

Services for Independent Living

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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

This inspection took place on 15 August 2018, and was announced.

Services for Independent Living provides services that enable people to live independent lives in their own homes within their own community. They support people with learning difficulties, physical impairments, mental health issues including dementia and older people. Services are provided to people living in Herefordshire and the surrounding area. At the time of our inspection the provider was providing personal care and other support for 31 people. Not everyone using Services for Independent Living are at Home receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service was providing personal care for 22 people.

At the last inspection on 1 December 2015 November 2015, the service was rated 'Good.' At this inspection we found evidence continued to support the overall rating of 'Good.' This inspection report is written in a shorter format, because our overall rating of the service has not changed since our last inspection.

People continued to feel safe with staff and the support provided by Services for Independent Living. Staff understood their responsibilities to protect people from abuse, discrimination and avoidable harm. Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. The provider continued to follow safe recruitment practices to ensure prospective staff were suitable to work with people in their own homes. The provider had systems in place to ensure they reflected on any shortcomings and that improvements were made. The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed.

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. People's rights with regards to consent and making their own decisions continued to be respected by staff. People were supported to choose the food and drink they wanted, with regard to healthy diets and balanced nutrition.

Staff who adopted a warm, friendly and caring approach. People felt involved in their own care and staff and managers listened to what they wanted. Staff respected people's privacy and dignity when they supported them and promoted their independence.

People continued to receive care and support that was individual to them. The provider ensured people were provided with information appropriate to their disability, impairment or sensory loss. Support needs were kept under review and people were consulted about whether changes were required. People were encouraged to raise concerns and make complaints and were confident these would be dealt with. People continued to be involved in meaningful and stimulating activities of their choice.

Staff describe a culture in which they were able to speak openly with the registered manager and management team. People were listened to when they gave feedback about the service they received. Systems were in place that continued to be effective in assessing and monitoring the quality of the service provided. When concerns were identified the registered manager addressed these matters with staff at team meetings, where good practice and learning was shared. Staff and management worked to strengthen links with people and the local community.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Safe.	Good ●
Is the service effective? The service remained Effective	Good ●
Is the service caring? The service remained Caring.	Good ●
Is the service responsive? The service remained Responsive.	Good ●
Is the service well-led? The service remains Well-led.	Good ●

Services for Independent Living

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 checked 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 15 August 2018 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. The inspection was carried out by one inspector.

Prior to our 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 took this information into account during our inspection of the service.

As part of the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked commissioning teams from local authorities and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing personal care for 22 people who lived in the Herefordshire area. Some of these people were receiving 24 hour care from the provider. We spent time visiting people in their own homes and asked them and their relatives what they thought about the care they received. We also undertook telephone interviews with people and relatives to gauge their impressions of the quality of care provided. One person chose to write to us with their opinion of the care provided. Some people had difficulty in communicating verbally with us, and therefore conversations were limited. In total, we spoke to five people who used the services and four relatives.

At the office, we reviewed three care records about people's care and other records on how the agency was managed. This included medication administration records, personnel and recruitment records, and quality assurance checks.

As part of the inspection, we spoke with the registered manager, the chief executive, the deputy manager, the human resources and training manager, five care staff, and three team leaders.

Is the service safe?

Our findings

People told us they continued to feel safe with staff and the support provided by Services for Independent Living. One person told us, "I feel safe and I'm very happy with them [staff]." Another person said, "I have no worries at all. They [staff] are a really a good company; they are reliable and helpful. They [staff] are outstanding." One relative told us, "Our relative is very safe. Staff seem confident and knowledgeable. When we have been away, we have always been confident that they [relative] are perfectly happy and well looked after."

The risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. The provider had assessed, recorded and reviewed risks to people's health, safety and wellbeing, which included their nutritional, medication and mobility needs, and any risks associated with long-term medical conditions. Staff were aware of the risks associated with people's care and knew how to keep them safe from harm.

Staff were trained to look out for potential signs of abuse, such as changes in people's behaviour, appearance, and any unexplained marks or bruising. Staff told us they would not hesitate to report any concerns to the management team, and were confident action would be to ensure people were safe. The provider had procedures in place to ensure details of any suspected or actual abuse were shared with appropriate external agencies, such as the local authority, police and CQC.

The provider continued to follow safe recruitment practices to ensure prospective staff were suitable to work with people in their own homes. We saw Disclosure and Barring Service (DBS) and references were completed for new staff prior to starting work with people. A background check called a DBS check is a legal requirement and is a criminal records check on a potential employee's background. The provider undertook three yearly DBS checks on staff to ensure they continued to be safe to work with people.

