Ordinary Lifestyles

Ordinary Lifestyles

Inspection report

Ivy Mill Business Centre, 3rd Floor Office
Crown Street, Failsworth
Manchester
Lancashire
M35 9BG

Website: www.ordinary-lifestyles.org.uk

Date of inspection visit:
13 March 2018
15 March 2018

Date of publication:
12 April 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 13 and 15 March 2018 and was announced. This was the first rated inspection for this service at this location.

Ordinary Lifestyles supports adults with learning disabilities and physical disabilities within their own homes across the areas of Manchester and Trafford. They offer a range of services from 24 hour support where support workers live in people's homes to providing an Independent Living Service where people require various degrees of support for specific tasks.

At the time of the inspection there were 28 people who were supported by the service. We were told that 19 people were receiving 24 hour support, six people were living independently and three people were living with their families.

The service had two registered managers who were both present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse.

We found people were supported by sufficient numbers of suitably skilled and experienced staff who received a thorough induction and were safely recruited.

Staff received the essential training and support necessary to enable them to do their job effectively and support people safely. Records showed that staff had also received training relevant to their role.

We saw that staff interactions were respectful, polite and frequent, with lots of friendly banter.

People's support plans contained information about their preferred routines, their likes, dislikes, hobbies and family life. They were very person centred. They also contained guidance for staff on how to encourage the people they supported to safely maintain their independence.

Risks to people's health and well-being had been identified and support plans had been put into place to help reduce or eliminate the identified risks.

The support plans we looked at showed there were many varied pastimes and activities made available for people, as individuals, to take part in. People told us they were very happy going to the group events as they enjoyed the activities and liked meeting their friends.

Staff told us that many of the people they supported enjoyed holidays, both at home and abroad with either family or support staff. We were told about holidays that included cruises and trips to Majorca and America.

We saw from our observations, discussions and records that the values of dignity, respect, choice, equality and diversity were reflected throughout the running of the service.

A safe system of medicine management was in place. Medicines were stored securely and records showed that staff received training and competency assessments before they were permitted to administer medicines.

Information was readily available for staff to help ensure the safety of people they supported and also the safety of the staff. Systems were in place in people's houses to ensure the safety of the people who lived and worked there. We saw that any accidents and incidents that occurred were recorded and monitored.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). People's best interests were considered when decision making took place and records showed how people were encouraged to make their own decisions. Records also showed how and why decisions were made by staff in the person's best interest. For the people whose liberty was restricted in their own homes, the appropriate authorisation was sought from the Court of Protection to ensure their rights were protected.

The service had a complaints procedure. It was an 'easy read' document that was kept in each person's individual file in their home. We saw evidence of how management recorded the action they had taken to address any issues that had been raised.

Effective systems for monitoring the quality of the service were in place. Records showed that audits were undertaken on all aspects of the running of the service. There were also opportunities, such as care review meetings, staff meetings and feedback forms for people to comment on the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Systems were in place in people's houses to ensure the safety of the people who lived and worked there.

Suitable arrangements were in place to help safeguard people from abuse.

People were supported by sufficient numbers of suitably skilled and experienced staff.

A safe system of medicine management was in place.

Is the service effective?

Good

The service was effective.

There was a detailed induction programme for staff that provided staff with the knowledge to ensure they provided compassionate, safe and high quality care and support.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and people's best interests were considered when decision making took place.

Is the service caring?

Good

The service was caring.

The values of dignity, respect, choice, equality and diversity were reflected throughout the running of the service.

Staff interactions were kind, respectful and polite.

Is the service responsive?

Good

The service was responsive.

People's support plans contained information about their preferred routines, their likes, dislikes, hobbies and family life.

There were many varied pastimes and activities made available

for people to take part in.

The service had an 'easy read' complaints procedure in place and we saw that management recorded the action they had taken to address any issues that had been raised.

Is the service well-led?

Good

The service was well-led.

The service had two managers who were registered with the (CQC).

Effective systems for monitoring the quality of the service were in place.

The service had up to date policies and procedures in place to guide staff on their conduct and their practice.

Ordinary Lifestyles

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 checked 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.'

The inspection site visit activity started on 13 March 2018 and ended on 15 March 2018. The inspection was announced. In line with our methodology we gave short notice of the inspection visit. This was because Ordinary Lifestyles is a small service and we needed to be sure that the registered manager would be at the office and not out visiting or working in people's homes.

