

C L Lifestyles LTD

CL Lifestyles Night Care

Somerset

## Inspection report

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29 March 2019

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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

About the service:

CL Lifestyles Night Care Support Somerset is a domiciliary care agency which provides overnight care to people in their own homes. The majority of the support provided is on a short-term basis to support people at the end of their lives and people leaving hospital. At the time of the inspection the agency was supporting 6 people on a long-term basis and additional people each night under the 'HomeFirst' scheme and people requiring end of life care. The number of people being supported changed on a daily basis in response to local need.

People's experience of using this service:

Without exception, the feedback we received from people was very positive. Comments included; "I am very appreciative of this super service. Just can't fault it," "It couldn't possibly be any better" and "Professional and respectful would describe them. I have complete confidence in them. It has been a huge help."

People were supported by an agency which had excellent organisational and quality monitoring systems in place. This meant that the service responded to need at short notice and was able to provide high quality care and support.

People received their care safely because staff worked with other professionals to make sure risks to people were minimised. Staff were trained in how to recognise and report abuse which helped to keep people safe.

People were supported by staff who were skilled and experienced which meant they received care that was effective and responsive to the changing needs. Staff liaised with other professionals to make sure people's health and well-being was monitored and they received the support they needed to meet their needs.

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. Staff promoted people's independence to help them to regain confidence and maintain their safety.

People could be confident they would receive care and support which met their needs and was provided by staff who were kind and caring. People who received long-term support from the agency told us they received care from a small team of staff who they had been able to form trusting relationships with.

People received compassionate and professional care at the end of their lives. Staff respected people's wishes and their cultural and religious beliefs. People were fully involved in planning and reviewing their care and felt staff understood and would carry out their wishes.

Rating at last inspection: Good (Published 12/10/2016)

Why we inspected: This was a scheduled/planned inspection based on previous rating;

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](http://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 ●

# CL Lifestyles Night Care

## Somerset

### **Detailed findings**

## Background to this 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 inspector

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults, including people living with dementia and those requiring care at the end of their lives.

Since the last inspection the support provided by the agency has changed and it now only provides waking night care between the hours of 10pm and 7am.

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:

We gave the service 72 hours' notice of the inspection visit because we needed to be sure the registered manager would be available. It also gave the registered manager time to arrange for us to speak to staff and people who used the service.

Inspection site visit activity started on 26 March 2019 and ended on 29 March 2019. We visited the office location on both dates to meet with staff; and to review care records and policies and procedures.

What we did:

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR is information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with three people who used the service and three relatives on the phone. We also spoke with six members of staff.

We looked at a selection of records which included;

- Four care and support plans
- Records of staff training
- Records of staff meetings
- Three staff recruitment files
- Records of quality monitoring

# 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; Staffing and recruitment

- Risks of abuse to people were minimised because the agency had systems which helped to protect people. These included a robust recruitment process and training for staff.
- People and relatives told us they felt safe with the staff who supported them. One person said, "I feel totally safe with them." A relative told us, "It means I get a good night's sleep because I know they are safe and being cared for."
- The agency employed sufficient numbers of staff to make sure people received their care from regular staff. People who received an on-going service told us they had a small team of three staff who they saw regularly and were never supported by staff they did not know. This helped to make sure they received consistent care and support.

Assessing risk, safety monitoring and management

- Risks to people and staff were minimised because risk assessments were carried out and adjustments made to ensure care was provided safely. For example, one care plan showed that furniture had been moved in one person's home to provide additional space to better support the person with mobility.
- The agency provided care to people who had been discharged from hospital under the 'HomeFirst' scheme. This was a scheme ensuring people had support overnight when they arrived home from hospital. The provider said they helped to promote people's confidence when returning to their own homes. Staff told us they reported to the team leader if they identified any risks to a person or any suggestions that could make life easier and safer for people. This was then reported back to the scheme organiser to ensure necessary actions were taken to reduce any identified risk.

Learning lessons when things go wrong

- The provider had a real commitment to learning from mistakes and continually improving the service offered. They analysed all accidents and incidents and took action to address these which included additional training for staff where a need was highlighted.
- One professional said the agency listened to feedback and were responsive to the need to make changes when needed. This had included ensuring that night reports were more comprehensive to show how people's goals were being met.