The provider had systems in place to ensure they reflected on any shortcomings and that improvements were made. The management team monitored accidents, incidents, and 'near misses' to identify any trends as well as any training needs of staff. Lessons learned were discussed at team meetings to prevent reoccurrence and share good practice.

People, their relatives and staff confirmed the staffing levels maintained by the provider meant people's individual needs and requirements could be met safely. One relative said, "I have no issues with staffing. This is the best team of staff we have ever had. They have really got it right with our relative; I can't fault them." Another relative told us their loved one received 24 hour, seven days a week care from the provider. They said staffing was good and reliable, which enabled their relative to be supported effectively. They said they had never experienced any difficulties with absence through sickness.

Staff said they had received guidance and training on infection control and prevention and were satisfied with the range of personal protective equipment (PPE) available, such as gloves and aprons. Staff told us team leaders regularly monitored their practice to ensure they were following correct infection control

procedures.

The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed. Staff involved in the handling and administration of medicines received training and underwent periodic reassessment and competency checks. There were systems in place to ensure regular audits of medicines administration and storage were undertaken.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. Staff received training to ensure people's protected characteristics were taken into account and to avoid any discrimination in the planning or delivery of people's care. Relatives told us staff were well-trained and knew people's needs. One relative said, "Staff are knowledgeable and capable. They take all [relative's] needs and difficulties into consideration and show amazing responsibility towards my relative and I."

Staff told us their training provided them with necessary skills and knowledge to meet people's needs. One member of staff told us, "Training is excellent and additional training in specific areas is always available." Training was provided by external resources and 'in house' by trained members of the management team. Management team members specialised in specific areas, such as medication, equality and diversity, adult safeguarding, mental capacity and communication. Following an induction programme, which mirrored the key elements of the Care Certificate, staff undertook a rolling programme of training. The Care Certificate is a nationally recognised qualification in social care. Staff also completed other nationally recognised courses in adult social care. The rolling programme of training also reflected staff's duties and responsibilities for meeting people's individual care and support needs. Managers undertook a training programme attaining a Level three qualification in Training and Education. Staff attended regular one-to-one meetings with the team leaders or managers to discuss any additional training or support they may need, and to received constructive feedback on their work performance.

People's rights with regards to consent and making their own decisions continued to be respected by staff. People we spoke with confirmed that staff asked their permission prior to supporting them. Staff and the registered manager understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions. Staff had received training and had a good understanding of the Mental Capacity Act (MCA) and were able to describe the principles of the legislation.

People were supported to choose the food and drink they wanted, with regard to healthy diets and balanced nutrition. One relative told us, "They [staff] take our relative shopping and encourage them to have a healthy diet, which is important." Any specific needs or risks associated with people's eating and drinking had been assessed, recorded and managed, with specialist nutritional advice where needed. People continued to be supported to live healthier lives with access to health care services and professionals as required.

Is the service caring?

Our findings

People continued to receive support from staff who still adopted a warm, friendly and caring approach. One person told us, "I feel the support workers are very good to me. I think the service is very good." One relative said, "As parents, we are absolutely delighted with the service our relative has. The new manager is brilliant and very approachable. Service user needs are next to her heart." Another relative said, "Staff have a good relationship and understanding of our relative. We are so pleased with the care they get." A third relative told us their loved one had developed a strong relationship with staff, who were now part of the family.

People were supported to express their views and wishes and participate in decision-making that affected them. People's care plans provided staff with clear guidance on their communication needs and preferred methods of communicating with others. People and relatives told us they were listened to by staff and felt able to voice their opinions. One relative said, "We have just reviewed their [relative's] care needs. I feel very involved and listened to by staff. They respect our wishes and encourage us to meet to discuss any concerns." One relative told us they attended all the team meetings with their relative, where they discussed care needs and whether any changes were required. They were always invited and felt listened to and respected by staff.

Staff were able to explain to us the importance of people retaining their independence to support their well-being. Staff told us they encouraged people to do as much as they could for themselves, such as food preparation, dressing and personal care. This achieved positive outcomes for people in respect of their own personal confidence.

People told us they were treated with respect and dignity. One relative told us staff were very respectful and never entered bedrooms without first obtaining consent or knocking. People were never made to feel embarrassed whilst receiving personal care and staff ensured people were suitably dressed and covered up. Staff told us they promoted people's dignity and respect through respecting their wishes, and protecting their modesty and privacy during intimate care.

