

Independent Lifestyles Support Services LLP

Independent Lifestyles Support Agency

Inspection report

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Website: www.independentlifestyles.co.uk

Date of inspection visit:

10 January 2023

11 January 2023

13 January 2023

16 January 2023

Date of publication:

09 March 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Independent Lifestyles Support Agency is a supported living service registered to provide personal care to people with a learning disability and autistic people living in their own homes. At the time of inspection there were 23 people being supported with personal care. CQC only inspects where people receive a regulated activity of personal care.

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

Right Support: People were supported to live in their community as independently as possible. People were encouraged to make choices about their lifestyle which were individual to them, this meant people's activities and pastimes were meaningful to them. Staff encouraged people to develop their strengths. People 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.

Right Care: People were supported in a person-centred way and their privacy and dignity was respected. People were supported with kindness, compassion and respect. Staff understood people's risks and choices and how to safeguard people from the risk of abuse and avoidable harm. Staff and managers worked in partnership with people's health, social care and housing support services.

Right Culture: Systems were in place to ensure the quality of care and support was reviewed with people to drive improvements. There was a culture of respect, support and empowerment to ensure people lived fulfilled lives. Managers and staff felt supported and were proud of their roles.

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 the service under the previous provider and at the previous premises was Good, published on 20 December 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Independent Lifestyles Support Agency

Detailed findings

Background to this inspection

The 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 9 'supported living' settings, so that they can live as independently as possible. People's care and housing needs 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the manager had begun the process of applying to be registered manager. Following our visit, they successfully completed the process to become the registered manager.

Notice of inspection

We gave the service 2 working days notice of the inspection. This was because the service is provided across

several locations and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 January 2023 when we visited the office and ended on 23 January 2023 when we gave feedback to the provider. We visited people in their homes on 11, 13 and 16 January 2023, we had video meetings with people on 17 and 20 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we received from and about the service. We used all this information to plan our inspection.

During the inspection

We met with 8 people in their homes. We met with the registered manager and senior manager at the office and reviewed a range of governance records. We met with 7 members of staff. We looked at 7 people's care plans and medicine administration records and 4 staff recruitment files.

Following our visits, we continued to review these records along with a range of documents relating to staffing, staff training, policies, audits and governance. We spoke with 2 people's relatives and 2 professionals who knew the service.

Is the service safe?

Our findings

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

This is the first inspection of this service under their new registration. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were confident raising concerns to staff. People felt staff supported them to be safe.
- Staff were trained in how to safeguard people from abuse and understood their safeguarding responsibilities. Staff knew how to raise concerns to managers, and believed any concerns were dealt with promptly.
- There were policies in place to manage and respond to safeguarding concerns. Concerns were recorded, investigated and followed up appropriately with the local authority.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were involved in decisions about how risks were managed with them as much as possible. We found examples where people had been supported to take control of their diabetes management, meal planning and social plans.
- Risk assessments were specific and individual to people. Staff supported people to understand choices about keeping safe, according to their specific needs and risks.
- People's care plans showed their risks had been identified and recorded. Staff understood how to identify and respond to assessed risks. Records were reviewed regularly by the management team to ensure risk plans were followed and remained relevant.
- Staff understood how and when to use the correct personal protective equipment (PPE) when they supported people. Staff received training in safe practices for managing infection prevention and control (IPC) to reduce risks.
- Staff were trained and confident to manage safe hygiene and cleanliness in people's homes. People were supported to contribute to maintaining their personal care and home hygiene as much as possible.

Staffing and recruitment

- There were enough staff to support people safely. Managers had oversight of people's needs and how many staff were required across each setting to ensure people were supported safely.
- Staff were recruited safely to the service and received relevant training to carry out their role. The induction process ensured new staff were suitable and were given the right support and training to carry out safe care.
- Disclosure and Barring Service (DBS) checks were made for all new staff. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine policies and training were in place to ensure staff understood their responsibilities and procedures when administering medicine.
- Staff were assessed for competency before undertaking medicine administration with people.
- People were encouraged to self-manage medicine as much as they were able to.
- Managers and staff understood people's medicine needs and were very knowledgeable about their needs, preferences and support with prescribed medicines.

