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Independent Lifestyle

Inspection report

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Date of inspection visit:
26 April 2019

Date of publication:
10 July 2019

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

About the service

Independent Lifestyle is a supported living scheme providing personal care support to people with learning disabilities and complex needs. This service provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. At the time of this inspection the service provided care for a total of 19 people. People's care and housing were provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes. The principles reflected the need for people with learning disabilities and/or autism to live meaningful lives that included control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found

People who used the service were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks to people. A safeguarding policy was in place and there were systems to ensure proper and safe use of medicines. Care plans included risk assessments covering a range of areas and there were measures to reduce the risk. Care workers had been recruited safely. Appropriate checks had been carried out.

People's needs had been assessed before they started to use the service. They were supported to have their assessed needs met by care workers with the right skills and knowledge. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access healthcare services they needed. There was evidence of recent appointments with healthcare professionals.

People were treated and supported with respect. The service was aware of people's cultural and religious needs. It provided support that met these needs. The service respected and promoted people's privacy, dignity and independence. We discussed with the registered manager to find creative ways for people to have more control over their own medicines where possible.

People's care plans were based on comprehensive assessments of their needs. Their communication needs were met. The service identified and recorded how people wished to communicate and if they had any communication needs.

People told us the service was well-led. There were clear management structures in place. Care workers were clear about their own roles and those of the managers. The registered manager was knowledgeable about issues and priorities relating to the quality and future of the service. There were a range of data gathering systems and processes for the purposes of improving the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 15 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.
Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Independent Lifestyle

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

• People who used the service were protected from the risk of harm and abuse. One person told us, "I feel safe. I have had many placements, and this is the best."
• A safeguarding policy was in place. Care workers had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. They were aware they could notify other agencies such as the local authority, the CQC and the police when needed.

Assessing risk, safety monitoring and management

• There were effective systems and processes in place to minimise risks to people. Care plans included risk assessments covering a range of areas, including medicines overdose, dehydration, weight loss, trips and falls.
• Each person's assessments were personalised to them. For example, one person was at risk of malnutrition. There were measures to reduce the risk. Care workers were aware of the best and least restrictive way to make sure the individual was safe.
• The risk assessments were reviewed on a regular basis, which ensured people's safety and wellbeing were monitored and managed appropriately.
• People confirmed they were safe, with one person telling us, "I feel a 100% safe here. I have got care workers to help me out when I feel down or just having a bad day. They make sure everything is to my standard."

Staffing and recruitment

• Care workers had been recruited safely. Appropriate checks had been carried out. This included, at least two references, proof of identity and Disclosure and Barring checks (DBS) and a check to establish whether the potential member of staff was barred from caring for people.
• People told us that staffing levels were sufficient. We observed people were receiving the support they were assessed as needing.
• There was an on-call system to make sure care workers were supported outside the office hours. This system was known to care workers.

Using medicines safely

• There were systems in place to ensure proper and safe use of medicines. Medicines were stored safely.

• Care workers had undergone the relevant training for medicines administration. They were also required to complete a competency assessment before administering medicines on their own.
• Care workers completed a record to show that medicines were given. This gave us some level of reassurance that medicines were given as prescribed and were available.
• Even though medicines were managed safely, we found the system did not promote independence. All medicines were kept in the office, and none of the people were managing their medicines themselves (self-administering). People confirmed this was their preference. We discussed with the registered manager that they needed to develop more creative ways for people to have more control over their own medicines where possible. This is important to promote future independent living.

Preventing and controlling infection

• People were protected from the risks associated with poor infection control. We observed the premises for both locations to be clean and well-presented and clear of trip hazards.
• Care workers had received training in infection prevention and control and had access to personal protective equipment, including disposable gloves and aprons.

