

Thurrock Lifestyle Solutions CIC

Thurrock Lifestyle Solutions

Inspection report

7th Floor
Thameside Complex
Grays
Essex
RM17 5DX

Date of inspection visit:
09 January 2019

Date of publication:
01 February 2019

Tel: 01375370460

Website: www.choiceandcontrol.co.uk

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

Thurrock Lifestyle Solutions provides personal care and support to people who live in 'supported living' settings, either in their own self-contained accommodation or in shared accommodation. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate the premises for supported living. This inspection looked at people's personal care and support.

At the time of our inspection, 20 people were using the service, of which three people received personal care as a regulated activity. We only looked at the service for people receiving a regulated activity.

At our last inspection in April 2016, we rated the service good. At this inspection, the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service embraced the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have a registered manager. At the time of our inspection, a new manager was in the process of registering with the Care Quality Commission. 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 service had strong values and a clear vision to ensure disabled people live with no barriers and have a positive community experience, their aspirations met and have total choice and control over their lives. Staff empowered and enabled people to lead fulfilled and meaningful lives and were committed to providing the best possible service to people.

Safeguarding procedures were in place to protect people from harm and abuse. Individual risks to people had been identified, managed and reviewed. Where required, people were supported to take their prescribed medicines safely. Safe recruitment procedures were in place to ensure staff were suitable and of good character, prior to them starting work. There were sufficient numbers of staff to meet the needs of people using the service, and people received care and support from a consistent team of staff. There were systems in place to monitor incidents and accidents. People were protected from the risk of infection.

Staff received training, support and supervision to enable them to fulfil their role. Where required, people were supported with their dietary needs and with access to healthcare services. 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 support this practice.

People received care and support from staff who were kind and caring. People's privacy and dignity was respected and maintained at all times, and their independence promoted. People and their relatives were involved in the planning and review of their care.

People received person centred care and support was focussed on what mattered to them. Staff cared for people in an empathetic and kind manner. People were supported to achieve their goals and participate in activities which were important to them, including accessing the local community, and other services facilitated by the provider. Care plans contained information regarding people's preferences and individual needs and how people wished to be cared for. Care plans were reviewed regularly, or as and when people's needs changed. There were appropriate procedures in place for dealing with concerns and complaints.

The service was well-led. Staff were supported and valued by management and shared the provider's philosophy of promoting an inclusive, positive person-centred culture. People and relatives were complimentary about the service. There were systems and processes in place to monitor the quality of the service and to understand the experiences of people who used the service.

Further information is in the detailed findings below.

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 has improved to Good.

Improvements had been made to quality assurance processes.

Systems were in place to seek the views of people, their relatives and staff to support continuous improvements to service delivery.

Management promoted strong values and a person centred culture.

Staff were supported, felt valued and embraced the provider's vision and values.

Thurrock Lifestyle Solutions

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 was an announced inspection and was conducted by one inspector on the 9 January 2019. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that management would be available to assist us with the inspection.

Prior to our inspection, we reviewed the information we held about the service. This included the last inspection report and statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also looked at the provider's 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 our inspection, we spoke with two people, one relative, two members of care staff, the manager, the nominated individual and group of directors. We looked at recruitment and support files, training records, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

Is the service safe?

Our findings

People continued to be safeguarded from the risk of harm and abuse. Staff had received safeguarding training, understood the signs of abuse and the actions they should take if they suspected people were at risk of abuse.

Staff had the information they needed to support people safely. Risk assessments were in place to identify, manage and review identified/potential risks. These assessments were aimed at enabling people to maintain their independence such as managing their money, medicines and environmental risks, including accessing the community. People continued to have the opportunity to participate in a range of events and training courses provided by the service. This included, Safe, Assertion, Feel good, Exit, Know your Rights (SAFER) which provides people with the skills to keep safe when accessing the community. The service had also developed '999 personal emergency cards' for individuals in the event of an emergency situation.

People received care from a consistent staff team. A relative told us, "[Name] receives support from a consistent staff team. We stipulated this right from the start as it's important for [name] to meet staff and build a relationship with them." The provider had an effective recruitment process in place and people were encouraged to take part in staff interviews. All directors of the service were living with a disability. Records showed they also participated in staff interviews. This demonstrated the importance given to ensuring suitable staff were recruited. There were enough staff to support people and meet their individual care and support needs. The manager told us it was crucial people received support from a consistent staff team and no agency staff were used to cover staff absence.