Learning lessons when things go wrong

- When incidents and issues were known, managers investigated and reported concerns to the appropriate authorities.
- Senior managers were committed to learning lessons from any errors or issues which occurred. There was a culture of sharing learning and seeking improvement across the service, which was focused on providing a respectful and positive service to people.

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.

This is the first inspection of this service under their new registration. This key question has been rated Good. 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 care and support plans reflected their needs, interests, and preferences for how they wanted to be supported. Care plans were reviewed regularly with people to ensure they remained accurate.
- People's needs and preferences were well known by staff and managers supporting them. People told us staff knew them well and supported them in the ways they wanted. One person told us, "They [staff] help me to live as an independent adult, as much as possible. They know what I like to do, and they help me to do it."
- Staff told us they were proud to be supporting people to live as independently as possible. One staff member said, "I really think we are trying to help people live their best lives. Everyone we support has different needs and interests and we really focus on their individuality."

Staff support: induction, training, skills and experience

- Staff received relevant training and development to carry out their roles effectively. Staff felt well trained and well supported. One staff member told us, "It's very easy to ask about further training and development. I think managers are very open to us talking about our training needs, they're very supportive of us learning more."
- Staff were confident that their induction supported them to learn about their role and people's individual needs.

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

- People received individual support to manage their diet and any dietary requirements according to their assessed needs and preferences. People told us they were happy with the support they received.
- People made choices about their meals and cooking arrangements. People were supported to make individual meal plans and to share group meals if and when they wanted this.
- We observed people being individually supported with cooking and meals according to their personal choices and needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people's health and wellbeing needs and supported people to maintain links to health services as required. People's care plans reflected their up to date health needs and input from health services.
- People's social care and health professionals were contacted for advice and guidance when needed. People were involved in these decisions as much as possible.
- Staff understood how to monitor people's changing needs and risks with them. Staff told us how they

supported people to stay healthy through dietary choices and keeping active.

- People were supported to access and enjoy social and community links which interested them. Staff tried to ensure that people maintained or developed contact with social groups and community activities which they enjoyed and valued. One staff member told us, "During the COVID-19 pandemic some social groups stopped or had limited places. We know the groups and activities people really liked and benefited from and we have tried to resume their attendance. Some groups have waiting lists so we are monitoring these and finding alternatives where we can."

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 MCA 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 Mental Capacity Act (MCA).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Mental capacity assessments and best interest decision making was in place appropriately when relevant. Some people had consent forms in their care plans when they lacked mental capacity to give informed consent. We spoke with managers and senior care staff at each location and they understood consent forms were not appropriate when people lacked mental capacity to give consent. Managers took immediate action to review the use of consent forms.
- Referrals had been made appropriately to local authorities when people required applications to the Court of Protection for deprivation of liberty to be authorised when they lived in their own home.

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.

This is the first inspection of this service under their new registration. This key question has been rated Good. 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

- People told us they really liked how they were supported. We were told by people they were encouraged to independent, to make choices and live the lives they enjoyed. We observed positive and supportive interactions between people and staff. One person told us, "I like that I'm living my life, I decide what I do, and staff help me a lot with that."
- We saw good rapport between staff and people, staff understood people's needs well and how they wanted to be supported. Staff and managers clearly cared about people's experience of being supported.
- Staff spoke with people in respectful and friendly ways. One staff member said, "I think there is a really positive culture across the team. We speak with people as equals, how we would want to be spoken with. This is their home and we are always aware of that."

