Independent Lifestyles Support Services LLP

Independent Lifestyles Support Agency

Inspection report

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Date of inspection visit:
28 November 2018

Date of publication:
20 December 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was announced and took place on 28 November 2018.

Independent Lifestyles Support Agency provides personal care and support to people in their own homes. Personal care and support is provided for people living with a learning disability or autism. At the time of the inspection personal care was provided to one person in their own home. Personal care and support was also provided to 17 people across five supported living services, which are houses privately rented by people. The supported living services are staffed over a 24-hour period and people are supported with social care needs such as, activities and occupation, as well as their personal care. The Care Quality Commission inspects the care and support people receive in supported living homes, but does not inspect the accommodation people live in.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff had a good awareness of the of the importance of protecting people and what to do if they considered people were not being treated appropriately. Risks were assessed and there were procedures for care staff to follow to ensure people were safely supported. Medicines were safely managed. Sufficient numbers of staff were provided to meet people's needs. Checks were made on the suitability of new staff to work in a care setting. Staff were trained in infection control and had access to protective clothing to help prevent the spread of infection. Reviews of accidents and incidents took place.

Care staff were supported well and had access to a range of training courses including nationally recognised qualifications in care.

People's nutritional needs were assessed and people were supported with food and drinks. Health care needs were assessed and the provider made referrals to health services where this was needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had a good knowledge of the Mental Capacity Act 2005 and made appropriate referrals to the local authority when people did not have capacity and whose freedom was restricted for their own safety. There was, however, a lack of clarity in care records regarding consent to care and treatment and when best interests

decisions were made on behalf of one person whose liberty was restricted for their own safety. This was clarified by the provider following the inspection.

Care staff treated people with dignity and respect. People were supported to make decisions about their care and support, which promoted their independence. Care staff had a good understanding of the need to ensure people's privacy was upheld.

People's needs were comprehensively assessed. Each person had care plans which reflected their needs, preferences and choices. Relatives told us the staff were responsive to people's care needs and ensured person centred care was provided. People's communication needs were assessed and communication tools were used to involve people in decision making.

Relatives said they had a good dialogue with the care staff and management team. They told us they felt able to raise any concerns and issues were always responded to.

The service was well - led and was responsive to the challenges it faced. The provider had systems to assess and monitor the quality of the service, as well as plans to develop and improve. This included seeking the views of people, their relatives and staff about the quality of the service. Staff were supported to develop their skills and knowledge.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Independent Lifestyles Support Agency

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 was 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 28 November 2018 and was announced. The inspection was carried out by one inspector. We gave the service 48 hours notice of the inspection visit because we needed to make arrangements to visit people in their own homes and to ensure staff would be at the provider's office.

Before the inspection we checked information that we held about the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited one of the supported living services where five people lived. We spoke to one of these people. We spoke to the relatives of three people. We observed staff supporting two people. We visited the provider's head office. We spoke with four care staff, the registered manager and the provider. We also spoke to a care commissioning manager from the local authority.

We looked at the care plans and associated records for six people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and records of medicines administered to people.

Good

Is the service safe?

Our findings

Staff were trained in safeguarding procedures and had a good awareness of the principles of this guidance. Staff knew how to raise any concerns. Records and discussion with the provider showed concerns were raised by the provider to the local authority safeguarding team when this was needed and measures were put in place to review the relevant person's care. Procedures and checks were in place where people were supported with their finances.

Relatives said the staff provided safe care, such as in moving and handling and using any equipment. For example, when we asked a relative if the staff provided safe care they responded, "Yes. 100 per cent. Staff are fully trained in using the hoist and are fully aware of all safety measures." Risks to people and to staff were comprehensively assessed and arrangements were put in place to mitigate risks, in order that people were safe. This included risks regarding people's behaviour, personal care and accessing the community. Specific guidance was recorded such as how many staff were needed to safely support people for activities both within the home and in the community. Care plans had details of signs to indicate people's health may become a risk and what staff should do to protect the person. Care records showed incidents and accidents were recorded, reviewed and appropriate action taken when needed.

