

Your Lifestyle Nationwide Limited

# Your Lifestyle LLP

## 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 was an announced inspection which took place on 6 and 8 December 2017.

Your Lifestyle LLP provides care to adults with diverse needs living in a variety of 'supported living' settings. Not everyone using the service receives regulated activity. The Care Quality Commission only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Nine people living in four different types of accommodation were, currently, receiving regulated activity and supported so they are able to live as independently as possible. One further person was in hospital for a short period of time. Accommodation ranges from four people sharing a tenancy to people living alone. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living, this inspection looked at people's personal care and support.

At the last inspection, on 17, 19 and 23 January 2017, the service was rated as good in three domains and requires improvement in two domains, effective and well-led. It was consequently rated as overall requires improvement. At this inspection we found the service was rated as good in all domains and therefore overall good.

There was a registered manager running the service. 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.

People, staff and visitors were protected from harm and safety was maintained by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. The service responded appropriately if any safeguarding concerns were brought to their attention. General risks and risks to individuals were identified and action was taken to reduce them, as far as possible.

People benefitted from adequate staffing because individual's needs were carefully identified and an exceptionally person centred package of care was developed. The required number of staff was provided to ensure people's needs could be met safely and effectively.

People were supported by staff who were appropriately trained and supported to make sure they could meet people's complex and varied needs. Care staff were effective in meeting people's needs as described in plans of care. The service was exceptionally flexible and worked closely with health and other professionals to ensure they were able to meet people's specific needs.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by a committed, kind and caring staff team. Those staff who did not adhere to these values were not tolerated. Care staff built strong, caring relationships with people and knew them well. The service and care staff were fully aware of people's equality and diversity needs which were noted in detail on plans of care. People were supported to be as independent as they were able to be by knowledgeable and informed care staff.

The service was exceptionally person centred and flexible. It was responsive to individual's current and quickly changing needs. The well-being of the individual was at the centre of the care packages provided. People's needs were regularly reviewed to ensure the care provided was up-to-date. Care plans included detailed information to ensure people's individual communication needs were understood.

The registered manager and the management team ensured the service was well-led. Management was described as open, approachable and supportive. The registered manager and his team were committed to ensuring there was no discrimination relating to staff or people in the service. There was a robust and effective system of assessing, reviewing and improving the quality of 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.

Care staff followed the system of medicine administration that made it clear when people should take their medicines and if they had taken them at the right times and in the right quantities.

The registered manager and their support team followed a recruitment procedure that ensured they could be as certain as they could be that the staff chosen were suitable to work with vulnerable people.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

### Is the service effective?

Good ●

The service was effective.

Staff met people's individual, diverse needs in the way they preferred.

Staff supported people to make their own decisions and sought their consent before offering any type of care. Management and staff teams had a full understanding of people's right to make their own decisions.

People were recognised as adults and they chose who was to be involved and to what extent others were included in making decisions about their care.

Staff were appropriately trained and supported to enable them to provide the best care and support they could.

People were supported to maintain their own tenancies.

The service worked closely with other healthcare and well-being professionals to make sure people were able to continue to live in the community.

### Is the service caring?

Good ●

The service was caring.

People received care from a respectful and caring staff team who recognised people's equality and diversity needs.

The service encouraged care staff to build positive relationships with people that were important to them.

People were assisted to maintain and gain as much independence, as they were able to.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People were offered a flexible service that responded to their individualised needs, in the way they wanted.

People's needs were regularly looked at and care plans were changed as necessary with people and their families, if appropriate.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified as appropriate.

### Is the service well-led?

Good ●

The service was well-led.

Staff felt they were well supported by the management team.

The quality of the care people were offered was regularly reviewed to ensure it was maintained and improvements were made, as required.

People, staff and others were asked for their views on the quality of care the service offered. These were acted upon and the service made improvements to enable them to offer a better service to people.