## Preventing and controlling infection

- People could be confident that staff working with them were competent in minimising the risks of the spread of infection because they had received specific training in infection control.
- Staff were provided with personal protective equipment such as disposable gloves and aprons to promote good infection control practices.

## Using medicines safely

- The agency did not support people with medicines. However, one person told us, "They don't do medicines but I take [Name of medicine] during the night and I know they watch to make sure I don't have too much. That's a great comfort as it can be a bit confusing in the middle of the night."
- Staff told us they would contact healthcare professionals if they had any concerns about people's medicines. One member of staff said, "We would contact the person's assigned district nurse if we had any worries. Of course, if it was more urgent we would phone the emergency services or 111 for advice."

# 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, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People who were using the service on a long-term basis had their needs fully assessed and care plans were devised from these assessments. Staff followed care plans to make sure people received care that met their needs and preferences. One relative told us, "They do exactly what we want them to do. We did a care plan and so everything is recorded."
- The agency worked with other professionals to provide overnight care to people at very short notice, sometimes just a few hours. In these situations, the agency received a care plan from the referring professional and carried out an introductory telephone conversation with the person who was going to use the service.
- Staff worked in partnership with other professionals to make sure people were able to fulfil their wishes. This could be returning to their own home at the end of their lives or regaining independence following a hospital admission. One healthcare professional told us, "This provision has been a positive asset to the HomeFirst service as it has led to more users remaining home safely."
- People's healthcare needs were effectively monitored by staff and there were systems in place for daily reporting to healthcare professionals. This enabled other professionals to act quickly to provide additional support to people who required it, or be assured that people were safe and managing well.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to effectively meet their needs. One person said, "They are well trained and very competent."
- The provider had changed the induction process for staff following feedback from people. Previously new staff had shadowed more experienced staff during their induction. As the service was only provided at night, some people found this intrusive. The induction process now involved training, including workshops and role play, away from people's homes.
- Staff had the skills required to meet people's specialist needs. Where people required specific support their team of staff were trained by specialist staff to ensure they were competent. For example, one team of staff had received specialist training to meet a person's nutritional needs.
- Staff told us they thought the training they received was good quality and gave them the skills they required to effectively support people. One member of staff said, "Training is good and varied. We have

meetings, one to one support and workshops. If there's anything you don't feel confident with you can ask for more training. There's no pressure to do things until you feel competent."

## 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 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 only received care with their consent. When people began to use the service, the staff recorded people's wishes about who they would like information and decisions shared with. One person, who had mental health difficulties, had recorded with staff the care they wished to receive in particular circumstances. This all helped to ensure people received support and care in accordance with their wishes even if their ability to consent changed.
- Staff had received training about the mental capacity act and knew how to make decisions in people's best interests if people lacked capacity to make their own decisions. One member of staff said, "The care plan tells us who the person wants to make decisions for them if they can't."
- Staff liaised with other professionals and personal representatives when people were unable to give consent to any aspect of their care and support. For example, following a best interest meeting with other professionals it was decided not to send out letters to one person who lacked capacity in this area, as it made them extremely anxious.

## 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

- Without exception people we spoke with described staff as always kind and friendly. Comments included; "All the ladies are different but they are all kind," "They are all absolutely lovely, they are friendly and respectful. Really nice people" and "I mostly have the same two carers. They are absolutely wonderful."
- All staff received training in equality and diversity to make sure they were able to support people in a non-judgemental way. One member of staff told us they were committed to providing care in accordance with people's wishes. They said, "It's really not about us. It's all about what that person wants."
- The provider told us in their provider information return they supported person specific care regardless of religion, race, gender, disability or sexual orientation. At the inspection they confirmed that they were happy to meet different needs. They felt this was especially important for people who were receiving care at the end of their lives who may have specific cultural or religious needs or wishes.
- Staff often went over and above their job role to make sure people received the care and support they required. In one instance we heard how staff went to one person thirty minutes before their shift was due to start as they knew the person liked to go to bed at 10pm and they did not want to disturb their routines. In another instance the agency cared for a person who was living with dementia and struggled with orientating themselves to day and night. The agency provided a dementia friendly clock and staff wore night clothes to help the person to realise it was night time.

