

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Quality Lifestyle Ltd is a community-based care service providing personal care to people in their own homes. At the time of the inspection five people were receiving support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. At the time of the inspection two people were in receipt of this regulated activity.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff that had the skills and knowledge to meet people's needs and keep them safe. Staff supported people to make choices in all aspects of their daily lives and people's independence was promoted. People's care records contained meaningful goals and outcomes.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. Staff knew people well and understood people's individual needs. Staff received the training they needed to provide people with the right care and support. Staff understood how to protect people from avoidable harm or abuse. People's care records reflected their needs, care and support.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff supported people in a positive and respectful way, supporting them to achieve their goals. People received care tailored to their individual needs.

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

This service was registered with us on 24 February 2020 and this is the first inspection.

The last rating for the service at the previous premises was good. Published on 26 March 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a community-based care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, three care staff and one external social care professional. Due to people's complex needs we were not able to visit with people in their homes or speak with them. However, we spoke with two relatives of people using the service. We also reviewed a range of records which included two people's care documentation, medicine administration record's and two staff recruitment files. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence we found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm because staff knew people well and understood how to protect them from abuse.
- Relatives told us they felt their relatives were safe and cared for.
- The provider had safeguarding processes and procedures in place and staff had received training in safeguarding. One member of staff commented, "If something did not seem right, I would report it to the management, and they would deal with it."

Assessing risk, safety monitoring and management

- People's needs and risks were assessed, monitored, reviewed and managed. This helped to protect people from the risk of harm. These included techniques to minimise risk and any interventions staff needed to take.
- Care and risk management records provided staff with the information they needed to support people in a safe manner; along with providing additional information about their health care needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's conditions.
- Changes to people's care and risk management plans were communicated to staff in a timely manner.

Staffing and recruitment

- There were sufficient numbers of staff to support people. People were supported to access the community along with carrying out activities of their choice. This was confirmed by relatives and staff. One member of staff commented, "Yes there are enough staff."
- Safe recruitment checks were in place including, employment history, references, notes from interviews and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. Staff followed processes to administer, record and store medicines safely.
- Staff received training in handling and managing people's medicines. This was confirmed by our checks of staff training records.
- Protocols for 'as required' or 'PRN' medicines were in place. These ensured people received their medicines when needed.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- At the time of the inspection no incidents, accidents, complaints or safeguarding's had occurred. However, there was a culture from learning lessons when things went wrong. The registered manager explained to us the systems they had in place to analyse and share any learning to mitigate the risk of reoccurrence in order to keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care records were personalised and reflected their needs and desired outcomes. Care records were kept up to date as and when people's needs had changed.
- Care assessments supported the principles of equality and diversity and staff considered people's protected characteristics such as disability.
- Staff knew the importance of being aware of people's views as well as their relatives so that the care could be focussed on the individual.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training that was relevant and met people's individual needs. This included training in relation to epilepsy, autism, depression and first aid. One member of staff commented, "Training is very good, I feel I have the skills to meet people's needs."
- Staff completed an induction programme and had opportunities for regular supervision and appraisal.
- New staff were able to shadow more experienced staff as part of their induction, this improved their knowledge of people, their daily routines and preferences.

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

- Staff were aware of people's individual dietary needs and where required, supported people with meal preparation and encouraged them to eat a healthy balanced diet.
- People's dietary needs and preferences were recorded in their care records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies such as occupational therapists and GPs in order to meet people's specific needs.
- Concerns about a person's health care needs were escalated as required to ensure people's healthcare needs were continually being met.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and understood the importance of involving people in decisions about their care.
- Staff told us how they sought consent from people before providing care, by explaining what they were going to do and respected people's decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Relatives commented how friendly, supportive, and caring staff were in their interactions with their family member.
- Staff demonstrated an understanding of people's needs, the things they enjoyed doing, along with an empathy of people's emotional responses and how best to support them.
- People's equality and diversity were respected, and their likes, dislikes and preferences were clearly documented in their care records for staff to refer to.