# Your Lifestyle LLP

## 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.

The inspection was announced and took place on 6 and 8 December 2017. The service was given 48 hours' notice because the location provides a 'supported living' (domiciliary care service). We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector on the first day and two inspectors on the second day.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with one person who uses the service, on the day of the inspection visit. We requested information from some relatives of people who use the service. We spoke with six staff members, on the day of the visit and received written information from a further one. On the day of the inspection we spent time with the registered manager and the operations manager. We requested information from five professionals, including the local authority safeguarding team. We received responses from two.

# Is the service safe?

## Our findings

People told us they felt safe with their care staff and felt they were well treated.

People were kept safe and were protected, as far as possible, from any form of abuse. People were protected by care staff who were provided with up-to-date safeguarding training. Care staff were confident that the registered manager and other senior staff would respond immediately to any safeguarding concerns. The service had a whistleblowing policy, which staff had used, and they told us they would not hesitate to involve other agencies, if necessary. The service had made eight safeguarding referrals since the previous inspection in January 2017. These had been dealt with appropriately and the relevant authorities had been notified in a timely way. The local authority was satisfied with the actions taken by the service.

People and staff were kept as safe from harm as possible. Health and safety training was provided regularly and safety was addressed by generic health and safety, environmental and individual risk assessments. Care staff received training in the identification and management of risk. People were protected in emergency situations by the service providing staff with information to be used, in event of emergencies. These included reduced staffing levels and loss of information and technology systems.

Risk assessments were completed for each supported living accommodation and included house plans and areas of risk such as fire. This ensured staff were safe when delivering the care packages. Generic risk assessments covered all areas of safe working practice such as, working alone and food hygiene. One part of the care plans was entitled keeping safe and managing risks. The risks for the individual were identified and a risk management plan was developed. Risk management plans were highly person centred and extraordinarily detailed. They included areas such social isolation, ill health and deterioration in mental health. They included all the necessary information to inform staff of the safest way to provide care. They ensured people were able to retain and develop as much independence as they were able, as safely as possible. People had personalised evacuation plans which were developed for individuals, as necessary.

People were supported to take their medicines safely. Medicine administration records recorded whether medicines had been given at the right time and in the right quantities. The help people needed with their medicines was clearly described on their plans of care which included medicine administration risk assessments. All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked regularly. There were robust protocols for staff to follow when administering medicines prescribed to be taken, when necessary.

The service supported people with behaviours which may cause distress or harm to themselves or others. Detailed behaviour plans were developed by the management team and other behavioural specialists to inform staff how to support individuals with this area of their care. Care staff were trained in a nationally recognised system to support people to manage their behaviours. This was a way of intervening early in situations to try to avoid and de-escalate distressing behaviours. The service did not use physical interventions.

People's safety was further promoted because the service learned from accidents and incidents. Accidents and incidents were fully recorded and reviewed monthly, as part of the auditing system, to identify any trends or recurrences. Accident and incident reports recorded what had happened and the action taken. Accidents and incidents were followed up with a safety action meeting to identify the most effective actions to take to prevent/minimise the risk of recurrence. Examples of actions taken included taping up the battery compartment of a remote control and ensuring two staff were present when providing personal care to someone who fell.

People's care was provided by care staff who had been recruited as safely, as possible. The service was supported by a recruitment team who completed all recruitment tasks. Managers and the registered manager were involved in the recruitment process, as necessary. Recruitment records of the four newest staff members recorded safety checks on prospective applicants which were completed prior to appointment. These included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adult. Application forms were completed and full work histories were noted. The recruitment team verified and followed up any discrepancies and/or omissions.

Some of the safeguarding issues had arisen from people complaining about staff attitude. The appropriate disciplinary action was taken as a result of these issues. Additionally, the recruitment team had also made adjustments to the recruitment process to minimise the likelihood of future issues. This included a more 'tightly supervised' and structured probationary period. This was reviewed at three months and six months. Contracts could be terminated within the six month probationary period if there were any concerns about new staff members.

