

Your Lifestyle Nationwide Limited

Your Lifestyle LLP

Inspection report

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Date of inspection visit:
17 January 2017
19 January 2017
23 January 2017

Date of publication:
21 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Your Lifestyle LLP is registered to provide personal care. The service provides 24 hour support to adults with learning disabilities and complex needs. At the time of inspection there were 5 people using the service.

We carried out an inspection of Your Lifestyle LLP on 17, 19 and 23 January 2017. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

A registered manager was in post and available throughout the inspection. 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.

Whilst staff supervision and training were undertaken, staff were not always given training in response to people's needs, in a timely manner. Most staff received competence assessments to ensure they had the sufficient skills and knowledge to support people effectively. However, one staff member required additional training in medicines management and a further competency assessment which had not been completed prior to them carrying out this task unsupervised.

Staff told us they were supported to have the necessary training and supervision to equip them with the confidence and knowledge to support people effectively. However, there was no system in place to ensure issues identified during staff supervisions were sufficiently followed up. In addition to this, although the service had a system in place to monitor when staff training was due, not all staff were sufficiently trained prior to carrying out specific tasks.

Whilst regular audits were completed to monitor service provision and to ensure the safety of people who used the service, the system to monitor issues, such as those raised during staff supervisions was not always sufficiently robust to ensure these issues were followed up. This included follow up from incidents, staff supervisions and training. There was also no system in place to monitor complaints and feedback received from people and their relatives. Although feedback from people, their relatives and staff had been sought, the responses the service received were not sufficiently analysed or followed up to ensure the service continued to improve and to ensure people were supported to meet their needs. The registered manager told us they had identified prior to the inspection that their quality assurance systems needed to improve. They showed us how they would implement these changes. However, where the need for some improvements had been identified, this was not the case for all.

Staff had received training about safeguarding and knew how to respond to allegations of abuse. Staff were aware of the whistleblowing procedure which was in place to report concerns and poor practice.

People's medicines were well managed and documentation for the administration of medicines was completed in line with the service's policies and procedures. However, there was no documentation to confirm what pharmacist advice had been sought for a person who required their medicines to be crushed or added to their food. At the time of the inspection, the registered manager told us this person was not receiving their medicines covertly although guidance for staff stated they could be given this way. When we raised this with the registered manager they took action to ensure the necessary advice was sought.

There were sufficient staff to provide consistent and safe care to people. Relatives told us the right number of staff were available to support and meet their family member's needs. Staff supported the same people which meant they knew them well. The service had suitable arrangements in place to cover any staff absences.

Effective systems were in place to manage risk and ensure people were cared for in a safe way. Risk assessments had been completed and actions recorded to manage identified hazards and concerns.

Staff had received training about the Mental Capacity Act 2005. Staff had a good understanding of the importance of people consenting to the support they provided. When people lacked the capacity to make a specific decision, decisions were made in their best interests. Consent forms were filed in people's care plans and signed by people receiving care.

Staff ensured people had sufficient food and drink to meet their needs. Staff supported people to access health care professionals to make sure they received appropriate care and treatment. The service maintained accurate records of people's healthcare and GP contacts in case they needed to contact them.

Staff knew people well and were able to tell us about people's likes, dislikes, preferences and personal goals. Staff respected people's privacy and dignity and told us they asked people's permission before carrying out any tasks. People using the service were unable to give us their view of the service they received. We spoke with their relatives who gave us their feedback.

Staff were knowledgeable about people's care and support needs. Support plans were personalised and detailed how they liked to be cared for. Clear guidance was available for staff on how to support people in line with their needs.

People had the opportunity to give their views about the service. A complaints procedure was available and people said they knew how to raise a complaint if they needed to. Complaints and concerns were handled in an appropriate way. There was regular consultation with people and staff on their views on how they felt about the support they were receiving.

Staff said they felt supported by the management team. There was an open door culture and staff said the management team were approachable.

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.

Staff told us they were aware of procedures to follow to safeguard people from abuse.

The service employed sufficient staff to meet people's identified needs. The service carried out appropriate checks to ensure suitable staff were employed.

Effective systems were in place to manage risk. Risk assessments had been completed and actions recorded to manage identified hazards and concerns.

Good ●

Is the service effective?

The service was not always effective.

Issues identified during some staff supervisions were not always addressed or sufficiently followed up. This meant some staff were not always fully supported to give them the confidence and knowledge to effectively carry out their role.

People's rights were protected and people were consulted before care was provided.

People were supported to maintain good health and to access healthcare services.

