

Living For Life (Cumbria) Limited

Living For Life Cumbria Ltd

Inspection report

Northside Community Centre
Trinity Drive, Northside
Workington
CA14 1AX

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05 October 2016

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03 November 2016

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 was an unannounced inspection that was carried out on 5 October 2016 by an adult social care inspector.

Living for life is a domiciliary care agency that cares for people living with a learning disability or for older adults. The office base is Workington and the team deliver care to people in the Allerdale area. At the time of the inspection the provider was supporting ten people in their own homes.

The service had a suitably qualified and experienced registered manager. 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 ensures that the people they care for are as safe as possible. Staff were trained to recognise abuse and suitable systems were in place to ensure that people were protected from harm.

The service had suitably recruited, trained and supervised staff who were deployed appropriately to meet people's needs. Appraisals were up to date and detailed. The service had suitable policies and procedures related to disciplinary and grievance matters.

Staff were trained in the administration and management of medicines and these were recorded appropriately.

Infection control matters were managed appropriately with staff receiving training. Personal protective clothing, gloves and other equipment was available for staff.

The registered manager and the assistant manager had a good understanding of their responsibilities under the Mental Capacity Act. They had also ensured that the staff team had an understanding of the legislation. People told us that they were asked for consent before interactions.

Staff had received training on nutrition and care plans included any issues related to food preparation and healthy eating. Staff encouraged people with weight problems to join slimming groups.

We saw that staff supported people to access health care support and were trained to call on the support of health care professionals for emergencies or where a person required additional support.

The service was based in a suitable office base and the suite of offices were secure yet easily accessible.

People told us that staff were caring and kind. Staff were trained in person centred care and in all aspects of

privacy and dignity. People could have the support of an advocate.

Good assessment of need and ability was in place. Care planning encouraged independence and skills building.

People were encouraged to engage in all sorts of community activities and some of the work the agency did was specifically to prevent people from becoming socially isolated.

There had been no formal complaints about the service and we had evidence to show that minor concerns were dealt with straight away.

We met the registered manager and also saw from notes that the provider was involved in the service. We judged that the management team were open and promoted a culture that valued and respected people who used the service.

The service had a suitable quality monitoring system in place. We had evidence to show that changes and improvements were made if there were any quality matters which did not meet the expectations of the provider.

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.

Suitable arrangements were in place to protect people from harm and abuse.

There were enough staff employed to deliver the care hours required.

There was a minor issue with one recruitment but generally the recruitment of staff was done appropriately.

Is the service effective?

Good ●

The service was effective.

Staff had received comprehensive and far reaching training using e-learning and direct training.

Staff had regular supervision and their practice was observed and their competence judged.

Staff supported people to access good health care support.

Is the service caring?

Good ●

The service was caring.

The service used a person centred approach to care delivery.

People told us that the staff were kind and respectful.

Independence was promoted in the way care was delivered.

Is the service responsive?

Good ●

The service was responsive.

Good assessment of on-going care and support needs were in place.

Care plans were in place and under review when people's needs

and wishes changed.

People were supported to go out into the community and some work was specifically to prevent social isolation.

Is the service well-led?

Good ●

The service was well led.

There was a suitably qualified and experienced registered manager in place.

She was well supported by an assistant manager who was involved in all aspects of the service.

The service had a quality monitoring system in place that picked up and dealt with any issues that arose.

Living For Life Cumbria Ltd

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 5 October 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Living for Life is a small domiciliary care service which provides personal care and support to adults with a learning disability and to older adults. At the time of our visit they were providing support to ten people. The office is situated in the north side of Workington. The service provides care to people in the Allerdale area.

Prior to the inspection a Provider Information Return (PIR) was sent to the registered manager for completion. The PIR 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. This was returned with suitable details of the service.

We also sent out seven questionnaires for service users and had six responses. We sent questionnaires to other professionals but none were returned. We received two surveys from staff.

We contacted three service users by telephone. We also had telephone conversations with two relatives.

We spoke to the registered manager and the assistant manager during the inspection and then we contacted two members of staff by phone

We looked at five case files. The files included assessments, care plans and schedules of visits.

We looked at five staff files which included recruitment information, details of induction, training, supervision and appraisal.

We also looked at a range of other documents related to how the service was functioning. These included records related to training, finances and the monitoring of quality.

We spoke with social workers and specialist learning disability nurses prior to our inspection as part of our regular six weekly contact with health and social care professionals in the area.

Is the service safe?

Our findings

People told us that they felt safe with the staff who cared for them and that, "They never miss a call...very reliable staff." People told us, "I feel safe as they look after me well."