Learning lessons when things go wrong

• There was a system for managing accidents and incidents to reduce the risk of them reoccurring. There were clear records to show how the service had managed incidents to make improvements.
• There was a system for reviewing and investigating when things went wrong. Care workers understood their duty to raise concerns and report incidents and near misses.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• People's needs had been assessed before they started to use the service. We observed practice that reflected national best practice and guidance such as, making information accessible to people with learning disabilities and in managing behaviours that challenged the service.
• Assessments of people's needs covered areas such as nutrition, moving and handling, communication, health and safety, and relevant medical conditions. This was important so that staff had a good knowledge and understanding of each person's needs.
• Care plans were person centred and included step by step guidance about meeting people's needs. Care workers knew each person's ability to undertake tasks related to their daily living. People told us, "By far this is the best service. I would not want anything to be changed. My needs are met."

Staff support: induction, training, skills and experience

• People were supported to have their assessed needs met by care workers with the right skills and knowledge. One person told us, "Care workers are brilliant. they help me if I want to go out. There is always a choice. My needs are always met."
• New care workers had completed an induction programme based on the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• As part of the induction, care workers confirmed they had shadowed experienced members of staff until they felt confident to provide care on their own.
• Care workers had completed essential training, which covered a range of areas, including, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding, health and safety, equality and diversity and infection control. The service was responsive in providing staff with training that met people's specific needs. For example, staff had been provided with training in mental health awareness and learning disabilities.
• All care workers received regular supervision and appraisals, which they found supportive.

Supporting people to eat and drink enough to maintain a balanced diet

• There were arrangements to ensure that people's nutritional needs were met. People were supported to have enough to eat and drink. Their care plans contained detailed information about food and drink preferences.

• The dietary requirements, including their likes and dislikes were assessed and known to staff. One person told us, "I get prompted to have breakfast." Another person said, "I go for shopping with staff to make sure I don't forget anything. I cook fresh meals and care workers are always there to assist."
• People at risk from malnutrition and dehydration were protected. We noted from documentation reviewed that one person had a specific nutrition risk assessment and care plan in place.

Supporting people to live healthier lives, access healthcare services and support

• People were supported to access healthcare services they needed. There was evidence of recent appointments with healthcare professionals such as GP, dentists, opticians and psychiatrists. Guidance obtained from healthcare professionals was included in people's care plans. This meant staff had current and relevant information to follow in meeting people's health needs.
• People received their annual health checks. An annual health check can improve people's health by spotting problems earlier, so people get the right care.
• People had Health Action Plans (HAP) in place. A HAP is a personal plan about what a person with learning disabilities can do to be healthy. Each HAP listed details of people's needs and professionals involved in their care.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

• Some people lacked capacity for specific decisions. We saw that mental capacity assessments had been completed to show whether people had capacity to consent or not. Care workers respected that sometimes people made unwise decisions and therefore supported them where necessary to keep them from harm. They had received training to ensure their knowledge and practice reflected the requirements set out in the MCA 2005.
• People confirmed they were always asked for their consent before staff could proceed with support, which we also observed.
• Where possible, people, or their next of kin, had signed the care records to show that they had consented to their planned care, and terms and conditions of using the service.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

• The service was aware of people's cultural and religious needs. It provided support that met these needs. This included food choice, marking religious festivals, holidays and observances, including Christmas, Easter, Halloween, Diwali and Ramadan.

• People's care plans recorded and addressed their specific needs in relation to equality and diversity issues. Care plans made it clear what outcomes people wanted to achieve in relation to their specific equality and diversity needs. For example, one person was supported to achieve their goal of hosting a Diwali party, by working with a local Hindu temple.
• People confirmed that care workers understood and addressed their religious and cultural issues. One person told us, "I am a Christian. Care workers support me to go to church."

Supporting people to express their views and be involved in making decisions about their care

• People were involved in decisions that affected them. One person told us, "I am involved in decisions about my care." This view was shared by all people spoken with.
• There were systems and processes to support people to make decisions. As stated, the service complied with the provisions of the MCA 2005. It also ensured information was presented in an accessible way so that people were able to make informed choices.

