Quality Lifestyle Ltd

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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

Quality Lifestyle is a domiciliary care agency that provides personal care and support to people with a learning disability or a mental health condition in their own homes. At the time of our inspection the service was providing 24 hour supported living services to two people. A supported living service is one where people live in their own home and receive care and support to enable people to live independently without total reliance on parents or guardians. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house.

There was 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.

We carried out this inspection on 4 and 5 October 2016 and this was the first inspection for the service since starting to operate in May 2015.

Not everyone who used the service was able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with the staff supporting them. One person told us, "I am very happy living in my house." Relatives told us they were happy with the care and support their family member received and believed they were safe. One relative said, "I am happy with the service."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People were supported by dedicated teams who were employed to work specifically with each person using the service. People told us they were always supported by someone they knew. New staff were introduced to people to find out how an individual and the member of staff interacted. One person said, "I have had some staff that I haven't liked and they don't come to me anymore."

Care plans were developed with the person and records were regularly reviewed. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

People had access to annual health screening to maintain their health. Specialist services such as occupational therapists, epilepsy nurses and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. Staff supported people to maintain a

healthy lifestyle where this was part of their support plan. People were supported by staff with their menu planning, food shopping and the preparation and cooking of their meals. People were supported to access the local community and told us they took part in activities that they enjoyed and wanted to do.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible and known to staff and people using the service. Staff told us, "People have very person centred care and the management care about the person" and "Management are supportive and someone is always available on call if you need them."

Relatives and healthcare professionals were positive about how the service was managed, comments included, "They deliver a good service", "Overall it works wells" and "If Quality Lifestyle hadn't stepped in to take over the package I don't know what I would have happened. I can't thank them enough."

People and their relatives said they knew how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. Risk assessments supported people to develop their independence while minimising any inherent risks.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff encouraged people to be independent and people were able to make choices and have control over the care and support they received.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

There were systems in place to help ensure staff were kept up to date about people's needs.

Staff supported people to access the community and extend their social networks.

People and their families knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Quality Lifestyle Limited

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 4 and 5 October 2016 and the provider was given 24 hours notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the service's office and spoke with the service co-ordinator and a team leader. We visited two people in their own homes and met one care worker. We looked at two records relating to the care of individuals, staff records and records relating to the running of the service. After the visit to the service's office we spoke with two relatives, four care workers and one healthcare professional.

Good

Is the service safe?

Our findings

Some people who used the service were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with the staff supporting them. One person told us, "I am very happy living in my house." Relatives told us they were happy with the care and support their family member received and believed they were safe. One relative said, "I am happy with the service."

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available for staff to either access in the office or on-line. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse, this included within and outside of the organisation.

Where people required support to manage their finances effective systems were in place. Staff supported people to manage their weekly spending budgets. Robust records were kept of when staff supported people to make purchases and receipts were kept. These records and the balance of any monies held were audited weekly by management.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to them or staff. For example, one person could sometimes tell staff to leave their home when they wanted to be on their own. Staff were given instructions to wait outside and return at agreed intervals to check the person was safe and if they needed any help.

People were supported by dedicated teams who were employed to work specifically with each person using the service. Staff usually worked 12 hour shifts with each person. The number of days each staff member worked in a row varied depending on the person they were supporting. For example, some people liked to have the same care worker for as long as possible and other people benefitted from staff working shorter shifts or fewer consecutive days. People were told the names of staff working with them each week.

There were suitable arrangements in place to cover any staff absence. Staff told us they would cover any shift absences where possible, as they believed having a stable team of staff to support the person was in their best interests. The registered manager covered for staff absence in an emergency. They were familiar with the needs of people using the service and regularly visited them to ensure people knew them well.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out. People and their relatives were involved in some parts of the recruitment of their staff and told us they were able to decide if they did not want a particular member of staff working with them.

The arrangements for the administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. People told us they were reminded when to take their medicines when they needed them. Records kept of when people took their medicines were completed appropriately and checked daily at shift changes and weekly by management.

Accidents and incidents were recorded. Where appropriate people's individual care plans and risk assessments were updated to reflect any changes made as a result of learning from events. These were reviewed regularly both at service level and organisationally so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. A relative said, "Staff do the absolute best they can to help [person's name]."