The inspection was undertaken by one adult social care inspector.

Prior to the inspection we reviewed the completed Provider Information Return (PIR) that had been sent to us. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We also looked at the information we held about the service, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

We visited the office location on 13 March 2018 and looked at three care records, two medicine records, three staff recruitment and supervision files, five staff induction files, training records, satisfaction surveys, minutes of management and staff meetings, quality monitoring checks and other records necessary for the management of the service.

On 15 March 2018 we visited two people in their own home and looked at their care and medicine records, looked at how their medicines were managed and looked at the systems in place to ensure the safety of the home. We also visited the activity room in the office premises and spent time observing some of the people who were supported doing activities with the staff.

Over the two days of the inspection we spoke with three people who were supported by the service and two people who were joining in the activities, the two registered managers, the training manager, a team leader

and two support workers.

Following the inspection we contacted three health and social care professionals. Their comments, which were positive, are documented in the Caring and Well led sections of this report.

Good

Is the service safe?

Our findings

Policies and procedures for safeguarding people from harm were in place. They provided staff with guidance on identifying and responding to signs of and allegations of abuse. The training records we looked at showed that all staff had received training in the protection of vulnerable adults. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed. Staff told us they would have no hesitation in reporting any poor practice they witnessed from colleagues and were confident they would be listened to.

The registered manager had stated in the PIR that safeguarding training had been provisionally booked for the people the service provided support for. This may help people who are supported to understand what keeping safe means and empower them to raise any concerns they may have.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). In addition to the service having a policy in the office there was also information about whistle-blowing in the Employee Handbook that was given out to every staff member.

We found the staff recruitment system was safe. We looked at three staff files to check if appropriate checks had been made when recruiting new staff. Records contained proof of identity, an application form that documented a full employment history, a job description and references. Checks had also been carried out with the Disclosure and Barring Service (DBS) before the member of staff began working for the service. The DBS identifies any people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed at the service.

We found that risks to people's health and well-being had been identified. The risks were identified on a risk management plan that was divided into four sections and was attached to the person's care support plan. The risks were in relation to the risk of abuse, health risks, safety risks in the home and safety risks in the community. We saw that support plans had been put into place to help reduce or eliminate any identified risks.

We were shown the Organisational Risk Management Policy and Process that was in place for the service. The document identified the types of risk that could affect the governance, financial, operational, external and legal aspects of the service. The document identified what action would need to be taken to eliminate or reduce the impact of the possible risks on the business, the staff and on the people they supported.

We saw that any accidents and incidents that occurred were recorded and monitored. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

We looked at the information that was in place in the Employee Handbook. There was information in the handbook to help ensure the safety of people who were supported and also the safety of the staff.

Information such as; the use of people's door keys, safeguarding people, wearing identification badges, health and safety guidance and infection control procedures.

We visited a house where two people lived; supported 24 hours a day by one or two support workers. We looked to see what systems were in place in the house to ensure the safety of the people who lived and worked there. We were shown the 'emergency file' that was in place. This included the weekly checking of the fire alarm and the fire blanket and six monthly fire drills that included the evacuation of people from the premises. The file also contained evidence of a gas safety check. We saw that a first aid box was accessible in the kitchen and it was checked regularly.

We were also shown the system in place to ensure the safe management of people's money. Details of all transactions were recorded and countersigned by staff and receipts were kept for any purchases made. This meant that people who used the service were protected from the risk of financial abuse.

We looked at the staff rosters for the house. They showed that two support workers were rostered to work during the daytime hours and one support worker worked during the evening. This support worker then did a 'sleep in' during the night. The staff told us they felt the staffing provided was adequate to meet people's needs. We were told there was a staff team of five support workers at the house and that generally the staff team worked flexibly between themselves to cover for annual leave and sickness. This was because staff recognised that the people they supported did not always react well to staff they did not know.

Staff were aware of the 'on call' system in place in the event of any emergency or concern arising. They had one mobile telephone number to call that automatically diverted to the 'on call' manager.

We looked to see how medicines were managed in people's own homes. We found the medicine management system was safe. The service had a detailed medicine management policy and procedure in place that gave guidance to staff about the storage, administration and disposal of medicines. The document also referred to the different levels of support staff were able to provide to ensure people received their medicines as prescribed. Records showed that staff received training and competency assessments before they were permitted to administer medicines.

