

Thurrock Lifestyle Solutions CIC

Thurrock Lifestyle Solutions

Inspection report

7th Floor
Thameside Complex
Grays
Essex
RM17 5DX

Tel: 01375370460
Website: www.choiceandcontrol.co.uk

Date of inspection visit:
12 April 2016
14 April 2016
19 April 2016

Date of publication:
25 April 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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 and 14 April 2016.

Thurrock Lifestyle Solutions is registered to provide personal care to people who live in their own home. There were 2 people receiving a service at the time of our inspection. This was the services' first inspection since their registration.

A registered manager was 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.

Records relating to the management of the service, such as policies and procedures to guide standards, needed improvement as did the systems for checking the safety and quality of the service provided. People knew the registered manager and found them to be approachable and available. People had the opportunity to say how they felt about the service provided. Their views were listened to and actions were taken in response.

People confirmed they felt safe and secure. Staff knew how to identify potential abuse and report concerns both internally and externally. People were supported to take their medicines safely. Potential risks to people's health and well-being were identified, reviewed and managed effectively to support people to have as much independence as possible while keeping them safe. Flexible arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff obtained people's consent before providing any support and respected people's right to make their own decisions.

People were supported to maintain good health and they had access to health and social care professionals when necessary. They were provided with appropriate levels of support to help them choose a healthy balanced diet that met their individual needs and preferences.

People's dignity and privacy was respected and people found the staff to be friendly and caring. Staff developed positive and caring relationships with the people they supported.

People, and their relatives where appropriate, were fully involved in the planning, delivery and reviews of the support provided. Care records included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People confirmed they received the care they required.

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 were supported by staff who knew about their needs and the risks associated with their support. There were enough staff to keep people safe. Staff knew what to do if they had concerns about people.

Medicines were managed and stored appropriately.

Is the service effective?

Good ●

The service was effective.

Staff felt well supported to enable them to meet people's needs. People's consent was obtained before support was provided and staff worked within the principles of the Mental Capacity Act 2005.

Staff supported people to maintain good health through encouraging appropriate nutrition and supporting people to access health care facilities when required.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs. Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, as was their right to make decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reflective of their needs and wishes and people received person centred care. People participated in social activities and interests they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to the management of quality monitoring and reporting systems to ensure the service maintained its standards.

Staff felt valued and the culture in the service was open, respectful and inclusive.

Opportunities were available for people to give feedback, express their views and be listened to.

Requires Improvement 

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 inspection was undertaken by one inspector on 14 April 2016 and was unannounced. The provider was given 24 hours' notice of our inspection as the service provides care to people in their own home and we needed to ensure we could gain access to the information we needed. We visited people in their own homes by arrangement on 16 April 2016 where we spoke with staff who were present. We also spoke with staff by telephone on 19 April 2016.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a 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 process, we spoke with two people who received a service. We also spoke with the registered manager and five staff working in the service.

We looked at two people's care records. We looked at records relating to four staff. We also looked at the provider's arrangements for managing medicines, supporting staff, managing complaints and monitoring and assessing the quality of the services provided.

Is the service safe?

Our findings

People confirmed they felt safe when supported by staff in their own home and in the community. We saw that people were confident in approaching and interacting with staff. Staff had attended training and were knowledgeable about identifying abuse and how to report it to safeguard people. Staff expressed confidence that the registered manager would take the necessary action to deal with any safeguarding concerns that were raised with them. The registered manager was aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe.

The Provider's Information Return told us that, should people wish to participate, the organisation can support people to access a range of 'Stay Safe' events in the community. They can also offer people 'S.A.F.E.R' training - which stands for Safe, Assertion, Feel good, Exit, know your Rights -which teaches specific skills in keeping safe in the Community.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to reduce risks as much as possible such as when using garden equipment or supporting a person to move safely around their home and reduce potential falls. Staff were aware of people's individual risks and how to help people in a safe way.

People were protected by the provider's staff recruitment process. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service. This was confirmed in the staff records we reviewed. Whilst records of staff interviews were not available, staff confirmed that interviews were detailed and that members of the board, which was made up entirely of people with disabilities, were part of the interview panel. This showed that care and attention went into recruiting people with the right skills and abilities to care for people using the service.