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

- Managers and staff were proud of building respectful and supportive relationships, which aimed to maximise people's independence. One person told us, "Staff here speak with me like the adult I am, I'm treated like an individual person, with my own views, and that's really important to me." Another person said, "If I have a view or something to say I'll just say it. I think the staff do listen to me. If any has a different view or something to say they can say it too."
- People's views were valued, and staff knew how to support people to share their views and give feedback about their care. Staff told us how they supported different people who expressed themselves in a range of ways. One staff member said, "Some people are less confident or need specific support to let us know what they think or what they want. We very much get to know people's individual ways of expressing themselves."
- People's care records recorded their views about choices, goals and future plans. Staff felt people's goals and aspirations were important and tried to support people to work towards them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, we observed respectful relationships and people told us they felt respected. One person told us, "They [staff] always ask me how I want their support, they don't just do it, I can say I don't want it."
- Managers and staff understood they were supporting people in their own homes and tried to ensure they worked in a discrete and respectful way. Staff told us, "We always protect people's dignity when we support personal care. We help people to understand how to protect their privacy in the house, by closing doors and being careful not to talk about private information in front of others."
- People described staff as kind and caring. People told us they felt well cared for and could approach staff

and managers for support or if they felt worried or needed help or reassurance about anything.

- People's social lives and choices were valued. People gave us many examples of how they were supported and encouraged to follow interests, pastimes and social activities they were interested in. Staff knew what people's interests were and spoke positively about these.

Is the service responsive?

Our findings

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

This is the first inspection of this service under their new registration. This key question has been rated Good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans and records were person centred and individualised to them. Personal histories, goals and preferences were evidenced.
- Care and support was personalised and responsive to people's changes. We heard conversations and interactions between people and staff which showed staff knew when people's needs had changed, required a different approach or needed other professionals or services involved.
- Staff encouraged people to maintain, explore and develop links to their community, to maintain and develop hobbies and interests and to have as much control of these as possible. People gave us examples of being supported with work experience and volunteering, following musical hobbies and increasing their social networks with people with similar interests.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's specific communication needs were known and recorded in their care plans. We observed examples of staff adapting to people's individual ways of communicating and expressing themselves.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. Staff and managers understood their responsibility to support people to raise concerns and complaints.
- People and staff told us they knew they could raise concerns with managers and senior managers if they were unhappy or worried about anything. People could identify who they would go to and said they felt they would be listened to if they had concerns.

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.

This is the first inspection of this service under their new registration. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and staff had a positive approach to providing person centred care. We found examples of diversity being recognised and supported regarding people's culture, language, communication approaches and physical support needs.
- The management team spoke with us about a strong culture and commitment to person centred care. This included staff development, driving improvements to people's quality of life, focusing on people's independence and promoting their links to their community.
- Managers at each location were clear about their leadership roles and were proud of building strong staff teams.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies and process were in place to respond to the provider's duty of candour if something went wrong. Managers understood their responsibility to review incidents, find learning and take action to reduce risk of recurrence.
- There were systems in place to ensure the provider had oversight of incidents and accidents and how these were responded to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Prior to our inspection visits the area manager had applied to become the registered manager. This application was successful and following our visits their role as registered manager was confirmed.
- There were business contingency plans and service improvement plans in place. Senior managers were clear about their role in driving improvements across the service.
- There were governance and audit processes in place for the management team to have oversight of the service provision, safety, staffing and support. The management team told us how proud they were of how the service had developed through challenging times.
- The service was transferring from a paper-based system to an electronic recording system. This was being managed at a pace to ensure staff were trained and any issues were picked up in the transition. Location managers felt this was challenging but a positive development, and were committed to help embed the new

systems.

- Managers sought feedback from people who used the service and staff. Staff told us they felt confident giving feedback and making suggestions to managers about the service could improve.

Working in partnership with others

- The provider worked in partnership with people's landlord to ensure people's environment was safe and appropriately decorated and maintained.
- Managers worked with people's health and social care professionals and funding authorities to discuss relevant changes, and to resolve issues.