In the house we visited we looked at how the medicines were stored and how staff recorded their administration. We saw that medicines in use were stored securely in a locked cabinet in the person's own room. Stocks of medicines were stored in a locked cupboard in the kitchen. The medication administration records (MARs) were filled in correctly. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected.

Staff told us they had received training in infection control. Training records confirmed this information was correct. Staff understood the necessity for thorough hand washing and they told us they wore protective disposable gloves and aprons when carrying out personal care duties. Wearing protective clothing helps protect staff and people who use the service from the risk of cross infection during the delivery of care.

Good

Is the service effective?

Our findings

We looked to see what was in place for the induction of newly employed staff. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service and of the staff. We saw there was a detailed induction programme for staff that included The Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support.

Records showed that following their interview and acceptance of employment, staff undertook a self-assessment of their skills and knowledge base and following on from that, a further assessment was undertaken by their team manager. We were told that training such as Health and Safety, Moving and Handling, Medication Management, First Aid, Safeguarding Vulnerable Adults and Person Centred Awareness was an essential part of a staff member's induction. We saw evidence to show that several observational assessments were undertaken by experienced staff before the staff member was allowed to work unsupervised. Having a thorough induction programme helps to ensure that staff are prepared for their role and enables them to do their jobs effectively and safely.

We also looked to see how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of the people they supported. A discussion with the staff showed they had an in depth knowledge of the needs of the people they were looking after. Staff told us they had received the necessary induction and training to allow them to support people safely and ensure their needs could be met. A check of the training records confirmed this information was correct.

Records in the three staff personnel files that we looked at showed the staff received a formal supervision session, known as a Job Consultation Record. We were told by the registered manager that they aim to have staff supervision every three months but they could be more frequent if it was felt necessary. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.

In the house that we visited we were shown the communication book that was in use for each handover of shift. In addition to writing in each person's daily log book, staff wrote in the communication diary about any issues that may have arisen or any special instructions for the daily running of the house.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). The application procedures for people who are subjected to a restriction of liberty in their own homes is called the Deprivation of Liberty in a Domestic Setting (DiDS).

We checked whether the service was working within the principles of the MCA. We asked both registered managers to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). What they told us demonstrated they had a good understanding of the MCA and DoLS. The registered managers also had a good understanding of DiDS. They told us there were 19 people who used the service who were subjected to a restriction of liberty in their own homes. The registered managers told us they had made applications to the funding authorities who are responsible for making applications to the Court of Protection. We were shown five applications for DiDS that had been authorised by the Court of Protection.

When we asked the support workers about their understanding of capacity and consent issues they told us that some people who used the service were able to make their own decisions in respect of some aspects of their daily life. Staff told us that sometimes people could be gently guided to make decisions that are in their best interest. Staff spoken with had a good understanding of the MCA, DoLS and DiDS.

We were shown the Making Day to Day Decisions document that was in use for the people who used the service. Staff recorded on this document when and how people who used the service made their own decisions such as; what activities they wanted to do, what they wanted to wear or what they wanted to eat. Staff also recorded how and why decisions were made by staff in the person's best interest.

We asked the registered managers to tell us how, in the event of a person being transferred to hospital from home, information about the person was relayed to the receiving service. We were told about the Hospital Passport that was sent with the person. The Hospital Passport contained basic information about the person's care needs and the medication they were receiving. Staff at the house we visited told us that if a person who used the service required hospital attendance or admission and they had no family member, they would be supported by one of the support staff. This was to ensure the person's safety and well-being and to help maintain continuity of care.

The support plans also showed that people had access to external healthcare professionals, such as GPs community nurses, dieticians and speech and language therapists.

We asked the staff about the meals that were provided. Staff told us there were no set menus and that the people who used the service chose what they wanted to eat and the staff then shopped accordingly. Staff told us they were involved in the preparation and cooking of the meals but the people they supported helped out when they wanted to. A discussion with the staff showed they were aware of what the people they supported liked and disliked. We were told about the healthy eating programme they had introduced for one person that had enabled them to lose a necessary large amount of weight. Whilst we were at the house we saw the people who were supported enjoying the drinks and snacks that they had asked for.

The house we visited was a bungalow. There was a spacious lounge and a dining kitchen. Each person had their own bedroom that was personalised with their photographs, ornaments and things that were important to them. The bathroom and toilet had aids and adaptations to promote people's safety, independence and comfort.