New staff completed an induction when they started employment. Quality Lifestyle had introduced a new induction programme in line with the Care Certificate. The Care Certificate is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector. The induction included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Each person had their own team of workers and staff were recruited and inducted to work with specific people.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. One member of staff said, "We have all the training we need." Most care staff had either attained or were working towards a Diploma in Health and Social Care. Staff received regular supervision and appraisal from the registered manager and team leader. This gave staff an opportunity to discuss their performance and identify any further training they required. One care worker told us, "We have regular supervision and meetings, there is lots of support."

Staff worked successfully with healthcare services to ensure people's health care needs were met. People were supported to attend annual health screening to maintain their health. Specialist services such as occupational therapists, epilepsy nurses and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. One relative said, "If there are any concerns about [person's name] health I am always informed." Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their menu planning, food shopping and the preparation and cooking of their meals. Staff supported one person to follow a slimming plan and attend weekly meetings. Menu planning had been carried out in line with the slimming plan. Support had been sought from a nutritionist to help the person understand how to make appropriate food choices to meet their health needs.

The management had a clear understanding of the Mental Capacity Act 2005 (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 Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care records detailed the type of decisions people had the capacity to make and when they might require

support to make decisions and understand the consequences of those decisions. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

From our discussions with staff and management we found they had a good understanding of the need to gain consent from people when planning and delivering care. People, or their advocates, had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time.

Good

Is the service caring?

Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. One relative said, "Staff are kind and patient." The service provided to each person was person-centred and based upon their specific needs. We observed staff treated people with kindness and compassion. Care and support was provided in line with people's wishes and at a pace suitable for their needs. Staff had a good knowledge and in-depth understanding of people's needs.

People were supported by a team of staff of their choosing and who had been introduced to them prior to starting to work with them. New staff were introduced to people to find out how an individual and the member of staff interacted. One person said, "I have had some staff that I haven't liked and they don't come to me anymore." A relative said, "[Person's name] is very happy with her team of staff."

Staff were motivated and clearly passionate about making a difference to people's lives. Comments from staff included, "People receive very person centred care" and "I love the job, it's great making people happy."

We visited people's homes while a member of staff was present. The person, rather than staff, answered the door and invited us into their home. One person enjoyed showing us around their home and offered us a hot drink. This demonstrated people had a sense of ownership for their houses. Care records and information for staff were stored discreetly and in a place agreed with the person. One person had a cupboard where all their care records and any staff information was stored. There was a notice board on the wall with a planner of their weekly activities which they liked to have on display and refer to. We were told that some guidance for staff had been added to the notice board and the person had asked for it to be removed and placed in the cupboard. This showed the person was making decisions about what they wanted on display in their home and staff respected their wishes.

Staff enabled people to be as independent as possible and make choices about their daily lives. People's care plans recorded their choices and preferred routines. One person told us they liked living in their own house because this meant they could make their own decisions. They were passionate about this and also told us they disliked people saying 'no' to them. Staff we spoke with had a good understanding of how making their own decisions and being in control of their life was very important to this individual. Their care plan stated, "Prefers to be given praise rather than being told what to do."

People's privacy and dignity was respected. For example, one person needed to use a machine to monitor their breathing at night and healthcare professionals had requested that staff recorded the times that the machine was in use. While it was possible to record the time they went to bed and the machine was switched on, it was not always possible to know the exact time that the person woke up. This would require staff to check they were awake or ask the person to alert staff as soon as they woke up. However, the person wanted to wake up gradually, take off the mask themselves, and be left alone in their bedroom until they were ready to engage with staff. This meant that staff could not accurately record the time that the person took their mask off and stopped using the machine. It had been agreed with the person and the healthcare

professional, that staff would not go into their bedroom and would record an approximate time the person woke up and stopped using the breathing machine. This meant a compromise had been reached that met the person's health needs while still respecting their wishes and privacy.