Is the service responsive?

Our findings

People continued to receive a responsive service that reflected their assessed care and support needs. Relatives told us they had been consulted about their loved one's individual needs and were aware that this information was contained within individual care plans. People received person-centred care and support that reflected their individual needs and requirements. Care files we looked at were complete and had been reviewed and discussed with the people themselves. People's needs were regularly reviewed.

The provider ensured people were provided with information appropriate to their disability, impairment or sensory loss. The registered manager showed insight into the Accessible Information Standard, and we saw people's communication needs had been assessed and recorded. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's needs were regularly reviewed to ensure any adjustments were made so that they were not disadvantaged, because of their sensory impairment. Such information was recorded in care records and was accessible to all team leaders and support workers who support that person. The provider also told us written communication was available in large print when requested; email correspondence were sent in formats to suit individual requirements; and the provider's website could be viewed in large font. Changes in colour settings enabled people with visual impairments to better access information; and questionnaires not only provide space for written answers, but also enabled responses by use of "smiley" or "sad" faces. We were told some people with sensory impairments had their own specialist electronic devices, which assisted them to access written information, and for one person their device enabled them to hear the spoken words.

Staff demonstrated an awareness of the need to be sensitive and considerate about issues around equality, diversity and human rights. Staff told us they also believed the provider promoted lesbian, gay, bi-sexual and transgender (LGBT) issues, in respect of both people and staff. The provider told us they were fully committed to values that demonstrated they were an inclusive service by actively promoting awareness of equality; diversity; human rights and LGBT rights. People were also invited to attend the Equality and Diversity training to ensure they were not being discriminated against in any way how support was available them if they were. The provider told us EDHR issues were discussed at supervisions and team meetings. Staff attended mandatory training on 'Equality and Diversity' which was provided by the HR Manager. Training was refreshed every two years and with staff being required to complete an assessment after the course to assess their learning.

People and relatives said they were happy and confident to raise any concerns with the registered manager or management team. They had information on how to make a complaint and told us they knew they would be listened to. This information had also been adapted into an accessible format to aid the understanding of the people with sensory impairment.

People continued to be involved in meaningful and stimulating activities of their choice. People were supported in activities in the community such as going on trips, swimming, shopping, bowling and church groups.

The registered manager told us they supported people at the end of their lives and recognised that end of life arrangements and preferences varied from person to person. They told us that in the event of such circumstances, they would work closely with the local Palliative Care Team. Care plans would be updated to reflect the support people required, so that staff would know how best to support them. Advanced care would be put in place to ensure people's needs were identified and addressed and appropriate support and counselling was available.

Is the service well-led?

Our findings

People told us that they continued to be involved in how services were provided and they were actively encouraged to comment on the quality of care they received. People told us they had been asked to complete surveys about the service they received, and some were involved in team meetings, where they could provide feedback. The provider told us they distributed surveys to people, their relatives and staff, which were analysed and action taken on the feedback received. Staff spoke about the care and support they provided with a clear sense of commitment to people's safety and continued wellbeing.

Staff described a culture in which they were able to speak openly with the registered manager and management team. Staff understood the values and vision of the service and spoke about what was expected of them in their roles. Staff told us they enjoyed working for the provider, they felt valued and support was always available from the management team. An on-call system meant managers were always available to advise and provide guidance to staff. The provider developed and strengthened links with the local community to the benefit of the people who lived at the home. This included supporting people to access activities organised in their local community.

A regular newsletter and monthly bulletin was produced describing people's involvement in activities and local projects. The newsletter 'sign posted' people to support groups and provided alerts relating to fraud. The local authority told us there was a high level of collaboration between themselves and the provider. The provider had been involved in a number of project boards, including the Care Workforce Development Programme and Help to Live at Home, that was instrumental in developing a new model of homecare. The provider was also actively involved in the Care at Home Provider Forum.

Systems were in place, which enabled the provider to continue to monitor the safety and quality of people's care. These included regular 'spot checks' on staff by team leaders to monitor performance. This also afforded the opportunity to speak with people to ensure they were happy with the service provided. The management team completed regular audits, which included checks on care records and medications records. There was ongoing monitoring of any accidents, incidents and complaints. When concerns were identified the registered manager addressed these matters with staff at team meetings, where good practice and learning was shared.

The service is required to have a registered manager in post. The registered manager had been in post since August 2017, and understood their regulatory responsibilities. 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.