People were supported to maintain good health and to access healthcare services.

Requires Improvement ●

Is the service caring?

The service was caring.

People were involved in making decisions about their care.

People were offered support in a way that upheld their dignity and promoted their independence.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People were treated as individuals. Staff knew people's preferences and how to deliver care to people.

Care plans were detailed, personalised and contained information which enabled staff to meet people's identified care needs.

People had the opportunity to provide their views about the service. Staff supported them to regularly give their feedback on their care.

Is the service well-led?

The service was not always well-led.

Some systems were not sufficiently robust to ensure all issues were followed up or actions implemented.

Staff told us they felt supported by a management team who were approachable and had an open door policy.

People's views on the service were sought by regular meetings and by seeking their feedback in satisfaction questionnaires.

Requires Improvement ●

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.

This inspection took place on 17, 19 and 23 January 2017. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had learning disabilities as their area of expertise. 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.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke to four relatives of people who used the service. We also received feedback from community support teams involved with the care of people using the service. We spoke with the registered manager, a team leader and four support workers to gather their views about the service provided.

We reviewed a range of records which included care records and risk assessments of five people, staff training records, staff duty visit schedules, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Is the service safe?

Our findings

Staff said they had received safeguarding training and were aware of their responsibilities to report any suspicion or allegation of abuse and who to report to if they had any concerns. One staff member told us if they had any concerns they would fully document this in the person's daily log and immediately notify the office. Staff said they were confident any concerns would be addressed by office staff. Staff knew how to recognise signs of potential abuse and gave us examples of how they would look for non-verbal signs in people such as changes in behaviour or loss of appetite. All staff we spoke with were aware of the whistleblowing procedure and a copy of this was located in staff files and signed by staff.

There were a range of individual assessments which identified potential risks for people. We saw this information was documented for each person and included how to manage the risks, for example the risk of falling, choking and the safe moving and handling of people. Staff were able to tell us about people's risk assessments and what they did to manage identified hazards and concerns. For example, in one person's care plan there was a risk assessment which had identified they were at risk of choking when eating. The care plan stated they required their food to be cut up into small portions and for staff to stay with them at mealtimes. When we spoke to staff who supported this person, they were aware of the risk that had been identified and were able to tell us how they supported the person in line with this guidance.

Overall, medicines were managed safely. We looked at the Medicine Administration Records (MAR) of people using the service. These provided clear guidance and instructions to indicate how medicines should be administered. However, for one person there was no documentation to confirm pharmacist advice had been sought to have their medicines crushed or added to their food covertly. Although there was documentation in place to confirm a GP had been consulted and given their approval to do this, the service's policy stated advice from a pharmacist should be sought to determine this was safe practice. When we raised this with the registered manager they told us despite the guidance being in place for staff to administer this person's medicines in this way, they were not currently receiving their medicines covertly. The registered manager, acted upon this and sought the necessary advice.

People's records detailed common side effects to medicines they were prescribed. This helped to inform staff on what to look out for and when to seek medical support. MAR sheets were completed following medicines being administered and where medicines had not been given, clear information had been entered onto the MAR detailing the reasons for this.

Medicines which had been prescribed to be given as and when required (also referred to as PRN medicines) were managed effectively. PRN protocols were in place which detailed how often medicines could be given, at which dose and for what indication. The PRN protocol for one person, detailed when they should have an inhaler and how to recognise they may be having an asthma attack. Staff said they would report any concerns about people's medicines to office staff. They said they always ensured the person's medicines were given at the right time. In the event of any error, staff told us they would call 111 immediately and follow the advice given.

There were sufficient staff to provide consistent and safe care to people. Staff told us people saw the same regular staff to ensure continuity of care. People's relatives told us there were always the right amount of staff available to support their family member's needs. One person told us "They always have new staff shadowing another member of staff until they get to know X (name of person using the service)". Their family member told us "X always knows which staff member will be coming to support them each day".

We saw safe recruitment and selection processes were in place. We looked at five staff files and found that appropriate checks had been undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of staff identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Records seen confirmed staff members were entitled to work in the UK.

Is the service effective?

Our findings

Staff training was not always delivered in a timely manner and not always sufficiently detailed to ensure staff competence in certain areas. Whilst staff told us they had received training and supervision to equip them with the confidence and knowledge to support people effectively, shadowed experienced members of staff and were assessed prior to working independently, staff files did not always evidence this. For example, where one staff member had an assessment of their competency to administer medicines, this had identified they required additional training and a further competence assessment prior to administering medicines unsupervised which had not occurred. The same staff member had supported a person with epilepsy but had not received sufficient training prior to this. As a consequence, they were unable to identify when another person they were supporting had a seizure.'