People and their families were involved in decisions about their care and the running of the service. The registered manager visited each person regularly to give them the opportunity to share their views of the service. Relatives told us they contributed to the care planning process, particularly in relation to historical information about the person that was important to understand, so appropriate care could be provided. A relative said, "I am 100% involved in {person's name] care, it's a joint effort."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Every person had a care plan which detailed the support to be given on a daily basis. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. They were very detailed and contained a depth of information to guide staff on how to support people well. For example, there was information about people's routines and what was important to them. One care plan stated in detail what the person was able to do for themselves. Also, where they needed physical assistance from staff to ensure their personal care needs were fully met. Another care plan detailed the daily tasks the person could complete themselves and the tasks they needed staff to support them with.

Staff were provided with information on how to support people to manage any changes in their behaviour when they became anxious. Care plans detailed what might trigger a change in people's mood and what action staff should take to calm the person should their behaviour escalate. For example, the care plan for one person stated, "If I become angry staff should encourage me to remain calm and do my breathing exercises. If I cannot calm down I should be given time to myself."

Care records were reviewed routinely at least every two months or as people's needs changed. Staff completed detailed handover sheets to pass information between each other when shifts changed. Staff told us this information was vital to understanding people's needs and helped to identify trends in behaviour and what might trigger mood changes. This meant staff were continually updated about people's changing needs. Staff met regularly as a team to discuss each person's needs and exchange information.

When changes to people's needs were identified these changes were updated in their care plan in a timely manner. For example, the care plan for one person had recently been updated to reflect feedback from them and after a discussion at a staff meeting. The staff meeting had taken place a few days before our inspection and we saw that the care plan had been updated to reflect the outcome of the meeting. The updated care plan gave clear guidance for staff about how the person wished their morning routine to be provided.

People were supported to access the local community and they told us they took part in activities that they enjoyed and wanted to do. One person told us, "I like going out in the car with staff. We go to bingo, church, visiting my friends and out for lunch."

People said they would not hesitate in speaking 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. People told us they were able to tell the service if they did not want a particular care worker. Management

respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also one of the directors of the organisation, had overall responsibility for the day-to-day running of service. They were supported to manage the day-to-day work by a team leader. The service co-ordinator worked across all of the provider's services and supported this service to take on new packages and provide management cover if the registered manager was unavailable.

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible in the service and known to staff and people. Relatives and healthcare professionals were positive about how the service was managed, comments included, "They deliver a good service", "Overall it works wells" and "If Quality Lifestyle hadn't stepped in to take over the package I don't know what I would have happened. I can't thank them enough."

Staff told us management were approachable and supported them in their work. Comments from staff included, "Management really care about people" and "Management are supportive and someone is always available on call if you need them."

Due the health needs of the people using the service staff sometimes had to manage situations where people's behaviour could be challenging. Staff worked alone in both of the houses where people lived and any backup was summoned by phoning management. When these situations occurred staff told us management were readily available to give support both over the phone and by coming to the person's home. All incidents were investigated and de-briefs took place with staff after the incident. One member of staff told us they had sustained a minor injury as a result of an incident with a person using the service. They explained the team leader had met with them to discuss what had happened and they received phone calls after the event to check they were alright. We saw that any learning from incidents had been updated in people's care plans, to give guidance for staff to follow, where appropriate.

There were effective systems in place to monitor the quality of the service provided to ensure that any areas for improvement were identified and addressed. Staff in the service completed weekly checks at each person's home. These included checks on health and safety, medicines, people's money and care records. The team leader monitored these weekly checks and gave a monthly report to the registered manager. The registered manager used these reports to check how the service was performing as well as carrying out their own checks of care plans, medicines and the money held for people. The registered manager and team leader worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

The management team also monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us management rang and visited them regularly to ask about their views of the service and review the care and support provided. There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new supporting living packages. This meant the registered

manager had a good knowledge of what capacity the service had and how the service was performing.

Management welcomed feedback from staff to improve and develop quality of the service provided. Staff told us they were encouraged to put forward any ideas about the running of the service and how people's care and support was provided. They could do this through regular one-to-one supervisions, staff meetings and through regular informal contact with managers. For example, staff had given feedback that when the same member of staff worked for three consecutive days with one person this raised their anxiety levels. Rotas had been changed so the same member of staff did not work more than two days in a row with the person. Staff told us this change had had a positive effect on their well-being. One member of staff told us, "I have suggested a couple of ideas and these were put in place."