Where people were supported with their medicines, care plans contained information and advice for staff about people's medicines and records were kept of any support provided. Only staff who had been trained administered medicines. The manager was in the process of implementing medication checks to ensure staff's on-going competence to administer medicines. They were also making improvements to auditing processes to make sure people received their prescribed medicines safely. We have made a recommendation to the service that they refer to NICE guidance 'Managing Medicines for adults receiving social care in the community', published in March 2017.

People were protected from the risk of infection. Staff received infection control training and used personal protective equipment (PPE) such as gloves and aprons.

The provider had effective systems in place to monitor incidents and accidents, which also included scrutiny overview by board members. There had been no significant incidents and the manager told us any lessons learned from incidents and accidents would be shared with staff to improve the quality and safety of the service.

Is the service effective?

Our findings

Staff told us they received the training and support they needed to enable them to meet the individual needs of people. One member of staff told us, "There is an abundance of training. It's just not mandatory which is offered, you can just ask and you will get the support to do it, particularly if it benefits the customers." However, records showed some staff had not completed all of the provider's mandatory training and/or their training was overdue. We noted there had been no impact on people using the service, and the provider assured us they would address the concerns we had raised about training immediately.

New staff went through an induction period which provided them with the skills, knowledge and confidence to fulfil their role and responsibilities. They were also supported to complete the Care Certificate; this is a nationally recognised training programme for staff who are new to working in the care sector.

Staff told us they felt supported in their roles and enjoyed their work. They received regular supervision and a yearly appraisal of their performance. Staff told us management was always available for support and guidance. This meant staff had a structured opportunity to discuss their responsibilities and to develop in their role.

At the time of our inspection, no one had any specific dietary needs. People were supported to have food and drinks of their choice and, where necessary, encouraged to eat and a healthy and balanced diet.

Where required, people were supported to access healthcare services. People had Hospital Passports and Health Action Plans. These are documents which include individuals' medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This ensures continuity of care and reduces people's anxiety. The provider had identified people with a learning disability do not always have the opportunity to receive an annual health check. As a result of this, they privately funded annual health checks for people if required.

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.

We checked whether staff were working within the principles of the MCA. Staff had were able to demonstrate an understanding of the principles of the MCA. They understood the importance of gaining people's consent and helping people to make choices on a day-to-day basis.

Is the service caring?

Our findings

People were happy with the care they received from staff. Relatives also spoke positively about the caring attitude of staff. One relative told us, "I would recommend the service, the staff do really care." During our inspection, we observed positive and caring interactions between people and staff. Staff spoke to people in a friendly and attentive manner and showed patience and understanding. People looked relaxed and at ease in the presence of staff.

Staff demonstrated a good knowledge of the people using the service. They spoke with confidence, giving examples of people's personal histories, likes and preferences. People's care plans contained information for staff on what was important to people and the daily support they required. People and, where appropriate, their relatives were involved in the planning and review of their care.

People's privacy and dignity was respected and staff understood the importance of promoting people's independence. People were empowered and supported to acquire independent life skills. A relative said, "We are not going to be here forever. Staff have worked really well to help [person] learn living skills. They are becoming more independent so it is working." A member of staff told us, "I make sure people are getting the best quality of life and we encourage them to be as independent as possible, offering support when needed."

The service promoted equality and diversity at all levels and people's diversity needs were respected. For example, where required people were supported to attend local church services. People were also supported with their sexual identity. This included a 'Lets talk about sex' course held in June 2018. This course was designed to support and help people understand sex, sexuality and relationships.

The service had information available on advocacy services and a weekly advocacy group was available for people to attend. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. No one using the service was currently accessing advocacy services.

Is the service responsive?

Our findings

The service continued to be responsive to people's individual needs. People's care plans were person centred, contained information about their health and social care needs, and reflected how people wished to receive their care and support, including information about personal preferences such as gender of care worker. Care plans were reviewed regularly with people and, where appropriate, their relatives or as and when people's needs changed.

