

Independent Living Services (EM) Limited

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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 inspected Independent Living Services (EM) Limited on 7 March 2017 and it was an announced inspection. The home provides accommodation and support for three people with learning difficulties. We gave them 48 hours' notice so that the people who lived there could be prepared for the visit in order to limit the disruption it may cause to their lives. This was their first inspection under a new registration.

The home had a registered manager in place. 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.

People were kept safe by staff who understood their responsibilities to protect them. Pictorial posters helped to explain to people how to raise a concern or make a complaint. They were also supported to make choices about their care and what they wanted to achieve. Staff planned the week with people to make sure they developed their independence and did the activities that they liked. They had care plans in place to support this and they were involved in reviewing these regularly.

We saw that there were enough staff working at the home and that those staff had been recruited following procedures to check that they were safe to work with people. They received training and support to ensure that they could support people well. We saw that staff had positive relationships with people and that they used communication systems to assist people to make choices about their care. People were supported to make their own decisions and if they were not able to do so then decisions were made in their best interest with people who mattered to them.

Risks to people's health and wellbeing were assessed and actions were put in place to reduce them so that people could lead as independent lives as possible. Medicines were given to people safely and their records were maintained and managed. People were supported to maintain their health. Individual preferences were included in menus and people were given choice about their food and drink.

People and staff told us that the registered manager was approachable and listened to people. The registered manager had implemented a range of systems to monitor and improve the quality of the service. This included responding to complaints and feedback and implementing actions from them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe by staff who knew how to identify abuse and report it. Risks to their health and wellbeing were assessed and action was taken to reduce the risk. Medicines were managed and administered safely by staff who have been checked to ensure they were safe to work with people.

Is the service effective?

Good ●

The service was effective

Staff knew how to support people and ensured that their health and wellbeing was maintained. People were supported to make decisions for themselves. If they were not able to do this then decisions were made in their best interest with people who were important to them. People were involved in ensuring that they had their nutritional needs met.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received and their privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive.

People led active lives and were involved in planning and reviewing their care. Any complaints or concerns were responded to and action was taken.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to assess and monitor the service to improve the quality of care and support for people. There was an inclusive culture and people and those important to them contributed to the development of the service.

Independent Living Services (EM) Limited

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.

One inspector completed this announced inspection on 03 March 2016. We gave the provider 48 hours notice in order to prepare the people who lived there and to minimise disruption.

The provider had 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 used this information to help us to plan our inspection and come to our judgement.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with two people and received some feedback from a third person through signs and gesture. We also observed the interaction between people and the staff who supported them throughout the inspection visit. We also spoke with one person's relative about their experience of the care that the person who lived at the home received.

We also spoke with the registered manager, the care director and four support staff. We spoke with one healthcare professional who visited one person during the inspection visit and received written feedback from two further healthcare professionals. We reviewed care plans for all three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were kept safe in their home and protected from abuse. A relative we spoke with said, "It is very comforting to me to know that my relative is safe and happy. I would know if they were unhappy or scared and they never have been". Staff we spoke with understood their responsibilities to keep people safe. One member of staff said, "We have training in safeguarding and I would raise any concerns with the manager or the care director; they are both very approachable". We saw that people had close relationships with staff and trusted them; for example, when one person spoke with us they asked for a member of staff to support them to answer questions. There was information about who to speak to if people were unhappy or if someone had upset them on the walls and the information used symbols and pictures to help people to understand it. Records demonstrated that the manager had made referrals to the local authority safeguarding team when needed. We saw that the registered manager recorded the outcomes of investigations and also the actions taken as a consequence.

People were supported to manage risks to their wellbeing while living as independent a life as possible. One member of staff we spoke with said, "People have busy lives and we support them to have as much freedom as possible while recognising how to keep them safe. For example, we support people when we are out because of their understanding around traffic etc." We saw that people took part in activities such as trampolining and one person enjoyed going on rollercoasters. When we looked at records we saw that the risks around these activities had been analysed and arrangements put in place to reduce them; for example, to ensure that staff supported the person to attend the safety briefing and observed to ensure that they were not in danger when they were doing the activity.

Staff we spoke with told us about the systems they used to monitor people to ensure that they remained well. One member of staff said, "One person we support had a period of time where they were unwell. So, we monitor their mood, engagement with us and the people they live with and the language they use. This is to ensure that we can spot the first signs of decline and get them the professional support they may need". When we talked to staff about how they supported people if they became distressed they described plans that they had in place which focussed on engaging the person in another activity or offering them reassurance. When we looked at records we saw that the plans clearly showed staff how to try to keep people in a positive mood and to avoid the triggers which may cause them to get more agitated. The manager said, "We have a staff team who know people very well and are good at engaging with them. This means we have very few incidents where people may behave in a way that causes them or others harm". This demonstrated to us that the provider had devised plans which were effective in protecting people from harm.

We saw that the premises and equipment were managed to avoid any harm to people. One member of staff we spoke with described how people were included in keeping themselves safe. They said, "People participate in fire drills and I worked with them to make a picture based card so that they would know what to do in a fire. I am developing more health and safety pictorial notices so that they can develop their independence". We also saw plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance on the levels of support people would need to be

evacuated from the home in an emergency situation. The information recorded was specific to people's individual's needs. Staff we spoke with were aware of the plans and the level of support people would need. There was also an emergency bag by the front door for unexpected situations such as hospital emergencies. This showed us that there were systems in place to protect people from environmental harm as well as for responding to emergencies.