The provider ensured there were sufficient numbers of staff to meet people's needs. A relative said the right ratios of staff were provided to meet people's needs and that they had never been let down by staff not attending. Staffing arrangements in the supported living house we visited was provided over a 24-hour period, based on the assessed needs of individual people and as commissioned by the local authority. For example, some people had specific one to one staff time or two staff to support them at certain times. Staff told us there were enough staff to meet people's needs.

Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were safely managed. Staff were trained in the handling and management of medicines. Records were kept when care workers supported people to take their medicine. Medicines were safely stored.

Staff were trained in food hygiene and infection control. There was guidance in care plans so staff knew how minimise the risks of the spread of infectious diseases. Staff had access to disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.

Care records and discussions with the provider showed accidents and incidents were monitored and reviewed. This included reviews and investigations of incidents plus any additional measures so any reoccurrence was prevented.

Good

Is the service effective?

Our findings

People received effective care from well-trained staff. Relatives said the staff provided a good standard of care and knew how to communicate with people. We observed staff used communication boards and iPads to consult with people. Relatives said staff were skilled in dealing with specific procedures which required specialist training. The provider had systems to ensure people's care followed current guidelines. For example, the provider had its own behavioural support team to advise staff on how to appropriately support people who had behaviour which was challenging. The provider also had links with local authority training forums for staff. A range of training was provided for staff including courses which were considered mandatory for staff to attend such as first aid, moving and handling, medicines management and food hygiene. More specialist training was also provided such as in supporting staff in managing behaviour where there may be physical contact with people, epilepsy and more specialist medicines procedures. Staff were supported to attain nationally recognised qualifications in care and in management. These included management qualifications for the managers of the individual supported living services.

Equality and diversity training was provided to staff who demonstrated their commitment to promoting people's rights to a good standard of care, their right to make choices and to promoting independence.

Staff received regular supervision, felt supported in their work, and, considered the standard of training to be good. Staff confirmed their work was assessed by observation. Staff said they worked well as a team.

Staff confirmed they received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

People's nutritional needs were assessed and care plans were in place to show how staff should support people. A relative said staff followed the correct procedures when feeding people via a percutaneous endoscopic gastronomy (PEG). This is a method of feeding people via a tube into the person's stomach. People in the supported living service had their own meal plan based on their individual needs. People's weight was also monitored to check for any weight loss or gain. We observed a care worker supporting a person with their breakfast; the person had chosen the food and staff supported and monitored the person to ensure they had enough.

People's physical health needs were assessed and arrangements made to ensure health care checks were carried out as set out in a Health Action Plan. The provider worked with other organisations to deliver effective care. This included local authority social services teams and health care services.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and whether the correct action was taken where people's liberty was restricted. Staff were trained in the MCA and knew about the principles of the legislation; this included knowledge about the need for legislation to deprive people of their liberty via the Court of Protection. Referrals were made to the local authority when people did not have capacity to consent to their care and treatment and when their liberty was restricted for their own safety. Care records showed people were consulted and involved in decisions about their care where this was possible. For one person who was not able to consent to their care, and, whose liberty was restricted, there was a lack of clarity about who had consented to this. The provider and staff were not aware of the correct people who had the authority to consent on behalf of the person. The provider clarified this after the inspection when it was confirmed the correct best interests procedures were in place. Staff were aware of the dilemmas of restricting this person's liberty, which was for the person's own safety and was being carried out in the least restrictive way.

Good

Is the service caring?

Our findings

Relatives said the staff were kind and involved people fully when they supported them. For example, one relative said that when two staff provided care and support, both staff focussed on the person and did not talk to each other, only to the person. The relative said this ensured the person was the focus of attention and was fully consulted, saying, "They are there for him. They include him in everything." This relative said of the staff, "I don't know what I would do without them. They are lovely staff. He always likes to see them and they always make him smile."

Care plans and care provision was person centred, meaning they were individualised to reflect each person's needs and preferences. Details regarding support to people with emotions and behaviours was recorded and staff told us how they calmed people who were distressed. Staff also told us people were supported so they were not socially isolated. We observed staff and people used communication boards and technology to ensure people's care reflected their choices. Staff and people's relatives said choice was promoted.