People's needs were met safely because the service ensured there were enough staff to provide the correct amount of time and care to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. Care packages were only agreed if the service had enough staff to meet people's needs. The service applied to the funding authorities if people needed extra staffing to meet changing needs.



# Is the service effective?

## Our findings

At the last inspection on 17, 19 and 23 January 2017 this domain was rated as requires improvement as a result of training issues. At this inspection we found the service was good in the effective domain.

People were supported by care staff who had received training to enable them to meet people's diverse and changing individual needs. Staff members told us they had good opportunities for training and refresher training was provided when required. Of the 21 (including bank) care staff, seven had obtained a relevant qualification in health and/or social care and four others had embarked on professional training courses. Specialised training was provided to meet people's diverse needs. These included person centred thinking, epilepsy and autism. Staff told us they received good training opportunities. One staff member gave an example and said, "Yes, (we get good training opportunities) recently we have had in-depth 'Epilepsy and Buccal Midazolam' training which gets updated every 6-12 months, depending on how often we work with individuals that have epilepsy." Another said, "Yes I have good training opportunities and they are supporting me to develop and progress." One member of staff told us they had received special training in head injury and challenging behaviour before being asked to work with specific individuals.

Staff were provided with induction training and the service made sure staff did not work with people until they were confident they were able to do so safely and effectively. Care staff were required to complete the care standards certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers). Staff's skills, attitude and knowledge were tested prior to them being able to work alone. One staff member told us the induction they had received was, "Excellent." Care staff completed a three to six month probationary period and had one to one (supervision meetings) with managers weekly when they were new and approximately six weekly, thereafter. Appraisals were completed every year.

Some staff told us they worked long hours because of high sickness rates. Some staff members said they sometimes felt, "pressured to work more hours than is comfortable" but if they said no their refusal was respected. Another said although they liked the money they sometimes felt a bit pressured (by themselves) because there may be no-one else to do it. Others told us that although they have been working long hours (50 to 60 hours a week) this is beginning to reduce as new full time and bank staff were recruited. One of the service managers told us they monitored staff performance to check for indicators of over-tiredness and/or health issues. They had a scheduling system which 'flagged' if people were working exceptionally long hours and this was discussed with staff, as necessary. The registered, operations and service managers told us that staff were discouraged from working more than 48 hours.

People's specific needs were identified during a comprehensive assessment process. People, their families and other relevant people (with their permission and as was appropriate) were involved in the assessment process and deciding what care they wanted and needed. They signed to say they agreed with the content of the care plan.

Care plans noted the outcomes individuals wanted and expected from the care provided. Identified outcomes included those such as "I will communicate effectively", "My behaviour will be managed in a

positive way" and "I will maintain my tenancy." Review records showed that desired outcomes were either being met or worked towards for people. The effectiveness of the care plans was assessed against the outcomes identified by people and the service.

People were effectively supported to meet their health and well-being needs, as specified on individual plans of care. The service worked with other professionals in the community and supported people to seek healthcare and well-being appointments, as necessary. People had a detailed health assessment from which a comprehensive health action plan was developed. These included a hospital assessment and all necessary actions the person and staff needed to take to keep an individual as healthy as possible.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. Care plans included all the information needed by staff to ensure people were offered the right amount of help to eat and drink. Risk assessments were completed with regard to nutritional needs, if appropriate. For example for the risk of malnutrition and skin breakdown. People were encouraged to eat a healthy diet but some people made their own decisions about their food intake. Staff were trained in food hygiene and other nutritional issues if they were supporting people in this area.

People's rights were upheld by a staff team who fully understood the issues of consent and decision making. Care plans included detailed information with regard to people's capacity and ability to make decisions about certain aspects of their life and the care provided. Risk assessments included those where people making their own decisions presented a risk. These included financial capability and health issues. If others were legally able to make decisions on people's behalf (power of attorney for finances and /or health and welfare), the paperwork to confirm this was held on people's files. Care staff described how they encouraged and supported people to make their own decisions and choices. People confirmed that they made their own decisions.