Staff supervision records showed a consistent approach was used with formal supervision sessions. There was a standard format, which contained headings of areas to discuss. These included working with people and other staff, feedback on courses, attendance and personal issues. However, issues identified during staff supervisions were not always followed up. For example, during the supervision of one staff member, it was identified they required further training in supporting people with behaviours that may challenge. It had also been noted, the staff member was struggling to support a person because of this. No action had been taken in response to this. The staff member continued to support this person without further training and subsequently an incident occurred. This placed the person at risk of harm.

There were mixed responses from people's relatives on whether staff were sufficiently trained. Comments from two relatives included "Yes absolutely. They do an amazing job really and there seems to be a lot of training that they have to do" and "Yes, I feel the staff are well trained and know what to do and how to support really well as they know their ways and how they like to be supported". Another relative was not so positive about staff training and ability. They told us they did not feel staff received a sufficient amount of training to help them support their family member when supporting them with behaviours that challenged. They said they would have liked to have been involved with the recruitment of staff for their family member as they felt this would have helped when selecting the most appropriate staff to support them. Another relative told us "They (staff) are told what they have to do but in reality they just don't do it. They say they get the best training but they don't put it into practice. Some of the staff are naïve to what challenging behaviour is and it is all about the approach and how to defuse situations". Another relative told us "If staff aren't told to do something, they do not think to do it. For example, the refuse bins were not put out for collection for weeks". Another relative told us "There is a serious lack of training and no common sense. Most staff have to be told over and over again so you feel like banging your head against a brick wall".

Despite the shortfalls we identified, staff told us they received sufficient training that enabled them to support people effectively. Feedback we received from external healthcare professionals were positive about staff training and knowledge. One staff member explained how they had been trained to use equipment, and went on to tell us how they used a hoist to help transfer a person they supported. They told us they were confident in using this equipment. Another staff member told us about their induction. They said they had received two shadow shifts, with the person they were planning to support before working

with them on their own. Another staff member told us they had two shadow shifts with each person they were going to support. They said this number of shadow shifts was flexible and if they did not feel confident they could ask for more. Staff told us the training they received was a mix of face to face discussion, workbooks and online training.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). 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 and legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection Where people lacked capacity to make certain decisions, mental capacity assessments had been completed.

In one person's care plan it stated how the service supported them in line with the MCA. The care plan had detailed guidance for staff in the event this person made a decision to do something that may not be in their best interest to carry out. It stated that it may be necessary for an assessment of their capacity to make this decision followed by a best interest meeting in order to achieve the best possible outcomes. All staff we spoke with were able to tell us about the MCA and what to do when people were unable to make particular decisions and gave descriptions of what was meant by lacking capacity and doing things for people in their best interests.

Staff explained they understood the importance of ensuring people agreed to the support they provided. Staff told us they encouraged people to make decisions and always sought their consent when supporting them. Staff also told us they always asked the people they supported if they were happy for them to help them before carrying out tasks. Consent forms were filed in people's care plans and signed by people receiving care. When we spoke to the registered manager about when people did not have the capacity to make specific decisions and where best interest decisions had been made on their behalf they were able to explain what processes had been followed. These assessments had been completed as appropriate in line with the MCA and were seen in their care files.

People's relatives told us staff supported their family member to ensure they had sufficient to eat and drink. One relative told us "They (staff) are great. They support with menu planning, going food shopping and support with preparing meals. Where people had been identified as being at risk from malnutrition, their food and fluid intake was recorded and monitored.

People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them. We saw from people's care records they were referred to healthcare professionals depending on the level of support they required. These included dietitians, psychologists, social workers, dentists, opticians and occupational therapists. For example, in one person's care plan it detailed that appointment reminders would be sent from their opticians and dentist to ensure they had up to date assessment and care. Staff told us there was a 'communications book' at each person's home which detailed forthcoming appointments.

Is the service caring?

Our findings

Most of the comments received from people's relatives indicated that staff were kind and caring. They said people were respected and staff promoted their dignity and privacy. Comments from people's relatives included "The staff are wonderful", "They (staff) do a really tough job. They must have patience, not everyone can do this kind of work and they do it well".

Although overall there was positive feedback on the care provided, two relatives we spoke with told us there were occasions when staff did not always fully support people to be clean following meals such as helping them to clean food from their mouths or change clothing when drinks or food had spilt on their garments. One relative told us their relative liked to dress smartly but they had seen staff take them out with scruffy clothes. They told us they had raised this with the staff and they had taken this on board.

