

C L Lifestyles LTD

CL Lifestyles Home Care Services Somerset

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 11 August 2016. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to telephone them.

The last inspection of the service was carried out on 30 August 2013. No concerns were identified with the care being provided to people at that inspection.

CL Lifestyles provides personal care and support to people living in their own homes. At the time of this inspection the agency was providing support with personal care to 4 people. The service specialises in supporting and caring for people at the end of their life. Some people would have care for years whilst other people might have just one or two visits according to their needs and family circumstances.

CL Lifestyles had worked in partnership with the National Gold Standards Framework Centre for the End of Life Care to gain accreditation in 2014. The Gold Standards Framework for Domiciliary Care aims to improve care for people in their last years of life. Accreditation indicates the service is providing specialised care to a nationally recognised standard.

There is a registered manager 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. The registered manager is also the sole provider.

People and their relatives were very complimentary about the quality of the service provided and of the management and staff team. They felt the care was very good. One relative told us "Overall they are the gold standard. The highest compliment I can pay them is that I trust them to care for (my relative) when I am away." One person told us "I have been receiving support from CL Lifestyles now for almost a year, so far I have found very little to complain about. Overall, very pleased."

A professional described the service as "Always reliable." They said working with the service was "always a positive experience."

There was other feedback that showed how well people had been supported when they had been ill. Relatives felt they had been exceptionally well supported when their relative had been at the end of their life.

People had consistent staff that they were able to build trusting relationships with. This ensured people received care from a small number of staff who they got to know well. This aspect of the service was very much valued by people.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their dignity and independence.

Staff worked effectively with family members and other healthcare professionals to make sure people were fully supported.

The service had a robust recruitment procedure that ensured staff were thoroughly checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them.

There were systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring. People and their families received care and support that was kind, compassionate and skilled.

The registered manager and staff were committed to a strong person centred culture which put people first.

People had positive relationships with staff that were based on respect and celebrating people's diversity.

People were treated with dignity at all times.

People were supported by small teams of staff who they were able to build trusting relationships with.

People were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well-led. The registered manager clearly demonstrated commitment to provide the best level of care possible. They aimed to provide support for people that gave them choice for however long they required this.

The registered manager led by example a staff team committed to providing people with a high quality service.

People benefitted from a staff team who were well supported and satisfied in their role.

There were systems in place to monitor the quality of the service provided and to manage further development.

CL Lifestyles Home Care Services Somerset

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 August and was announced. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to telephone them. It was carried out by an adult social care inspector.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection the agency was providing support with personal care to four people. During the inspection we met with the registered manager and we contacted one person who used the service, one relative, two members of staff and one social care professional.

We looked at a sample of records relating to the running of the agency, staff recruitment and care of the people who used the service. These included the care records of four people who used the service and recruitment records for three staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person told us "I have been receiving support from CL Lifestyles now for almost a year, so far I have found very little to complain about. Overall, very pleased."

One relative said "The highest compliment I can pay them is that I trust them to care for (my relative) when I go away."

Staff were able to tell us of the ways in which people were kept safe by the agency. They told us they were "constantly" monitoring people's safety. They talked about the risk assessments and the need to take action if risks were identified. They understood the importance of reporting concerns and taking action if there were any concerns about people.

There were sufficient staff available to support people. Staff told us rotas were well organised and there was always flexibility to ensure everyone received their care, even in emergencies or when care staff were off work at short notice. Senior staff at the agency were available to provide cover at short notice. Staff told us they always knew who they would be supporting and knew the times and length of each visit. One member of staff said "We have a fantastic team. There is always back up available."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out. Staff completed shadow shifts until they felt confident to deliver care to people on their own.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. Staff told us providing support to a small number of people enabled them to get to know them. Staff felt they would be able to recognise changes in people's behaviour, mood or physical well-being and take action to keep them safe. One member of staff told us of an occasion when they had to take action to keep people safe. They had not left the person until they were sure they were safe.

The safeguarding policy was comprehensive and very clear providing staff with all required information and guidance on actions to be taken if they were concerned about anyone. We saw evidence that when any concerns about people's safety were raised staff attended safeguarding meetings. The service worked with the local authority and multi-disciplinary teams to keep people safe.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people's homes. Risk assessments included the risks associated with people's homes and risks to the person using the service. The risk assessment was extensive and included accessing the home, people's possible illness and behaviour and infection control. Risk assessments relating to assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk. To protect people from the risks associated with unsafe moving and handling procedures all staff received regular training in safe moving and handling procedures. A one page overview of the risk assessment was available in the care plans in people's homes. The summary enabled staff to see quickly any specific issues relating to that particular person.