People were supported by sufficient numbers of staff to meet their needs safely. The registered manager told us that people had a specified number of hours of support allocated to them by the local authority or purchased by them through direct payment. As the provider also supported other services that did not required to be registered with the commission, they had a number of staff they could call upon to support people if needed, such in times of staff sickness or holiday.

One person confirmed that they received their medication as they should and at the times they should. Staff knew what medicines the person received and when these should be administered. Medicine was safely stored and managed. The registered manager had recently introduced clearer medicines administration recording sheets. This allowed for medicines prescribed on an occasional basis, such as antibiotics, to be added and recorded clearly to ensure people received all of their medicines safely. The registered manager confirmed that staff had received training in medicines and were clear on reporting procedures, for example if a person chose not to take their medicine. The registered manager told us that assessments of staff

competence and checks of the medicines were completed and reassured us that these would in future be recorded.

Is the service effective?

Our findings

People were cared for by staff who felt well supported in their role. Staff told us they received an induction when they started working at the service that allowed them to get to know people's needs and how to meet them. This included an introduction to the person they were to support, reading the person's care plan and working alongside experienced staff to develop competence in their role. We noted that the induction was not to a recognised industry standard in line with best practice. Staff told us they attended a range of training courses such as moving and handling, safeguarding and equality. They also told us that they felt well supported and received regular formal supervision and appraisal with their manager. Staff showed commitment to their role and to supporting people well. One staff member told us, "This was a complete change of career for me. You have to really enjoy the work as you certainly do not do it just for the money."

The Provider's Information Return showed that some staff had not completed training in basic areas such as infection control, medication administration and food handling. However, during the inspection, we saw that the registered manager had already recognised the need for staff to have the additional training and initial actions had been put in place to source this. We noted that while the 'star' system of staff appraisals in place included goals for people using the service, goals for staff were not as clear to support staff development. The registered manager confirmed that the quality of appraisal records needed improvement and they would ensure this was implemented. The PIR confirmed that all staff appraisals would be completed in June 2016 and the information from these used to inform the provider's training plan.

People confirmed that staff knew how to support them in the way they needed and wished, including in relation to making everyday decisions.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff and the registered manager confirmed that staff received basic information on the MCA and the Deprivation of Safeguards as part of their induction. Staff were able to demonstrate a basic knowledge and understanding of the requirements of the Mental Capacity Act 2005. People were observed being offered choices throughout our visits and these included decisions about their day-to-day care and support needs. Staff confirmed that all people using the service had capacity to make day-to-day decisions and that an advocate would be called upon if more significant decisions were required to ensure the person's best interests.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs and preferences. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. People were supported to shop for and participate in making their own drinks and

meals dependent on their abilities. One person indicated to that they really liked cooking. They confirmed written information in their communication book that they had made decisions to vary ingredients in a recipe to suit their own preferences and that they had really enjoyed this.

People told us that staff helped them to gain access to, for example, the GP if they were unwell. Staff supported people to access healthcare appointments as needed and liaised with health and social care professionals involved in their care if their health or support needs changed. The Provider's Information Return told us that, having recognised that most people with a learning disability in the locality had not had an annual health check, the provider introduced a range of supports aimed at improving this. We saw evidence of this and each person's care file included an individual health action plan completed in an easy read format. This provided clear information on for example each person's communication style, their first language and other information that would assist healthcare professional to communicate effectively with the person in providing their care and treatment.

Is the service caring?

Our findings

People confirmed that staff were kind and friendly and treated them in a caring way. Records showed that people using the service were supported by regular and familiar staff. This allowed people and staff to really get to know each other and build relationships. The registered manager explained that consideration was given to 'matching' staff to people to support this, for example, where they may have similar interests or compatible personalities.

Care plans reflected the fact people who used the service, and their relatives where appropriate, had been involved in developing the plan of support provided. One person clearly confirmed this and showed us where they had signed their care plan.

Staff were knowledgeable about the people being supported and were able to tell us about their likes and dislikes and how they preferred to be supported. Staff knew people's interests such as television programmes or social activities and used these in conversation with people. They chatted and laughed together about recent events and leisure activities.

People were supported to maintain skills and independence. People were reassured that they could complete tasks for themselves, for example, to make their own drinks. We also saw that goals in people's care plans for developing social and independence skills were supported by staff in practice. People were encouraged to open their front door and greet us or take us to the front door as we left their home. People were also prompted to offer us a drink and to get this for us.