Respecting and promoting people's privacy, dignity and independence

• People told us that care workers respected their privacy and dignity. One person told us, "My privacy is respected. Staff knock on my door and ask if they need something in my room."
• Throughout the inspection we observed several courteous interactions between care workers and people using the service.
• People took time to recount instances where care workers had acknowledged how they had felt following terrible events in their lives. One person told us, "I was supported to see my relative, who was critically ill. I was then supported with the funeral. I am still receiving support from staff."
• Privacy was also upheld in the way information was handled. The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically.

• Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• People's care plans were based on comprehensive assessments of their needs. We saw that people's specific needs in relation to equality and diversity, psychological and physical care needs were recorded and had been addressed.
• People confirmed with us that they received care and support that was based around their own needs and preferences. They gave us consistently positive feedback regarding support being based on their care needs including, "I feel involved in my care. When I need to do something, care workers help me. They do not just do it for me."
• There was a process for 'matching' care workers to people, taking into account people's support needs and care workers' knowledge and experience.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate and their communication needs.
• Communication was personalised. Where needed care workers used plain language, and assisted people to access advocacy services to enable people to be actively involved in their care.

Supporting people to develop and maintain relationships to avoid social isolation

• People were supported to take part in activities that were led by their interests and preferences.
• People were also encouraged to take part in activities that are socially and culturally relevant to them, and those that encouraged an increase in their level of independence. We saw that people marked religious festivals and also attended colleges to learn new skills.

Improving care quality in response to complaints or concerns

• The service had a range of approaches to gather people's views and experiences. One of these was a

complaints procedure, which people were aware of. The procedure explained the process for reporting a complaint. One person told us, "The registered manager is brilliant. If I have any concerns I go and speak with him. We have an audio recording (CD) that we can listen to on how we can make a complaint."
• People felt they would be listened to if they needed to complain or raise concerns. They told us they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.
• Two complaints had been made in the last 12 months, which had been investigated and concluded satisfactorily.

End of life care and support

• The service did not support anyone with end of life care at the time of the inspection. However, there was documented evidence that the service had considered advance wishes and care preferences.
• The registered manager told us that people did not want to discuss end of life care matters as they were still young. We discussed the need to find creative ways of engaging people in discussions about end of life care, and their wishes such as the involvement of advocacy organisations. This is important because people could become incurably ill at any time.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

• People were put at the centre of the way care was planned and delivered. We observed practices and behaviours that were consistent with relevant principles, including 'no decision about me without me'. 'No decision about me without me' in the context of learning disabilities, is a process in which people and care workers or health care professionals work in partnership to decide treatment and support based on people's informed choices. People told us that their choices were respected.
• We saw evidence people were supported to make informed choices. Where people had communication needs, the service identified and recorded how they wished to communicate. This encouraged people to be actively involved in their support and care.
• The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of any notifiable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• There were clear management structures in place. The registered manager was supported by two deputy managers and two senior care workers.
• Care workers were clear about their own roles and those of the managers. They were aware of their responsibilities and the reporting structures in place, including within hours and out of hours.
• We found the registered manager to be passionate and dedicated to providing quality care. He was knowledgeable about issues and priorities relating to the quality and future of the service.
• There was an open culture within the service. Care workers told us that they could raise any issues at team meetings and felt confident and supported in doing so. The service also sought feedback from people, people's relatives and staff, which it acted on.

Continuous learning and improving care

• There were a range of data gathering systems and processes for the purposes of improving the service. This included, regular audits of medicines administration records, care plans and accidents and incidents.
• There was evidence the data gathered from these exercises was used to make improvements in the service.

Working in partnership with others:

• The service worked together and with other health and social care professionals to understand and meet people's needs and to assess and plan ongoing care and support.
• The service arranged meeting with other health care professionals on a regular basis to review peoples' care.