Staff told us their training covered the importance of treating people with dignity and respect. A relative said, "The staff are aware of dignity at all times." Staff demonstrated they were committed to ensuring people had rights to access community facilities, to having a fulfilled life. Staff knew the importance of establishing positive working relationships with people which involved understanding and patience. During our visit to the supported living service staff showed us the ways people could make choices in their daily lives. This involved the choice of food and what activities people liked to do.

People were supported to be independent and care plans showed people were assisted to develop independent living skills. Relatives and staff also confirmed people were supported to be independent.

A relative told us the staff ensured people's privacy was promoted. Staff said the importance of privacy was included in their training and gave us examples of how they put this into practice when they provided personal care, such as ensuring people's dignity was upheld.

Good

Is the service responsive?

Our findings

People's relatives told us people received personalised care which was responsive to their needs. One relative, for example, told us the staff provided, "Brilliant support. Really good. Very attentive." The same relative said of the staff, "They actively engage with him." Another relative said, "The personal care is a good standard."

Care records showed people's needs were assessed to a good standard. Care plans had details on meeting people's needs in a care plan called, Person Centred Support Plan. These covered personal hygiene, hearing, communication, mobility, eating and drinking, family background and how to manage behaviour. Specific needs, such as behaviour and the safe management of epilepsy were well recorded and showed staff what to do. Care records were checked and reviewed on a regular basis.

People's records and discussion with the staff and people showed people were supported to attend a variety of community based social and recreational activities. One person showed us their daily planner which was set out in a way they were able to understand. This included details of the person's preferred routines. People were consulted about their care and had opportunities to maintain and develop independent living skills such as shopping for food and employment. Staff were committed to assisting people to have a fulfilled life. Details about people's family and relevant relationships were recorded. Staff knew people well and what people liked to do.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. We found numerous examples of how the service was meeting the AIS, which aided communication between staff and people. Each person's communication needs were assessed. Pictorial diagrams and IT were used to find out what people wanted to do. For example, people could choose the food they wanted from photographs on an iPad. Staff were trained in communication techniques such as Makaton. We observed staff knew how to communicate well with people.

The provider had an effective complaints procedure. Relatives said they felt able to raise any concerns with the staff or provider and these were always looked into. The provider stated there had been one complaint in the 12 months prior to the inspection. Where a concern or complaint had been raised this was logged, investigated and a response made to the complainant.

End of life was not provided to any people and the provider confirmed staff support and procedures regarding palliative care will be developed over the next 12 months.

Good

Is the service well-led?

Our findings

The service was well-led, with a strategy to deliver person centred care and support to people. Staff showed values of promoting person centred care where people could develop their lives. For example, one staff member said of a supported living house, "People have rights to use the home as their own."

The provider supported staff to develop their skills and knowledge. Staff performance was monitored by direct observation. Staff said they felt supported and were able to raise any queries or concerns with the provider. Staff meetings took place and staff said they felt involved in decision making.

The service had a registered manager. 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. There was system of delegation and line management. For example, each of the supported living houses had a manager and senior care staff. Twenty-four-hour management support was provided to people and staff in case of emergencies.

A number of systems and processes were used to audit and check the quality of the service. Where people received care in their own home there were twice yearly audit checks and annual audit checks on each of the supported living houses. The supported living house we visited also carried out a number of checks on the safety and quality of the service. The provider was forward looking and had improvement plans for the year ahead.

The views of people and relatives on the standard of care provided were obtained using a survey questionnaire. Where any issues were raised there was an action plan of improvements which needed to be made. For example, people were not always aware of how to make a complaint so there was an action plan to address this. Relatives confirmed they completed a survey questionnaire and said any issues were looked into. For example, a relative said any comment was acted on and a full response made. We also saw the provider followed up issues raised by staff. A newsletter with information about the service was produced every four months and was sent to people and relatives.

Records were well maintained. The provider was aware of the need to protect information on both staff and people and the guidelines as set out in the General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

The staff worked well with other agencies to provide coordinated care to people. This included the attendance at provider and manager forums run by the local authority. A member of the West Sussex commissioning team said the service was, "A valued provider of learning disability services in West Sussex." This professional said that where issues or shortcomings had been identified in the past that the provider worked well with the local authority to make improvements and that there were now no concerns with the standard of care at the service.