We looked at staff training and we saw that staff had received suitable levels of training in human rights anti-discrimination, equality and diversity and in the safeguarding of vulnerable adults. The staff we spoke with told us that they received good levels of training related to theory but were also given practical information about how to contact external agencies if necessary.

There had been no recent incidents where staff had to make a safeguarding referral but the management team were confident that they could do this if necessary. There were suitable policies and procedures in place to help protect vulnerable adults from harm and abuse. Staff had received suitable training and they could discuss any concerns in supervision or in team meetings. We saw evidence of this in the records we reviewed and when we asked staff. One person on the staff said, "We talk about it all the time and we wouldn't let anything like that happen in this team."

The registered manager had developed risk assessments and risk management plans that covered all aspects of the work the service undertook. This included risk assessments for the office base and for staff visiting people in their own homes. We also saw risk management plans that would lessen the risks seen. Staff said they were made aware of any risks to themselves or to service users.

The office was in part of a building used as a community centre. The access to the office was secure and the office space was suitable for the needs of the service. A ground floor room was available that could be used if a person with a physical disability wanted to visit the service. The service had an emergency plan in place.

The service had an 'on call system' so that service users and staff could speak to management if there was any kind of emergency or urgent issue out of office hours. A relative told us how responsive the assistant manager had been when the family had a problems with supporting the service user. This person told us, "[The assistant manager] answered right away, gave us advice and sent someone ...and followed it up with a call when the office opened on the Monday...wonderful service." Staff told us that the 'on call' line was answered straight away and that the provider or the management team would come out if necessary after hours or at the weekend.

The service had a policy on staff concerns and whistleblowing. Staff could talk to the provider or the registered manager. They also had contact details for external agencies. Staff said they would talk to the Care Quality Commission if the management team did not respond to concerns but said, "That would never happen in this service." The organisation had an active procedure in place to deal with emergencies or changes which had proved to work well when there were any difficulties or when people were ill.

We looked at the accident book for the service and saw that some very minor accidents had been recorded but that there had been no serious accidents in the service. The registered manager said they analysed even

the most minor of issues to prevent a reoccurrence to ensure that a more serious accident would be prevented.

We looked at the rostering of staff, the geography and the numbers of service users and the hours purchased to deliver care. We judged that there were suitable numbers of staff employed to deliver the current hours of care delivered. We also spoke to service users and staff who told us that any extra hours could be covered by the existing team. The registered manager said that they did take new service users but were careful that they could fully staff the service before they committed to taking on any new work.

We looked at staff files and we saw that every new person had suitable background checks in place prior to having any contact with vulnerable adults. New staff were checked to ensure they did not have a criminal record and had not been dismissed from another care service. The registered manager ensured that references were taken up prior to employment. Recruitment records were detailed and well maintained.

The organisation had suitable human resources policies and procedures in place. The registered manager told us that they had support from an external company if they needed to deal with any disciplinary or grievance matters. The registered manager and the assistant manager had a good understanding of how to manage competency or disciplinary matters.

Some service users needed support with ordering, collection and administration of medicines. Where this was requested by the person themselves or by the social worker, suitable risk assessments were in place and the action to be taken was part of the care plan. People told us that medicines were properly managed. We saw a number of medication administration records when we visited the office and these were filled out appropriately. We checked care plans and daily notes which confirmed that medicines were being looked after correctly.

The organisation had policies and procedures on infection control. Staff completed mandatory training on infection control, the use of personal protective equipment and personal hygiene. There had been no instances of poor infection control in the service. Staff said they were provided with suitable equipment to ensure good procedures could be followed.

Is the service effective?

Our findings

People told us: "The staff help me to cook and shop so that I get healthy food..." Several people told us that staff were, "Well trained and capable."

We looked at some individual staff training records and at the training matrix for the full staff team and we saw that staff had received extensive training in all aspects of care delivery. We looked at the continuous professional development record for the assistant manager who had received training in care and management and had gained qualifications in both since she came to the service. We also noted the wide ranging short courses she had attended. These included care delivery, IT, business planning and things like health and safety. The registered manager had also kept up to date with training on current good practice and had introduced e-learning into the service. This was as a supplement to the face-to-face training that was delivered to staff. Training was in place even for activities that were not being purchased. For example no one needed help with their mobility but moving and handling training was up to date. Staff had received very good levels of training and were supported to gain care qualifications.