People's privacy was respected. We saw staff were respectful in their interactions with people. Having checked with the person as to their wishes and comfort level, staff left the room so we could speak with people privately. People confirmed that staff respected their privacy and dignity including while supporting them with personal care. One person confirmed that their agreement had been requested for us to speak with their relative and their preference respected. People's personal information was treated confidentiality and securely stored.

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. Staff were aware of how each person wanted their support to be provided and of what they could do for themselves. Each person was treated as an individual and received care and support relevant to their needs. People were supported to identify their requirements and goals in 'All About Me' session so that the service could work to provide them with a service that responded to them as an individual. This information was used to inform the person's plan of care. People were provided with staff profiles with the staff member's view of their interests, gifts, skills and abilities. People could then request staff that they were drawn to and felt could meet their specific needs. A staff member told us, "This service adapts to people rather than people fitting in with the service."

Each person had a care plan in place showing the support they required and these were reviewed so that staff had clear guidance on how best to meet people's current needs. Care plans were available in people's homes and showed recent review. Care plans were written in a person centred way and clarified how people needed to be supported while being empowered to maintain skills and independence. Staff were aware of people's individual needs and strengths and responded to this in an individual way.

The registered manager, staff and the person's care plan told us that it was important to a person to know in advance which staff would be coming to support them each week. The person confirmed this during our visit to their home and also that the rota was now emailed to them in advance of each week so that they had the information they needed to feel comfortable. The person also verified that the service supported them to use their hours flexibly to meet their lifestyle choices, including saving hours so the person could be supported to take a holiday.

People had input into which staff supported them and with whom they felt comfortable. The registered manager explained that this had changed recently in response to one person's expressed wish to be supported by a different staff member. Another person's preference to only be cared for by staff of the same gender was also respected and supported.

People were supported to enjoy social activities in the community, trips out and holidays of their choosing. It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interest in. One person's communication book noted a wide variety of social activities that staff supported them with and which the person confirmed. These included going to the pub to watch football, to the gym, the barbers and shopping. One person indicated to us by gesture that they enjoyed all the activities and would not be able to participate in them without the support of staff from the service.

People told us they would be able to tell staff or a manager if they were not happy about any part of the service they received. This was confirmed in quality survey recently completed by a person using the service. Staff were aware of how to respond to any concerns raised and told us they would report these to their line manager for action. Information on raising concerns in an accessible format was included in the personal assessment charter given to people using the service. It told people who to contact with their problem or concern. We noted however that it did not explain to people what would happen with the information. A

formal complaints procedure was also in place that included actions to be taken and timescales so that people knew what to expect. The registered manager told us that no complaints had been received so we unable to judge the procedures' effectiveness.

Is the service well-led?

Our findings

Systems to monitor the quality and safety of the service required improvement. The registered manager told us that no recorded system of audits and checks was in place such as of staff training to support effective planning, or checks of the medication system to ensure safety. Policies and procedures needed development and updating. This was to ensure there was clear and consistent guidance for staff on all aspects of service provision and for the service to measure standards against. While no impact was noted in the service provided, this limited the oversight of the registered manager and provider as to how the service was performing overall so as to ensure the required standards were being consistently maintained.

The registered manager and the provider had clear values that included offering person centred care, choice, control and respect. This helped to provide a service that ensured the needs and values of people were respected. Staff were clear about their roles and responsibilities. Systems to support good communication and accountability in the staff team were well established which impacted positively on the quality and safety of the service people received.

There was an open and inclusive approach in the service. People and staff knew who the registered manager was. Staff told us that the registered manager and care managers were always available and listened to them and to people living in the service. The service had a clear stated vision of supporting people to have a positive community experience where their individual aspirations were met and they had total choice and control. Staff told us that the aims of the service were well met and that people were provided with a service that was led by people's needs. People confirmed they received a service that met their needs well.

People had opportunity to express their views and be listened to. People had opportunity to complete a customer survey and we saw that this was currently being completed by people using the service. The service was part of a wider organisation trading as a Community Interest Company and all its board members were people who identified as disabled. People using the service had opportunity to be part of a number of Monitoring Action Groups. These met regularly with the purpose of involving people and providing them with opportunity to challenge and change the service. The registered manager told us that changes that had come about as a result of these groups and showed that people's feedback was used to improve the service. These included the development of the health action plan format and the staff profile system for people to help people choose the staff they would like to support them.