I am not happy I would tell [Name]. A person being supported in their home told us that they would contact the office if they had any issues. Relatives of some of the people who were supported in their home told us that they were aware of the complaints procedure. However one relative told us that they were not aware of the complaints process, but did ring the registered manager if they had any concerns or issues.

A complaints procedure was in place and this was included in the information given to people when they started using the service. Systems were in place to manage complaints. The registered manager confirmed that no complaints had been received in the last 12 months.

## Is the service well-led?

### Our findings

The person living at the care home told us that they were happy there and we saw the atmosphere was friendly and welcoming. The premises were homely and comfortably furnished. Relatives of people who were supported in their own home, felt the registered manager was approachable and available if they needed to speak with her.

We spoke with an external professional who confirmed that the care home was well managed and the provider met the person's cultural and religious needs. For example, when celebrating religious festivals the person was supported to dress in traditional clothing. We saw the person was also provided with culturally and religiously appropriate foods.

There was a registered manager in post, who worked alongside staff and health and social care professionals. They ensured the service people received was reflective of the provider's visions and values for respecting people and promoting equality. The registered manager was aware of their legal obligations in reporting any changes, events or incidents that they must tell us about

The registered manager told us she worked at the service on a daily basis and this was confirmed by staff on duty. This demonstrated there were clear lines of accountability and communication. We saw this was maintained on an ongoing basis with the staff who worked at the service. The provider had a whistleblowing policy which told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff we spoke with had an understanding of the policy and knew about their responsibilities to protect people.

The registered manager told us spot checks were carried out on staff who supported people in their homes; this was verified by some of the relatives we spoke with. For example, one relative told us, "The manager has been out to do spot checks, to make sure [Name] is being supported correctly." The service was small and registered for two people and there were also five people receiving support in their own homes we saw that not all the audits undertaken were being recorded. We discussed this with the registered manager who told us that she will be taking action to address this. This will support the provider to drive improvement.

We were told by the registered manager that she continuously sought feedback from people informally through every day discussions. Relatives of people supported in their homes told us that the registered manager and staff knew their family member well and this enabled them to provide appropriate care and support. The relatives felt that the service was well managed and that the registered manager was contactable and listened to their opinions and views. A relative told us, "It is a professional service, which is well-led. The staff and manager have a good rapport with [Name])."

We saw people and their relatives were asked their opinions through surveys and discussions with staff. The most recent survey showed people and their relatives were satisfied with the service they received and no actions were required. The survey also showed people thought the support they received was good.

The registered manager told us they had links with community groups in the area such as local community centres. They also maintained professional contacts with relevant agencies such as the local authority, specialist health services and local medical centres. The registered manager told us they operated an open door policy for people and welcomed people's views and opinions. This showed the provider welcomed feedback and demonstrated a willingness to co-operate with other professionals. We saw a medical decision had been to support a person's well-being, which was considered in partnership with other professionals.

The data management systems in place ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely by the providers, to ensure confidentiality.