The agency did not supply any equipment, such as moving and handling equipment, to people in their own home. This meant people were responsible for ensuring equipment remained safe to use. However the registered manager told us they kept a record of all equipment used by people and the dates when equipment should be serviced. They told us they would remind people to arrange servicing and would assist them with this where required. Staff told us they visually checked any equipment when they visited people.

At the time of the inspection the service was not providing support to people with their medications. Either people were able to self-medicate or were being helped by their family members. There were systems in place that could be implemented if needed.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One relative told us "They are well trained. They certainly know what they are doing."

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. One new member of staff described the induction process to us. They had received informal orientation by the manager, formal teaching at a local training organisation and had completed some shadow shifts. They had enjoyed the shadow shifts with an experienced member of staff and found them very helpful. They had been enrolled on the care certificate which combined on-line learning with support and observation from a staff trainer. They told us they had been offered training and career opportunities that had motivated and supported them.

Staff told us they always received the training they needed to meet people's specific needs. The registered manager maintained a staff training matrix which detailed training completed by staff and when refresher training was due. This helped to make sure staff knowledge and practice remained up to date. All staff were working towards the newly introduced nationally recognised care certificate as a way of up-dating their training. To gain the certificate staff must complete assessments of knowledge and be observed in practice.

Staff were offered training through a variety of methods. On-line training offered a wide range of training opportunities that could be backed up by discussion in team meetings. Staff were able to access some external training. The manager was very enthusiastic about training staff and took the opportunity of staff meetings to discuss aspects of the service provided.

When required staff would be trained by community nurses to undertake clinical tasks related to the care of one person. The manager showed us the policy and guidance that governed this and gave examples of how staff had been able to assist individual people. Training and support was always specific to the person receiving care and the staff delivering it and ensured staff were up-to-date and competent. .

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The registered manager told us the people who were currently using the service were able to consent to the care and support they received. Staff were very clear about the rights of the people they supported. One member of staff said "The plans are very person centred. We read them to make sure they are correct. But we always check. We check what they wish, we ask if they are alright. Even when they are not able to talk to us, right to the end, we talk to them to try and always get it right."

The staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals.

A member of staff told us "We report everything. We can discuss any concerns with the manager. I have had to call the emergency services. We work alongside the community nurses. Communication is important." Staff contacted the GP when appropriate and were able to discuss people's changing needs with other health professionals.

A member of staff told us the small staff team meant they got to know people really well and would notice if somebody appeared a little off colour. The manager told us "Continuity and consistency is so important and this helps to make sure clients get the care they need."

Staff assisted people with their meals when required. People were left with access to a drink and arrangements made for any meal that was needed until staff arrived again. One staff member told us how the service worked with the community nurse, GP and person using the service to manage the person's controlled fluid intake. When people had problems swallowing or were at risk of choking this was clearly recorded in their care plan with the diet they needed.

Is the service caring?

Our findings

Without exception all evidence indicated the manager and staff of the service was very kind and caring. People valued their relationships with the staff team and felt they would help them in any way they could. One relative said "The carers are brilliant. Absolutely reliable. They are all respectful and kind."

Care records indicated the regular and patient care offered to people. One person's detailed night care plan and attendance records showed how staff responded to the person regularly and kept them free from pain and anxiety. The support enabled the person to remain living in their own home which was their wish.

Other recent comments about the service included thanks for "the outstanding service for (my relative) during their final month. Carers were all wonderful". Relatives mentioned the "lovely caring approach" and the "warmth and kindness" of staff. One care staff was praised individually for being professional and caring. Another was "lovely, quiet and calm."

Staff assisted people in a way which maintained their dignity and respected their privacy. Care plans emphasised the discussion with people about the amount of care they required. When a person was able to shower themselves just the required amount of assistance was offered to maintain their independence and dignity. As people reached the end of their lives it was particularly important to be flexible and responsive to the person's needs so they received care and support when they wanted it.

One member of staff said "I think of how I would like my mum or dad treated. We are respectful but need a caring approach. We are also there to support the family. We work with the families. Some like to be really involved with care, others find actual care hard. We fit around what everyone wants. When you first go to see someone you have to get used to each other. It is a privilege to be allowed in."

When we looked at other sources of information about the agency this confirmed people had been supported in a caring and gentle way. We read reviews conducted by staff on a regular basis. These showed people were satisfied with the support they received but also that any comments were acted on so issues were resolved before they became complaints.

The manager told us they planned staff rotas around the preferences of the people who used the service. For example, people had preferred regular staff to support them and they were able to facilitate this. They explained the small team of staff meant people were supported by staff who got to know them really well and were able to build up trusting relationships.