Feedback we received from external professionals involved with people's care or treatment stated the service was person centred. Comments included "Your Lifestyle supports people with complex needs and without being person centred they would struggle. They ensure they have a clear understanding of the person they are supporting and involve families where necessary. The individual is always at the centre of any intervention and what is best and appropriate for the individual is followed" and "The service they provided for my client was very person-centred. They made lots of alterations to his care plan to reflect my client's wishes and feelings regarding his care even to the point of employing staff based on his wishes to provide his care".

People's privacy and dignity was promoted by staff who had an understanding of how to support people during personal care and how to maintain confidentiality. One staff member told us they promoted people's privacy and dignity by ensuring all doors and curtains were closed when supporting them with personal care. When people moved between their bedroom and bathroom, a member of staff said they would make sure they were adequately covered.

Staff told us they had developed good relationships with the people they supported. One staff member told us they enjoyed the time with people and liked doing other things with them as well as assisting with personal care. They said they liked working long shifts as this enabled the people they were supporting to take their time and give them more flexibility to what they wanted to do. They went on to tell us they encouraged people to be as independent as possible and assisted more with what people found difficult to do. Staff told us they knew the importance in supporting people as individuals and adhering to their preferences. For example, one staff member told us how they encouraged a person they were supporting to be independent. They told us they gave the person choices they were able to understand so they felt empowered to make their own decisions.

One relative told us about how staff encouraged and supported their family member to be independent. They told us how staff encouraged them to prepare their meals together saying "It is something that they (the person) really enjoy doing with the staff. In fact, they look forward to it. They are always encouraging them to be independent and do as much as possible for themselves". Another relative told us "The care

they receive now is the best care they have received in years as things just didn't work out with other care services. They are now happy and developing skills that are bringing them back to their old self".

The registered manager told us how the service supported people to work towards achieving their personal goals. They told us how they had supported a person who wanted to swim in the sea and how staff helped them achieve this. They also told us how they liaised with a person's family to help them safely access the community following an illness and what steps they put in place to help them do this.

Relatives said they were involved in decisions about people's care and said they were always kept up to date and informed of any changes. One relative told us staff were "great at communicating how X (person) is getting on and what's happening or any changes".

Training records showed staff had or were in the process of completing training in equality and diversity and enabling person centred thinking. Staff told us they treated everyone as an individual and actively promoted the opportunity for people to express their individuality. A health professional told us "People supported by Your Lifestyle have severe medical and behavioural needs that require appreciation and understanding of diversity and equality. Your Lifestyle staff treat people as individuals and with respect and dignity. They endeavour to understand the person and how they are different and embrace differences".

Is the service responsive?

Our findings

Staff were able to tell us how they supported people in line with their care and support plans. For example, there were details in one person's care plan which explained how they liked to take their medicines such as taking it off a plate. When we spoke to staff who had supported this person they were able to tell us what was in their care plan and that they gave this person their medicines as per their preferences. Another staff member told us about the potential triggers to a person's behaviours and how to avoid these. They told us they had built a good relationship with this person by being aware of their behaviours when they were feeling upset or agitated and how to respond when they were feeling unsettled. They told us they used information from this person's care plan which detailed things they liked to do to help improve their emotional well-being such as activities they enjoyed. Information we saw in this person's care records confirmed this.

People and their relatives knew how to raise concerns if they had any issues and had confidence they would be listened to. Comments from people's relatives included "Any concerns I have I can always speak to the staff and the manager and my concerns are dealt with immediately and promptly" and "We have phone numbers and emails and are encouraged to have regular meetings – they (office staff) are really good". We looked at records of compliments and complaints received. For some complaints, the format to which they had been responded to was difficult to follow and correspondence and actions were not always filed together. However, complaints and incidents had been appropriately responded to. Letters of thanks, compliments and any incidents or issues people had were appropriately recorded. Positive written compliments from people, their relatives and healthcare professionals were seen. Comments included "It is clear Your Lifestyle listen to families and service users. If there are any small issues they will work together and rectify them".

We received positive feedback from healthcare professionals on how the service listened to people using the service. Comments included "Your Lifestyle staff are very friendly and approachable. They respond to any issues or concerns raised about the person they provide support to. The managers are very keen to explore possible options to ensure the person they support is happy. The managers make themselves available for meetings and ensure the support is appropriate for the adult in need".