The service understood 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 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. In the community people can only be deprived of liberties if agreed by the Court of Protection. The Court of Protection had agreed the restriction of some people's liberty in some areas of their life. MCA assessments and court of protection paperwork were held in people's files. Best interests meetings were held, if necessary. They were fully recorded and people's input into them was included.

# Is the service caring?

## Our findings

People said, "I am happy with care staff, I like them." One staff member described the service as, "Passionate about the people we support and the standard of care we give."

People were provided with care by staff who ensured they established caring relationships with people. A change in the way staff were scheduled had encouraged relationship building. A team of staff were now allocated to individuals so that they got to know people and their needs more quickly and in more depth. One person told us they liked having a team of staff who they got to know well. However, they also said they found it difficult when members of their staff team left. Staff demonstrated how well they knew people by describing their needs in detail and interacting with people as described on the plan of care.

People's privacy and dignity was protected by staff who had been trained in 'dignity and respect in delivering personal care' and 'how would you feel exercises'. The how would you feel exercises were designed as experiential learning opportunities for staff to promote empathy for people they supported. Staff were able to describe how they protected people's privacy and dignity whilst offering the necessary support. Examples given included closing curtains and doors, ensuring people's 'business' was kept confidential and respecting people as individuals.

People's diverse physical, emotional and spiritual needs were met by staff who were provided with information and training to enable them to meet those needs, as necessary. People's life history, religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. The service matched people with care staff who had the skills, training and characteristics to meet their individual needs. As a matter of good practice people and/or their families were given the opportunity to be involved in the recruitment process, as appropriate. Examples included a person being provided with care by someone who spoke their first language, same gender care teams and staff with the same age profiles. People were asked what characteristics and personalities they wanted their care team to have. Their preferences were noted on care plans.

People were supported to develop and/or maintain as much independence as they were able to. Care plans included information about how people wanted to be supported to control their lives and to maintain or increase their independence. Risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included living independently and making lifestyle choices (including those that could be considered unwise such as smoking and alcohol consumption.)

People's methods of communication were clearly noted on care plans, as necessary. They enabled staff to communicate with people in the way they needed to and noted how people should be provided with information about the service and their care.

People were given detailed information in formats that they understood. These included care plans, policies and procedures and any other relevant information. People were encouraged to give their views of the service in various ways. The management team completed observations and 'spot checks' on care staff and

people were asked their views of the staff at that visit. The manager visited every supported living household every week to check people were happy with their care. Additionally surveys were sent to people and other interested parties at regular intervals.

People's personal information was kept securely and confidentially in the care office. People kept some records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to. People chose who may have access to their records and signed a consent agreement accordingly. One person told us who they had agreed could access their files. They told us some of their records they wanted to keep entirely confidential. This view was respected by the service.

## Is the service responsive?

### Our findings

People were provided with extraordinarily responsive, flexible and person-centred care. People's changing needs were responded to in a flexible and positive manner. For example one person's needs meant they had to live in a less independent accommodation setting. The registered manager and care team had worked very hard to ensure the person was provided with the same standard of care and freedom they had previously enjoyed. The registered manager had worked very positively with other providers to make sure the individual's needs were met in the way they wanted.

People's views, choices, current and changing needs were included in written plans of care that enabled care staff to support people appropriately. People told us care staff, "Listen to me and do what I want them to." People and those who they chose to be were included in the review process.

Care plans were reviewed and up-dated regularly. Plans of care demonstrated that reviews had been held whenever people's needs changed or there were any concerns about an individual's well-being.

People's changing needs were communicated to staff by a variety of methods which included, staff meetings and handover notes. Staff told us there was good communication between the staff team and the office and said they were always kept up-to-date with any changes in people's needs and/or other important issues.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included how people communicated and specific communication plans, if necessary. People's individual communication plans had been developed and were extremely detailed. The development was as a result of the service ensuring they met the accessible information standard.