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- Relatives said they were involved in decisions about their family member's care. We could see in care records, relatives were involved and kept informed.
- People were encouraged to express their views and make their own choices and decisions around their daily tasks and activities. This enabled people to have control over their lives.
- Staff explained how they supported a person who was not able to verbally express their views; by understanding what they meant using body language, gestures, and non-verbal communication methods.
- Staff actively promoted and supported people to maintain their independence and living skills. For example, one member of staff explained how they encouraged a person with their personal-care and daily tasks such as laundry and meal preparation.
- Staff described how they respected people's dignity and privacy whilst providing care and support. For example, by working at a person's own pace and recognising when a person wanted to be alone.
- Staff told us they felt they had developed good relationships with the people they supported and understood how to provide care and support in the way the person felt comfortable.
- People's confidentiality was recognised, and their 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people's likes, dislikes and preferences and used this information to support people in the way they wanted.
- Care records were detailed and included goals and objectives people wanted to achieve. For example, accessing the wider community.
- The registered manager and staff team understood people's needs well and encouraged them to make choices and decisions about their daily lives.
- People's care records were reviewed regularly and updated when their needs changed. Information held in care records were reflective of people's current individual needs. Staff confirmed care records contained all the information they required to provide care and support to people.
- People were supported to participate in their chosen interests such as swimming and other recreational activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and reviewed. Assessments considered the support people needed with communication and how staff should provide it.
- Information if required, could be provided in alternative formats in a way people could understand, such as pictorial.

Improving care quality in response to complaints or concerns

- Relatives told us they did not have any complaints about the service their relative received. Relatives knew who they should speak to if they had a complaint and were confident, they would be listened to. One relative commented, "I don't have any concerns; the manager is very approachable if I did."
- The provider had a process to respond to people's complaints or concerns, however, there had been no formal complaints received.
- Regular reviews of people's care needs occurred which also provided an opportunity for people or their relatives to raise concerns or complaints.

End of life care and support

- At the time of the inspection no one was receiving end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture and encouraged feedback in relation to all aspects of the service provided.
- Relatives and staff gave positive feedback about the provider, they told us the management were knowledgeable, always available and provided clear leadership. A relative said, "Quality Lifestyles are very good, and I have no concerns with them whatsoever I am very happy." One member of staff commented, "Nothing is too much trouble for anyone it's a very good place to work and I am happy."
- We found the registered manager was knowledgeable about people's needs and preferences and worked hard to ensure people's goals were achieved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a clear management and staffing structure; staff understood their roles and responsibilities and knew who they could speak to if they had any concerns.
- The registered manager had a clear understanding of their managerial and regulatory responsibilities, in particular submitting statutory notifications to CQC and making referrals when needed to local authority safeguarding teams.
- The registered manager understood the duty of candour, sharing information with relevant organisations and ensuring people were kept informed.
- Staff received regular supervisions and appraisals. One member of staff told us, "Supervision is every two to three months and we have an annual appraisal, but you can speak with the manager anytime if needed." We saw evidence of this in the records we sampled.
- Quality reviews of records and processes were in place such as a system to make certain people's monies were managed in a safe way. These reviews helped ensure people were kept safe along with checking people received good quality care and support.
- The provider had an electronic care planning system in place which provided clear oversight of the care calls, evidence of performance and tasks undertaken. This made sure people received the care and support required along with confirming specific tasks such as medication were delivered.

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

- The provider sought opportunities to gain feedback from people and their relatives about the service provided through conversations and reviews of people's care.

Continuous learning and improving care

- Staff received continuous training to ensure their learning and knowledge were up to date and to ensure they had the skills to support people safely.

Working in partnership with others

- The service worked in partnership with relatives, social and healthcare professionals to ensure the care and support people received was person-centred and met the needs of the individual. Feedback from professionals was positive.