We also saw the supervision and appraisal planner which showed that staff received annual appraisal and supervision every two months with observation of their practice being done regularly. We looked at individual staff files and saw that supervision notes were detailed and related to the way care was delivered, skills, strengths and needs of staff and plans for supporting staff to improve and develop. We had an extensive discussion where the registered manager outlined future plans for staff development work. Staff said they received good levels of support and confirmed that supervision, appraisal and team meetings happened on, "A very regular basis...never known a company like them for being meticulous about this and everything else."

Staff training had included training for staff in understanding the needs of people living with a learning disability, acquired brain injury or those people living with dementia. Staff had training in understanding legislation including the Mental Capacity Act 2005. 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. The registered manager and the assistant manager had been to an external training event about this legislation and were able to discuss how they supported people in decision making. They had a good understanding of how to manage any care delivery where there were issues around capacity.

Staff were in receipt of training on how to support any person who might display behaviours that would challenge the service. This was a suitably accredited training and everyone employed by the service was expected to attend this training. It was based on de-escalation techniques and we saw that these were used successfully. Restraint was not routinely used in the service and the registered manager said that they did not take work on where this would be part of the care delivery.

We saw evidence in files to show that people were asked for consent. We also saw evidence that showed that people had chosen to use the service. People told us that staff did not presume that they would just agree but that the team would ask people if support was needed. One person said, "They ask me what I want to do."

Some care delivery involved supporting people to budget, do their shopping and prepare their own meals. Some people had meals made for them. Staff had been trained on nutrition and several care plans guided staff on helping people to eat healthily. Staff also had received training on things like pressure care which can be affected by poor nutrition. No one was undernourished at the time of the inspection. Some people did have problems with weight gain. We were pleased to see that staff supported someone to get the kind of group support from a slimming club that research tells us is one of the best ways to counteract obesity. We also thought that this was a really good way for a person living with a learning disability to be fully integrated into an open community group.

Daily notes showed that people were suitably supported, when appropriate, to access health care support. Staff were trained to be able to respond to emergencies and provide first aid support. We saw examples of where the staff had asked for more support from health care professionals where a service user had developed a chronic condition.

The office was in a secure part of a local community centre. The service was therefore part of the local community but had a separate and secure business base. The offices contained suitable storage of confidential information and computer systems were password protected. The offices were on the first floor but a ground floor room was available if any person living with a physical disability wanted to visit the service.

Is the service caring?

Our findings

People told us the staff were, "brilliant", "excellent", "very caring and very professional". One person said, "The staff who come are quite different ...but both of them are brilliant...really nice, polite and respectful...treat [the service user] properly and she just loves the staff." Others told us, "I really like the staff...they are nice people and treat me well. "

We spoke to staff who told us that the provider and the management team focussed on person centred care. Staff could explain to us what this meant. They told us how people were treated as unique individuals and how staff were trained to respect the person and their homes. They said that the values of the company promoted this caring attitude. One staff member said, "We are a small company, we go to the same people in our teams and we know and understand their needs. We work well together and we promote independence and a sense of self-worth in the people we care for...we want to do this but it is also what is expected by the provider and the managers."

We had evidence to show that people were consulted about their needs and wishes and that they had input into the care plans and how care was delivered. A relative told us that the staff had a good balance of promoting individual rights but could persuade and support people in decision making and in agreeing to necessary care delivery. This person told us, "They are good at gentle persuasion and encouragement...really caring attitude."

We spoke with people and with staff who told us about the little things they did that actually increased wellbeing. One staff member said, "We support one person to make the most of herself...we help her go to the hairdresser and have her nails done... and to follow a reducing diet. There is no such thing as cant! People deserve the best life possible."

The people who used the service were encouraged to speak up for themselves and to be assertive in asking for what they wanted. Staff helped people to prepare for change and acted as advocates in many situations. Some people had relatives who advocated for them and the registered manager said that they, or the social worker, could arrange for independent advocates if necessary.

We saw lots of examples of people being given time to consider options and have support to make decisions. We noted that the staff team had helped people make decisions about all sorts of things and that the driving force was around building skills and promoting independence. We saw people being helped to access public transport, lose weight and make decisions about their future. We judged that independence was promoted and we looked forward to seeing how people grew and developed in confidence as staff continued to help them with this.

We also learned that, alongside promoting independence, staff were able to simply befriend people who needed some company. One person told us, "That is what is wanted and the girls who come are very good company."

Is the service responsive?

Our findings

People told us that they had been involved in the planning for their care. "Yes we have a care plan and it was done through consultation....and has been updated." A relative said that they had chosen the service as it was the most responsive. They said, "This agency gives us what we want and need...not just what they are prepared to offer...that's why we chose them as it gave us just what is needed."