Respecting and promoting people's privacy, dignity and independence

- People and their properties were treated with respect and dignity. One person told us, "One thing I really appreciate is how well they look after the flat when they are here." Another person said, "They are very respectful of me and my property."
- People's independence was encouraged. People being cared for under the 'HomeFirst' scheme received support to assist them to regain their independence. One member of staff told us, "It's all about giving people confidence and helping them to be independent again. We have an activity list about what people need encouragement with. We have to stand back and allow them to be independent."

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

- People were fully involved in planning their care and putting together a care plan. One person told us, "We did a care plan. It is very detailed and I was fully involved. They gave me control again."
- People's care was reviewed with them to make sure the service continued to meet their needs. Care plans we read gave evidence that they had been discussed and agreed with people.

## 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

- The agency provided extremely responsive care to people. The organisation of the service and staff deployment meant they were able to respond for requests for support at very short notice. A healthcare professional told us the agency had responded positively to people's needs at very short notice. They were also flexible to meet changing needs. One relative told us, "If I needed to change my nights I just know they would accommodate it. It's such a personalised service."
- The agency responded to emergency situations to meet people's wishes and needs. For example, this could be when a person's main carer was taken into hospital and the person they cared for had no other form of support. Support from the service enabled the person to remain in their own home.
- Staff responded to changes in people's needs and abilities. One care plan we read showed staff followed a different plan of care depending on the person's presentation on each night visit. This ensured the person received support which met their needs at the time.
- People told us the staff who supported them respected their routines and fitted in with them which meant they maintained control over their day to day lives. One person told us, "I am in charge of everything that happens. They fit in with me, not the other way around."
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified communication needs were met for individuals. For example, one person communicated through an electronic tablet and this was recorded in their care plan and known by staff.

End of life care and support

- People could be confident that care provided at the end of their lives would be compassionate and professional. All staff received extensive training on end of life care. The provider had taken part in a scheme to ensure people receiving care in their own homes received care and support in line with the Gold Standards Framework. This is a comprehensive quality assurance system which enables services to provide quality care to people nearing the end of their lives.
- People were supported with kindness and understanding at the end of their lives. One member of staff said, "It's a big deal to be allowed into someone's house but it's an absolute privilege to care for them at the end of their lives." One card received by the agency thanked staff for "The sympathetic and kind ways you

helped in her final days."

- People could be assured that their wishes regarding their end of life care would be carried out by staff. One person told us, "They all know what to do in an emergency and what my preferences are. Like I don't want to go into hospital. I went through all the paperwork with them and numbers they would need. Definitely all about me and they are extremely respectful of my wishes."
- The provider was committed to supporting people to fulfil their end of life wishes. In one instance an out of hours request had been made to the agency because a person wished to die in their own home. The on-call staff responded immediately and organised a staff member to support them that night. This enabled the person to pass away at home with dignity and respect for their wishes.
- The provider had a clear set of goals for staff to follow when providing end of life care. The 16 goals reminded staff about issues they needed to consider and action to follow to make sure people remained comfortable and pain free. It also identified the importance of meeting the well-being needs of relatives.

#### Improving care quality in response to complaints or concerns

- People said they were confident that any complaints raised would be responded to and action would be taken to improve. One person said, "I did make a complaint and it was sorted out straight away, couldn't fault them." Another person commented, "You can talk to them about anything and they are good listeners."
- The provider treated complaints as a way of learning and continually improving the service people received. For example, following on from a complaint the induction programme for new staff had been changed. There had been another complaint regarding the fact that the agency used a premium rate phone number. As a result of the complaint this had been immediately changed to reduce the cost to people contacting the office.
- The provider analysed all complaints and concerns raised to look for patterns which could indicate a shortfall in the service. They told us, "We do look for trends but even if something isn't right for just one person we have to act and make it right. People deserve the best care which is right for them."

## 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 service had a manager registered with the Care Quality Commission. A registered manager 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. The registered manager was also the nominated individual for the provider.
- The provider's vision for the service was to be known as a leading specialist in safe and responsive overnight care and support. Feedback from people who used the service showed that high quality care was provided. Comments included; "I am very appreciative of this super service. Just can't fault it," "It couldn't possibly be any better" and "Professional and respectful would describe them. I have complete confidence in them. It has been a huge help."
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The provider told us they had an open culture and staff confirmed this.
- Staff were well supported which meant they were happy and competent in their roles. Senior staff ensured that less experienced staff always had support available. For example, when one member of staff experienced the death of a person for the first time the team leader met with them at 1am to offer support and a debrief. One member of staff told us, "The management are really good. It's a great company to work for."