The service offered support to people at the end of their life. The service could be offered for months, even years or could be just one night. They provided the service when they were sure they had the capacity to meet the person's needs to the highest standard. Care and support was often provided by the registered manager themselves. The registered manager said they worked as a team with healthcare professionals to ensure people were as comfortable as possible. Care records confirmed staff contacted community nurses and doctors whenever they were required. They alerted them to possible problems such as an indication of

pressure damage or deteriorating pain control. Records showed support was offered in a flexible way according to the person's needs at that visit. For example the delivery or absence of personal care at a given time. There was evidence staff ensured people who had been too deeply asleep at the time of the scheduled care received care at a later time.

The registered manager recognised the importance of supporting the families of people at the end of their life. There were emails and cards from families thanking the service for the support and care shown to them as well as their relative.

Is the service responsive?

Our findings

The service specialised in being able to respond quickly to requests to support people at the end of their lives. People might choose to move from hospital or other care setting to spend time at home with their families. They may have needed care for a short period or for many months.

Where possible people had their needs assessed before they started to use the agency. Often the agency would receive a request from the commissioners of care to provide support and the agency would respond promptly. Care staff were skilled and trained to be able to provide flexible and responsive care in new situations.

Some people lived alone and the service provided all their care. At the time of the inspection staff were providing waking night support but were commencing more day time work after gaining a new contract. Some people were cared for by their family and the service provided a sitting service so the family members could leave the house during the day or sleep during the night. ,

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes.

Care plans gave staff the information they needed to provide people with care and support in accordance with their needs and preferences. People had been involved in regularly reviewing their plan of care to make sure it reflected their needs and wishes.

It was clear from records such as service reviews and telephone contacts people found it easy to speak with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One relative told us "I don't have any problems but I know I can easily ring the office any time and it would be sorted. They would almost know about a problem before I do."

The service had a robust complaints system. When a complaint had been made the manager had undertaken a thorough investigation and had addressed the concerns raised.

Is the service well-led?

Our findings

The registered manager was supported by an administrative person and a team of 10 care staff. The service was offered across a large geographical area covering most of Somerset. .

The registered manager showed a great commitment for wanting to provide the best level of care possible. They aimed to provide support for people that gave them choice for however long they required this. They aimed to support the person and where applicable the whole family. They worked with other health professionals and agencies to provide seamless support to people. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people. One member of staff said "We want to ensure the person has the ending they wish for. We help them to keep comfortable, and have dignity. I would quite happily let the staff come and look after my family."

The manager completed regular training courses and aimed to continually develop their skills and knowledge. Recent training up-dates included Mental Capacity Act, supervision and care of people with dementia. They were involved in local care networks and attended meetings to consider developing new care services. They continued to deliver care on a regular basis and were able to support staff and any people receiving a service at short notice..

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew they had right staff available to meet people's needs.

The office manager planned visits to make sure staff arrived to each person at the agreed time.

Staff were very positive about how their work was allocated. One member of staff told us "We get regular clients whenever possible. Travel is well organised. I've never had a problem. If there are any problems you can raise them and they will be solved."

There was an on-call rota which meant someone was always available to deal with concerns and offer advice to staff. One member of staff said "I know for sure that if I needed support or advice somebody would be there." Another member of staff said "I enjoy my job and feel really supported by the management. They are 100 % committed to the staff and all the service users making sure that all needs are met and carried out to a very high standard. The directors are very approachable and supportive of all the staff and service users."

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision and there were regular spot checks on staff working in people's homes. Supervisions and spot checks were an opportunity for staff to spend time with a senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed..

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Staff had completed a questionnaire and there was evidence issues raised had been acted on. Staff meetings were regular and minuted. Staff were encouraged to give their views.

There were audits and checks in place to monitor safety and quality of care. About a week after commencing the service people were contacted to ensure they were satisfied with the service. They or their families would be contacted again at regular intervals by phone.

People had regular service reviews and on completion each person's care and support was reviewed using a traffic light system. This considered what had gone well and what could have been improved. The manager told us "If anything is not right we take a positive approach. If we don't know about things we can't put them right. Staff do feel comfortable in raising issues and discussing ways of working." The manager said they welcomed discussion and suggestions and staff confirmed this was the case. This showed the service was continually reviewing their practice and trying to improve.

The manager undertook regular self-audits and produced an annual action plan of the changes and improvements they wanted to achieve. This meant they had a clear plan of changes and improvements they wanted to make to the service and the time scales involved.

The service contracts with the Somerset local authority and NHS Clinical Care Commissioning Group and had to comply with the requirements of the contracts offered.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.