People were able to choose their own support staff (personal assistants). Information about staff was available to people and a software system was also used to match people with staff who shared similar interests and values. The nominated individual explained to us it was of paramount importance that people were able to choose who they wanted to support them. They went on to provide an example where one person had received support from a number of staff before they found the team they liked. They went on to say they were in the process of developing a 'How to manage your staff' training course to inform people they are 'in charge and how to make the best use of this power'.

People were supported to access a range of activities and to pursue their interests and hobbies. People were also supported to go on holidays. One person told us about a recent holiday, which it was clear they had thoroughly enjoyed. A relative told us how their family member was supported by staff to go on a short break. They told us how their family member's preferences had been taken into account and respected.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The service was meeting this standard. For example, through the use of pictorial documentation. The manager confirmed to us that they would always ensure appropriate formats would be sourced if required to enable effective communication. In the provider's PIR they stated the staff team reflected the diverse make up of the local population, which included access to various language speakers, which supported communication across all its services.

There was no one currently receiving end of life care. Although comprehensive end of life care plan documentation was in place, we found people's preferences for their end of life care had not been formally recorded. The nominated individual told us they were working in partnership with another organisation to arrange end of life training for people using its services, delivered by learning disability nurses from the local health authority. We recommend that the provider review their care planning process to ensure that people's preferences and choices for their end of life care are clearly recorded, regularly reviewed and upheld.

The service had effective systems in place to deal with complaints and compliments. Relatives told us if they had any concerns, they felt they would be listened to, and their concerns acted upon.

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager left the organisation on the 23 October 2018. A new manager had been in post since the 19 October 2018 and was going through the process to be registered with the Care Quality Commission. 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.

At our last inspection in April 2016, we found improvements were required to ensure effective quality assurance systems were in place. Although we found improvements had been made to monitor and review the quality of the service, some aspects required strengthening. Whilst there had been no negative impact on people using the service, it was not always clear what had actually been looked at as part of the monitoring process. The manager acknowledged further development was required to ensure some aspects of monitoring were more robust such as staff's on-going competency to administer medicines and more detailed information recorded as to what had been looked at as part of auditing processes. The manager shared with us the work they had recently completed, and would shortly be implementing, to enhance quality assurance processes such as improved staff competency assessments.

The board of directors met with management regularly to oversee the quality of the service and to drive continuous improvements. The chair of the board told us of members' passion and commitment to deliver a high quality service to people using its services and the wider community. They went on to say how they valued feedback and complaints to support this. The provider also commissioned external organisations to undertake quality assurance checks across its services and, where required, actions plans were put in place.

There was an open and transparent culture throughout the service. People were treated as 'equal partners' and were pivotal in the continued development and success of the service. There was a clear vision and strategy in place to deliver high quality care and support which was person centred, inclusive and empowering, supporting people to achieve their aspirations. Staff and relatives told us management were visible and approachable for advice and guidance at any time. One relative said, "[Nominated individual] is very accessible and very involved. We continue with the service because [nominated individual] is such a visionary for how things should be for people with learning disabilities."

Feedback was actively encouraged and sought by the provider. People, relatives and friends and staff surveys were conducted annually. We saw the results from the 2018 surveys were positive and, where necessary, action plans had been put in place.

Staff enjoyed working at the service, felt valued and supported in their role. They received regular supervision and guidance to enable them to fulfil their roles and responsibilities, and embraced the service's vision and values. One member of staff told us, "I want people to have a better life and make a difference to their day." Regular staff meetings were held and staff told us they were able to put forward ideas and were listened to. For example, care plan templates were continually reviewed and staff told us their views were

always sought.

The service was signed up to the Disability Confident employer scheme. This is a scheme designed to help employers recruit and retain disabled people and people with health conditions for their skills and talents. This showed the provider was committed to equality and diversity.

The service worked collaboratively with other organisations such as healthcare services, local authority and the Police. Profits made from the social enterprise were reinvested to improve the lives of people and a number of forums/activities were provided by the service, such as a weekly advocacy group and volunteering opportunities. The nominated individual was a member of several groups, including the Safeguarding Board and an independent advisory group and supported local issues such as anti-hate crime and staying safe. They had been instrumental in running community events, such as raising safety awareness, and working with the Police to promote and raise awareness on effective communication with people with learning disabilities.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.