Good

Is the service caring?

Our findings

In the house that we visited, although verbal communication was very limited, one of the people we spoke with responded positively by smiling and nodding their head when asked if they were happy and being well looked after.

Whilst we were visiting the house one of the people who used the service was returning from a visit to see their family. The staff told us that both of the people they supported had regular contact with their relatives and this was something that was encouraged as both people looked forward to their family visits.

On the second day of the inspection we were invited to join in the Fun Factor Day that is held each Thursday at the office premises. The registered manager told us that usually approximately ten to fifteen people attended; some accompanied by their support staff. During our short stay there were seven people visiting, three of whom were independent and not supported by the service. We were told those people went along to the day because they were part of the wider community and had friends there. We spent time speaking to four of the people; two who were supported by the service and two who were not. They told us they were very happy going to the event as they enjoyed the activities and liked meeting their friends. Throughout our time there we saw that staff interactions were respectful, polite and frequent, with lots of friendly banter.

A social care professional that we contacted told us, "I am very happy in the way this service uses a person centred approach to the care and support. The staff do all that they can to carry out the wishes of the people they are caring for. The individual's needs and desires are the most important thing and in this organisation they make sure that support staff keep this in mind at all times."

The three support plans we looked at contained guidance for staff on how to encourage the people who used the service to maintain their independence. The support plans contained guidance such as; how much support people needed when personal care was being given and how much they could do for themselves, what assistance people needed with their housework and shopping and when to prompt and when to support. It was clearly documented about how, and in what circumstances, people were able to manage tasks safely.

We were made aware that the service supported some people who were from a minority ethnic background. We were told that people's religious and cultural needs were always respected and we were given examples of the different religions that people practised and how they were supported to visit their place of worship. The PIR informed us that there had been an Equality and Diversity event held in March 2017 that was attended by staff, people who were supported and families. We were told the event provided training on equality and diversity and taught people how to challenge oppression.

The service produced a leaflet explaining what Ordinary Lifestyles was all about. They also produced an 'easy read' guide for people who used the service. The guide explained what services they offered, the hours of operation, the standards they worked to, staff training and development, the referral process, the cost of the service, the complaints policy, insurance cover and information about the key contract terms and

conditions.

A discussion with the registered managers showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways such as; writing letters for them, acting on their behalf at meetings and/or accessing information for them. It was documented in one of the support records that we looked at that the person had a solicitor who had Power of Attorney in respect of their finances. A person with Power of Attorney has the legal authority to make decisions on a person's behalf about such things as property, financial affairs and health and welfare.

We saw that confidentiality was respected by the staff. Records in the office were stored securely and the care staff were given training and support around confidentiality issues.

Good

Is the service responsive?

Our findings

The registered managers informed us that any person who was interested in being supported by the service could contact them directly to discuss their needs. We were told that referrals to the service sometimes came from professionals but normally came direct from people via, 'word of mouth.' Once a referral was made one of the registered managers would meet with the person and their family to discuss the support required. Following a social worker assessment and an agreement that there was a need for support, the service undertook their own 'needs assessment'. This was to ensure the person's identified support needs could be met. The support plans we looked at showed that information gathered during the needs assessment was used to develop the person's support plan.

We looked at three support plans. They contained detailed information to show how people were to be supported and cared for. It was clear from the information contained within the support plans that people and/ or their family had been involved in the planning of their care and support. The support plans contained information about people's preferred routines, their likes, dislikes, hobbies and family life. There was information about people's strengths and abilities and areas for development. This meant staff were able to care for and support people as individuals.

We were told that reviews of people's care were undertaken regularly and involved the person supported, their family, the social or healthcare professional involved in their care and the staff who supported them. We were shown the booklets that were given out to people before the review. The booklets gave people the opportunity to express their thoughts about the care provided and to also comment on any concerns or suggestions they may have.

The activities provided at the Fun Factor Day on a Thursday were varied and included such things as; board games, colouring, music and sing-a- longs. We were told about the Cooking Group that was held every Friday that was well attended and was hosted by a support worker who used to be a chef. One of the people we spoke with on the Fun Factor Day told us they really enjoyed the cooking and baking.

The support plans we looked at showed there were many varied pastimes and activities made available for people as individuals to take part in. These included; shopping trips, visits to the swimming baths, garden centre outings, pub lunches, gym sessions, bowling and going to the cinema.