People told us they knew how to make complaints and express any concerns they had. One person told us they could talk to anyone in the office and most of their staff team if they were not happy. There was evidence that people and relatives had used the complaints procedure to register their concerns. The service had a robust complaints policy and procedure which they followed when they received complaints. The complaint, the detailed investigation and the outcome of the complaint was clearly recorded. Complaints were dealt with appropriately and in a timely manner. We discussed with the registered manager that it may be useful to add whether the complainant was satisfied with the outcome to the record. We spoke with people who had made complaints about the service. They re-iterated their concerns but said they felt they had been dealt with in the last two months. They told us they felt the service had improved over that period of time.

Compliments reflected the responsiveness of the service. They included, "To let you know what a good team [names] are. The three of them bring energy and enthusiasm which I could see [name] enjoying ... The atmosphere for [name] was very positive and relaxed." "I cannot express my gratitude enough to them for

allowing him this opportunity to allow him to feel the pleasure he was so obviously feeling." And "[Name] has opened up new avenues for [name] and works well with the team to support him."

# Is the service well-led?

## Our findings

At the last inspection on 17, 19 and 23 January 2017 this domain was rated as requires improvement as a result of governance issues. At this inspection we found the service was good in the well-led domain.

People received good quality care which was continually reviewed and improved. The service had an extraordinarily robust governance process which identified any areas that required improvement at an early stage. A number of quality assurance systems were used to review all areas of the service. These including highly detailed and structured auditing systems which 'tracked' any issues identified as needing improvement to the actions taken to effect the improvement. Audits on all areas of the service were undertaken by the service manager monthly and a service audit form was completed. These included support plans and risk assessments, safeguarding, daily records and medication. The registered manager then met with the service manager to discuss any issues arising such as any actions needed to enhance the support of the people who use the service, staff performance observations and safeguarding issues. They checked progress from the previous month. Monthly development plans were developed by the registered and operations managers. The plans were reviewed every month to ensure action had been taken or progress made.

Annual development plans were developed with information gained from the overall governance systems, the annual questionnaires sent to staff, people, their families and other interested parties. Any recommendations or comments received from external monitoring visits such as from the local authority or the Care Quality Commission (CQC) were also responded to. Examples included a specific action plan developed to meet some concerns and recommendations made by a local authority commissioner about a particular house. The action plan was developed after the visit and included actions to address the recommendations made. A detailed action plan was developed after the last CQC inspection and all areas of concern had been addressed in a timely way.

Actions were taken as a result of the various quality assurance and auditing systems, complaints, listening to the views of people, staff and other interested parties. Examples included improving availability of staff when people wanted them, improving communication plans, providing staff in teams and improving training to meet specific people's needs such as mental health needs and the introduction of weekly handover meetings.

People benefitted from a well-led service. The registered manager had been in post since the service registered in September 2016. Whilst there was a complex management structure, staff understood different managers' accountabilities and responsibilities. The registered manager felt extremely well supported by the organisation. Staff had positive comments about the registered manager and the management team. Staff said, "The manager is approachable, he and the service managers are very supportive of staff."

People and staff were given opportunities to express their views and opinions of the service. Staff told us they felt their views and opinions were listened to and action was taken as appropriate. People were encouraged to tell the service what they thought about their care by a variety of methods. These included

quality surveys, care plan reviews and regular 'spot checks' of care staff where people were asked their views on individual staff and the service, in general. The service held regular staff and office meetings.

People were provided with good care because the service worked with other professionals to ensure people's needs were met. The service engaged with local networks such as attending Swindon Borough Council provider forums and the local Learning Disability and Autism Partnership Boards in Swindon. They kept up-to-date with Skills for Care news and up-dates.

People's individual needs were recorded on high quality and up-to-date care plans. They informed staff how to provide care according to people's specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as quality assurance audits and staffing records were extremely detailed, accurate and up-to-date. All records were well-kept and easily accessible.

People were protected by the registered manager who understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales. The registered manager understood current legislation such as the duty of candour and the accessible information standard.