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

- People and staff described the service as being well organised and efficient. One person said, "So organised. The office staff [name of staff] and [name of staff] keep in touch and sort out anything." Staff told us they were impressed by the way the work was organised and how well they were supported by senior staff.
- People could be confident that support visits were well planned and organised. There were systems in place to respond quickly to requests for the service with competent staff. There was an on-call system which meant additional staff were always available to deal with emergency requests and cover for staff who were unavailable due to sickness. The provider's monitoring systems showed there had been no missed visits and any lateness to visits was fully investigated. One person told us, "The service is excellent, they have never not

arrived. I feel totally safe."

- Requests for support were received each day, often with only a few hours' notice. Staff told us the key to being able to provide such a responsive service was good team work and everyone being clear about their roles. In addition to praise for care staff who supported them, people commented very positively about how the service was organised and the staff who worked in the office. One person commented, "All the staff, including the office staff, are confident and able which gives complete reassurance."
- The provider identified possible risks, such as bad weather, and had plans in place to make sure people who needed a service received it. One relative said, "In the bad weather they were organised and really responsive. They had plans in place just in case which was very impressive."

### Continuous learning and improving care

- Since the last inspection the service had developed and changed to providing only night care. The quality assurance systems had developed to ensure all care and support provided was high quality and in accordance with local need and people's wishes.
- People benefitted from a provider who had a commitment to continual improvement to the service they received. There were excellent quality monitoring and trend analysis systems which monitored quality and addressed any shortfalls identified. There was an annual plan to make sure all policies and practices were regularly audited and improved where appropriate. This had led to improvements in recruitment, training and how feedback was gathered.
- All shortfalls in the service were identified and action was taken to address. For example, the trend analysis of late visits had identified that a major cause for lateness was poor directions to people's properties when people were having night care at short notice. This had been responded to by ensuring directions to the property were fully explored in introductory phone calls. This small change reduced the number of late visits.
- The provider had introduced an electronic system for staff to record night visit activity and this was then available to the care manager each morning to feedback to healthcare professionals. This enabled people's needs to be monitored and promptly and effectively addressed by other professionals.

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

- The provider aimed to provide care that fully met people's needs and expectations. Their quality monitoring had identified that the level of feedback they received was not as good as they would like. In response to this they had decided to seek verbal feedback by phone rather than use satisfaction surveys. All people using the service had been asked how often they wanted to be telephoned and most had opted for monthly. This enabled the provider to continually seek people's views and feedback. One person told us, "The monthly call is great and makes me feel valued. There was one thing I mentioned that I wasn't quite happy with and they just sorted it out. It wasn't something that I would have made a complaint about but it was good to discuss it."
- Staff were well supported by regular meetings and training workshops. There was also a monthly newsletter to staff to keep them up to date with any changes. Staff told us they could raise issues or make suggestions at the meetings. All staff were asked for feedback following training sessions to make sure training was good quality and appropriate to each member of staff's learning style.

## Working in partnership with others

- The provider worked in partnership with other professionals and agencies to make sure people received the care and support they needed. During a period of bad weather, the agency had liaised with others, including offering the use of four by four vehicles to another agency, to make sure people received their support.
- The provider was willing to work with other professionals to try new ideas which may have positive outcomes for people. The 'HomeFirst' scheme had been a pilot project aimed at reducing pressure on hospital beds during the winter months and ensuring people could return home from hospital safely. Healthcare professionals told us this had been a very successful project because of the ability of the agency to work positively with them.
- The provider worked closely with healthcare professionals to enable people to receive good quality end of life care in their own homes. They had often responded extremely quickly to situations where people wished to return home for their final days. At times they worked alongside other agencies, such as hospice nurses, to make sure people's needs were met consistently.
- Where staff identified concerns with a person's care or circumstances the provider worked with other relevant agencies, such as the local authority, to make sure people were kept safe.