The support plans also emphasised that people were to have a choice in how they lived their life, as long as it was safe for them to do so.

Staff told us that many of the people they supported enjoyed holidays, both at home and abroad with either family or support staff. One person we spoke with told us of their impending holiday to Spain with their brother and how they were looking forward to it. We were told about holidays that included cruises and trips to Majorca and America.

We asked the one of the registered managers to tell us how staff would care for people who were very ill and

at the end of their life. We were told that the person would be supported to remain in their home with support from the appropriate health care teams and the local hospice. The staff at the house we visited told us that both the people they supported had Funeral Plans in place.

We were shown the complaints procedure that was in place. It was an 'easy read' document that was kept in each person's individual file in their home. Although management did not keep an actual log of any complaints made we saw evidence of how they recorded the action they had taken to address any issues that had been raised.

We looked at some of the compliments that had been sent to the service from families and professionals. Comments included; "Please thank all the staff team for all the support for [relative] and thank the management team, especially through this complex issue and for maintaining the person-centred excellent quality of life," "They were a really good bunch of staff to deliver training to and they seemed to have a good knowledge base anyway" and, "I think you have a great staff team in that house and they care a great deal for [people they support] and think of opportunities for them."

Good

Is the service well-led?

Our findings

The service had two registered managers. A registered manager is a person who has registered with the CQC 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 discussions we had with management and staff, plus our observations and the documentation we looked at, showed that the values of dignity, respect, choice, equality and diversity were reflected throughout the running of the service. The Service Guide document given out to people who used the service and their families stated, "An 'Ordinary Lifestyle' is a lifestyle which is seen as having value and worth, within whichever community, culture or background a person comes from." The Mission Statement of the service is; "Supporting people with disabilities to live in their own homes, creating opportunities to live fulfilling lives."

The Service Guide also gave information about the facilities and the services the organisation provided.

The health and social care professionals who responded to our request for information about the service spoke positively of the staff and management of the service. Comments included; "I am very happy with the overall service and care that people receive. Staff are grateful and appreciative of any advice received and I have no concerns at all" and "I have always found the staff receptive in seeking and giving advice which is central to effective leadership and decision making."

Staff spoke positively about the registered managers. Comments made included; "It's the best company I have ever worked for and the managers are so approachable and supportive" and "Management are really supportive and they always check to see if we are OK and if we have everything we need," and "It's a good company and also very good when it comes to training."

We found that the registered managers and the training manager were experienced professionals who were knowledgeable, enthusiastic and committed to providing a good quality, person-centred service.

We asked the registered managers to tell us how they sought feedback from people who used the service/families and staff to enable them to comment on the service and facilities provided. We were told that feedback surveys were sent out on an annual basis to people they supported and also to the staff. We looked at the collated responses from 2017. Overall they were very positive. There were lots of comments about what made the people who were supported happy, such as; "good carers", "activities", "feels like family" and "given choices."

There were no answers to the question of "What makes you unhappy?"

We also looked at the feedback results from the staff survey. The responses showed that staff were overall very happy with the support they received for the service. Some of the comments made by staff included;

"management are helpful and supportive," "approachable manager," "listened to," "lovely company to work for" and, "good support, training and opportunity to progress."

We saw that effective systems for monitoring the quality of the service were in place. Records showed that audits were undertaken on all aspects of the running of the service such as; training records, recruitment files and support plans. In addition checks were undertaken on the documents that were held in each person's home. These included MARs, financial records and health and safety checks within the home.

It was documented in the PIR document that in addition to the quality monitoring visits undertaken by the registered managers to the individual houses, the team leaders from each house regularly observed and gave feedback to support workers on their working practices.

We saw that the service had up to date policies and procedures in place to guide staff on their conduct and their practice.

The PIR informed us that the service had the Investors in People Silver Award and had been re-assessed in February 2018 for the Silver Award. The service was awaiting the outcome of that assessment.

Records we reviewed showed regular team meetings and team leader meetings took place. Team meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff confirmed that they attended the meetings and found them useful. Records also showed that management committee meetings and management team meetings were held every three months.

We were told, and records showed, that the service had links with numerous community health and social care services. This was to help ensure that services were tailored to meet people's individual assessed needs in a person-centred way.

We checked our records before the inspection and saw that notifications, such as accidents and incidents the provider is required to send to CQC by law, had been sent. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.