We looked at half of the care files. We saw that there were detailed initial assessments in place which were, if available, based on the social work assessments. We noted that the management team went out to visit people prior to the service commencing and they spent time talking to people about their needs, wishes and goals. The assessments we saw were comprehensive and holistic.

We also had evidence to show that the management team reviewed the care delivery and reassessed peoples' needs from time to time. We also saw that when peoples' needs changed a new assessment was made and new care plans introduced. We had evidence to show that the provider supported his management team to undertake a rapid response to requests, changes and emergencies and that this was part, but not all, of the on-going assessment and care planning programme. Social work staff were positive about the way the service responded to needs.

We read care plans and we also looked at the daily notes written by staff. The daily notes were quite detailed and referred back to people's assessed needs. Care plans covered people's needs and wishes and were easy to follow. Staff said they could make suggestions on behalf of people, "...because we know our service users really well" and the care plans would be changed. We had a discussion with the management team and they told us about their plans to develop the care planning process further so that the work the staff do to support independence could be done in a more formal and planned way. They gave us an example of someone they supported who was on the verge of a life change but who would need to work on life skills to prepare for this. We saw that the registered manager would be discussing these needs with this person's social worker and then introducing some step by step planning to help this person prepare for further changes.

Some of the care plans we saw included time to give people support to engage in community activities. One person went to a slimming club, another person went to a self-defence class and yet another had a part time job. One person was supported to go to a photography class. Social workers had specifically commissioned this work and we saw that people were supported and sometimes accompanied, if necessary, to clubs and to entertainments. People also did their own shopping where possible and were supported to learn skills which would allow them easy access to the community. One person had worked on using public transport and was considering learning how to use different routes and forms of transport. Some of the other work done by the service was almost like a befriending service and helped a person to settle into a new community and begin to make some community networks.

The service had a suitable complaints, compliments and concerns policy. There had been no complaints received by the service. There had been no complaints sent to the Care Quality Commission or to the local

authority. The registered manager told us that any minor issues were dealt with straight away so that these did not develop into complaints. People we spoke to had no complaints.

Social workers told us that they were "very satisfied" with the way the provider worked with them. We were told that the registered manager and her team supported people well if they had to move between services. Each file also had a contingency plan in place that would give information about each person if they had to go into hospital or residential care.

Is the service well-led?

Our findings

The service had a suitably qualified and experienced registered manager. She also managed a small residential home owned by the provider. She was supported in these roles by two assistant managers; one for the residential home and one for this service. We had evidence to show that the provider was based locally and was often in the service and kept a watching brief. We also met the assistant manager who supported the registered manager in this service and she was a suitably qualified and experienced person. Both the registered manager and her assistant had a good understanding of the needs of the ten service users and the operational systems in place for the service.

We spoke with people who told us that they were, "Very satisfied with the 'office' staff...they are at the end of a phone and are polite and responsive. I think the service is very well managed...couldn't find any fault with them at all."

We looked briefly at the policies and procedures of the service and we saw that these informed the aims of the quality monitoring system. The service had a quality assurance system that allowed the management team to take an overview of how well things were running. We saw that the audits of the system were completed on a regular basis. The management team audited the delivery of care by observing practice and by checking on the care planning and daily notes. Regular checks were also made on the management of medicines. There were up to date reviews of the care provided. People were also sent questionnaires to complete so that they could comment on the service. Staff and service users we spoke with confirmed that the management team had checked by visiting service users in their own homes to ensure that care and support was of a high quality.

We looked at some of these audits and we saw that there had been an issue that needed to be improved. We saw that this matter had then been discussed in team meetings and in individual supervision. The registered manager told us about how she proposed to progress the issues they had discovered so that quality could be maintained. We judged that the checks on care delivery and staff performance had revealed this particular problem and that steps had been taken to deal with this.

Staff told us that the management team were very good at talking to them about their practice. We saw in minutes and in supervision notes that the registered manager was clear about the vision and values of the service and promoted these with staff. Staff meeting minutes and our discussions with staff gave us evidence to show that this service was managed in an open and transparent way. The minutes and supervision records showed that good practice matters were regularly discussed along with values and the vision of the organisation. We could easily see that the service treated people with respect and dignity and promoted the rights of the individual. Staff told us that "The company really care about the people...they are also a fantastic company to work for... they respect their staff and listen to suggestions from people and from staff."

We saw a wide range of records in the service. These were up to date, kept securely and easy to access. People told us they had their own care plan and notes in their homes. Copies of these were also kept in the

office. good records related to employment and deployment of staff were easily accessible in the service.