

Quality Lifestyle Ltd

Quality Lifestyle Limited

Inspection report

Unit N25 Phase 1, Plymouth Science Park
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12 March 2019
13 March 2019
14 March 2019
20 March 2019

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26 March 2019

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

About the service: Quality Lifestyle Limited is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to three people in the Plymouth.

People's experience of using this service:

People were not able to fully verbalise their views about their experience of the service they received. However, we were able to speak to their relatives.

People received support from a staff team that were both caring, compassionate and treated them with dignity and respect. Any issues of concerns were responded to and used as an opportunity to improve the service.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

A relative said the care their loved one received was very good and they were happy with the service they received.

The provider ensured as much as possible that people had a consistent staff team supporting and visiting them.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff understood and felt confident in their role.

The registered manager liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, staff worked with family members and the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the company and the management team. They felt supported and could talk to the management team at any time. They felt any concerns would be acted on promptly. They felt happy in their work.

Audits were carried out to check the quality and safety of the service.

The registered manager and service manager worked well together to support the staff team in their roles

and ensure people received a good service.

Rating at last inspection: Good (Report published 28 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Quality Lifestyle Limited

Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Quality Lifestyles Limited is a domiciliary care agency that provides personal care to three people living in their own homes in the community. The service is based in Plymouth Science Park, Derriford, Plymouth.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small agency and staff were often out of the office during the day. We needed to be sure that they would be in at the time of our visit.

What we did: Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies.

After the office visit, we spoke with two relatives over the telephone. We visited the service on the 13 March 2019 and looked at records.

During the inspection, we spoke with the registered manager and the service manager. We visited one person in their own home, however, they were not able to fully verbalise their views about their experiences

with the care they received. We received feedback from two health care professional who had been involved with the agency. We also received feedback from two care staff.

We looked at the care and medication records of three people who used the service. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had completed safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff meetings were used to remind staff of the company's safeguarding policy. Staff told us they knew what to do should they suspect any form of abuse and had the contact details they required should they need to make a referral to the local safeguarding team.

Assessing risk, safety monitoring and management

- The environment and equipment had been assessed for safety.
- Risks to people's safety and wellbeing were identified, assessed and managed. Each person's care plan included relevant risk assessments. These covered risks associated with the person's environment, their care, and behaviours which could be seen as challenging. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff understood where people required support to reduce the risk of avoidable harm. Care records held explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence. For example, what support was required when accessing the local community, or when preparing foods.

Staffing and recruitment

- There were sufficient numbers of staff employed to ensure people's needs were met. The registered manager ensured people had consistent staff as much as possible who were familiar to them. Staff absence for sickness or leave where covered within the staff team.
- Staff had been recruited safely. All required pre-employment checks had been carried out including disclosure and barring service [DBS] checks, and getting references from previous employers.

Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.

Staff were trained in medicines management and regular competency checks and audits on medicines were carried to ensure safe practice.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the management team to identify any trends. The management team discussed any accidents/incidents with staff as a learning opportunity at staff meetings and supervision.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support and people.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The registered manager had systems in place to monitor staff had completed regular training and refresher training to keep them up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff felt well supported and had supervision with the service manager. Annual appraisals had been completed.
- New staff had completed an induction and worked alongside experienced staff until they felt confident to work alone and unsupervised. Staff new to care completed the Care Certificate as part of their induction.

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

- People were supported by staff to maintain good nutrition and hydration.
- Staff supported people with their shopping needs. There were systems in place to ensure people's money was managed safely.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals.

Adapting service, design, decoration to meet people's needs

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed. Staff were able to assess if people required additional aids or adaptations to keep them safe as their needs changed, and these were provided.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend other health appointments as needed.
- People were supported to improve their health. Staff assisted people with their medication and long-term conditions if needed.

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.

Ensuring consent to care and treatment in line with law and guidance

- People were supported by staff that knew the principles of The Mental Capacity Act 2005. Staff knew what they needed to do to make sure decisions were made in people's best interests. The service held records of any appointed Lasting Powers of Attorney who had been appointed to act on people's behalf when needed.
- Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.
- People were asked for their consent before they received any care and treatment. For example, before assisting a people with personal care and getting dressed. Staff said they involved people in decisions about their care and acted in accordance with their wishes.
- People's care records described what decisions people could make for themselves and where they needed support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Each person had their life history and individual preferences recorded which staff used to get to know people.
- People received care from staff who developed positive, caring and compassionate relationships with them.
- Care records reflected important information in relation to each person's dignity and privacy.

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

- Where possible people were involved in developing their personal care plans. Where it was not possible staff were supported by family to help with the information needed to inform decisions.
- If people had no support available to them the registered manager knew the contact details for advice, support or advocacy.
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed additional support with their communication.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people in a respectful way. They were observed to be kind, caring and patient when supporting people. For example, a staff member was supporting a person with our visit. The conversation was positive and it was clear the person was relaxed and had a good relationship with the staff member supporting them.
- People's personal beliefs were known and respected.
- The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
- Staff were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed.
- People's confidentiality was respected and people's care records were kept securely.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- People were empowered to have as much control and independence as possible, including being involved in their own care plan reviews and planning their day.
- Staff responded to people's changing needs when required. For example, one person was supported to attend a healthcare appointment to review their medication.
- Daily notes were completed which gave an overview of the care people had received and captured any changes including any behaviours that may be considered challenging. These records were checked by the service manager to ensure people received appropriate and timely care.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, if they used sign language or other methods of communication such as easy read information.

Improving care quality in response to complaints or concerns

- People relatives knew how to provide feedback about the care their loved ones received.
- People's families knew how to make complaints. Details of the complaints procedure were contained in people's care plan files. One relative had full confidence that they would be listened to about any concerns and they would be acted upon in an open and transparent way. However, one relative said they knew how to make a complaint but felt they were not always 'listened to'.

End of life care and support

- The registered manager and service manager informed us no one was receiving end of life care at the time of our inspection. The staff received training on how to support people when needed with end of life care. The registered manager said they would work closely with other professionals to ensure people had a dignified and pain free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. The registered manager and service manager worked with the staff and led by example.
- The management team spoke with us about individuals they supported and demonstrated a good understanding of people's needs, likes and preferences.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. Comments included, "The office is always open for us to ask advise."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager encouraged feedback and was keen on ensuring people received good care.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the care staff team.
- Staff felt respected, valued and supported and that they were fairly treated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held to encourage good communication between the staff team.
- Staff reported positively about working for the service and did not identify any areas for improvement. A staff member said, "I enjoy working for the company." They went onto say they received regular supervision, training and support.
- Relatives, acting on behalf of people, and staff were encouraged to air their views and concerns. The registered manager told us any concerns would be listened to and acted on to help improve and shape the service and culture.
- The service worked in partnership and collaboration with other key organisations to support good care provision.

Continuous learning and improving care

- The registered manager and service manager carried out audits of care plans and other records to monitor the quality of the service provided.

Working in partnership with others

- The staff worked closely with other healthcare professionals when needed.
- Care plans detailed how the service worked with external healthcare professionals and social care providers.