People were encouraged to provide their feedback on the quality of the service. People spoke to staff during monthly service user meetings where they were given the opportunity to share their opinions on the care they received. This feedback was recorded and filed in people's care plans and their requests and any issues were addressed. Information included whether people felt safe and comfortable, whether they knew how to complain and detailed their personal goals. In one person's care plan they had responded "I feel that staff care about my needs in a good way and they support me as I request; helping me to improve my quality of life". In another person's care plan it stated they would like to start going out more often. An action plan was put in place to guide staff on how to support them to do this.

People and their relatives were involved in the initial and ongoing review of their care and support plans and told us they were always involved in the care planning and their needs and choices were always respected. One relative told us "Yes, I am fully involved in their care planning and the communication between the staff when things have gone wrong, for example recently when there has been a fall and X (person) has needed

hospital attendance". Staff confirmed this and one staff member told us about a meeting that took place once a week with a person's family about their progress or changes.

People were supported to receive personalised care in response to their needs by staff who supported the same people. Duration of visits meant staff had time to spend with people, providing unrushed care. This promoted building relationships and continuity of support. One staff member told us how they noted a person's body language and to look for signs they may be uncomfortable, as they were unable to communicate this verbally. They told us how they would help to calm this person if they were showing signs of agitation by talking to them or giving them items that they liked to handle.

Care plans included daily records written by staff to document what care had been provided, to note any health changes or changes to their emotional well-being, to note what day to day activities had occurred and how their nutritional needs had been met. As well as receiving a handover at the start of each shift, these documents gave staff up to date information on people's daily needs and updates on any important changes they needed to be aware of.

People's care and support plans detailed their hobbies and interests. People's relatives told us their family members were supported to participate in activities of their choice and gave details of specific activities and places they had visited. Staff were also able to tell us how people liked to spend their time and this was reflected in their support plan.

Staff told us they supported people to take part in activities they chose to do. In one person's care plan there was an activity planner which detailed what they liked to do and specific days where activities in the community took place that they liked to be part of. This included going shopping, going to church and visiting local cafes.

Is the service well-led?

Our findings

Whilst regular audits were completed to monitor service provision and to ensure the safety of people who used the service, systems to monitor issues were not sufficiently robust to ensure all issues were followed up, actions implemented or trends identified. Whilst complaints and any incidents or issues people had were appropriately recorded and responded to there were other issues which had not such as the follow up of incidents, staff supervisions and training.

Where the need for some improvements had been identified, there were others which had not such as follow up from incidents, staff supervisions and training. An incident had occurred where a person was not supported in line with their needs. Whilst actions were implemented to mitigate the risk of such incidence recurring, the lack of monitoring and follow up of issues meant this incident may have been prevented. The registered manager told us they had identified prior to the inspection that their quality assurance systems needed to improve. In response to this, they showed us a revised template, which was being rolled out during the month of the inspection. However, where the need for some improvements had been identified, this was not the case for all.

The quality auditing system did not monitor complaints or the feedback received from people and their relatives. For example, whilst feedback from people, their relatives and staff had been sought, the responses the service received were not sufficiently analysed or followed up. This did not ensure the service continued to improve or ensure people were effectively supported to meet their needs.

Staff told us they were confident any issues raised would be acted upon and resolved. However, when we looked at staff files this was not always evident. In the file of one staff member, their supervision record stated they had a lack of understanding when asked about safeguarding and the definition of mental capacity. In response to this, within their personal development plan the action stated 'to learn more about safeguarding'. There was no timed action plan or follow up to ensure they had done this.

Staff we spoke with said they did not often see the registered manager but would go to the office manager in the Swindon office if they needed anything. Staff told us they were kept informed of anything they needed to know and felt well supported by the management team. Staff told us they could telephone or "pop" into the office at any time and received helpful advice if needed. One staff member told us they felt part of a team despite lone working. .

People's relatives told us they received good support from the office team and they were always approachable and helpful. People's relatives told us they were informed about changes in the service and regularly invited to provide their feedback and suggestions.

Feedback from a professional involved with the well-being of some of the people using the service was very positive. They stated "I have been very impressed by Your Lifestyle and would recommend the supported living service in my practice time and time again. The managers always make every effort to ensure that they attend all meetings and they are very valuable meeting members, offering extensive knowledge of their

clients and always adopt a "can do" or "willing to try" approach to my suggestions".

Staff were aware of the vision and values of the service. One staff member told us the service enabled people to stay in their own homes and not go into residential or nursing care. They said it was all about "enabling, people to have a good quality of life and do the things they wanted to do".