There were enough staff to ensure that people's needs were met safely. Consideration was given to planning staffing levels which ensured that people were able to lead active lives. We saw that people had some individual time with staff; for example, one person had one to one support to attend a review meeting and another person had individual support to attend college. One health professional told us, "They provided extra staff support in a timely manner when one person required it and this greatly helped in their recovery". The manager said, "We plan carefully to ensure that people have private time and don't have to do everything together and we plan that around people's busy times".

Staff we spoke with told us about the arrangements that were in place to support them when they were working alone. One member of staff said, "There are on call arrangements in place and all of the people who live here have been shown how to dial 999 if the staff member is unwell". This showed us that the provider planned staffing levels carefully to meet people's needs safely.

We saw that recruitment procedures were followed to ensure that staff were safe to work with people. Staff told us their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff said, "References were taken after my interview and the manager checked my DBS before I started". Records that we looked at confirmed this.

Medicines were managed safely to reduce the risks associated with them. One person told us, "The staff give me my medicines and they are kept in my safe in my room". One relative we spoke with said, "My relative gets their medicine as they should and a health condition is quite controlled since they reviewed their medicines with the health professionals". Records confirmed there were effective systems in place to store, administer and record medicines. Some people had medicine prescribed to take as needed; such as, for pain relief. Staff had written guidance to ensure that they understood when this should be given; for example, for one person this would include observing behaviour and gestures and showing them the medicine and a card with a medicine symbol on it and they would then be able to say whether they needed it or not.

Is the service effective?

Our findings

People were supported by staff who were skilled and knowledgeable. One relative we spoke with said, "The staff are wonderful and they are always thinking of better ways to do things". Staff we spoke with told us that they were equipped to do their job through training and line management support. One member of staff said, "The training is good. We go to the head office in small groups and we can request anything we want. We will be doing Makaton soon to help us to communicate with some people who use it". Makaton is a language programme which uses signs and symbols to help people to communicate.

Staff also told us about support they received through supervision. One member of staff said, "In our meetings we go through the usual catch up and cover any concerns or ideas we have. Then we also work through scenarios; for example, there is a description about an incident like safeguarding and we talk about what we would do and how we would record it". The manager told us, "These scenario based supervisions have been developed by the provider from real examples that have happened in different homes. They are also developing more interactive workshop style training sessions. I attended the trial run and thought it was excellent".

Staff received an induction training to ensure they were equipped to meet people's needs. One relative told us, "There is a new member of staff and they have to do all the training and they are also shadowing the experienced staff". One member of staff we spoke with described their induction. They said, "I did shadowing for a few weeks and then I completed the care certificate. I was observed as part of that to check I knew what I was doing; for example, I was observed doing medication before I started doing it". The care certificate is a national approach to ensuring that staff receive a thorough induction and are able to do their job well. This demonstrated to us that the provider ensured that staff had the support they required to do their job effectively and that it was reviewed regularly.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We saw that staff encouraged people to make as many decisions about their support as they could. Symbols and pictures were used to assist some people to be involved in this. Where people lacked capacity to make certain decisions, their capacity had been assessed and decisions had been made in their best interests. Where people's liberty was restricted, DoLS had been applied for. Staff we spoke with were able to explain what these were for and what it meant for individual people.

People had their nutritional needs met and were encouraged to be involved in choosing and preparing their

food. One person we spoke with said, "At weekends we plan the menu". They showed us a folder which included pictures of favourite meals to assist people to decide. They said, "We had garlic bread yesterday; it is a favourite". One relative told us, "[Name] has been supported to eat more healthily and to exercise more and I can see that they have lost weight". We observed one person prepare a meal with staff support and they chose what they wanted to eat.

People had their healthcare needs met. One relative we spoke with said, "[Name] has regular appointments for check-ups and they know that I like to go to the appointments with them and the staff arrange this". People had a health plan which detailed any appointments that were arranged, the outcomes of them and any changes to their health. One healthcare professional told us, "When one person became unwell, staff were very prompt in raising concerns, followed medical advice and they monitored them closely". This showed us that staff knew how to support people to ensure that their healthcare needs were made and they worked closely with other professionals.

Is the service caring?

Our findings

Positive, caring relationships were in place between people who lived at the home and the staff who supported them. One relative we spoke with said, "The staff are very caring; in fact care is at the heart of everything they do". We observed that staff treated people with respect at all times and were kind and friendly. They knew people well and could describe their preferences as well as things that could cause them distress. We saw that they shared jokes and spoke to people about their favourite subjects which demonstrated a friendly atmosphere. People had celebrations for special occasions and one person was being supported to organise a celebration with friends.

People were supported to make choices about their care and support. There were specialist methods of communication in place for some people to support them to do this. For example, we observed one person using symbols and pictures to communicate their wishes with staff. One health professional we spoke with said, "I have been pleased to see that they have pictures on cupboards and on rooms which will help people to make choices and to communicate". We saw that staff consulted with people to check what support they wanted and what they wanted to do. They took time explaining options to them and responded to their decisions. For example, one person made the decision not to join a meeting to discuss some of their care needs and continued with the activity that they were doing and the staff supporting them respected this.

Independence was encouraged and promoted. We saw that people were supported to be involved in looking after their home and one person said, "I like to vacuum at night". Another person took responsibilities to manage the recycling in the home. One member of staff we spoke with said, "We are always working on improving communication because this helps with people's independence".

People had their dignity and privacy respected and upheld. When we spoke with one person they said, "I will shut my bedroom door because that is what I do for privacy". Staff did not enter the room and we saw that they knocked before asking if the person required any assistance. People had their personal belongings in their rooms and in the rest of the house. They had chosen decorations and furniture and there were photos on walls. The manager told us, "It is very much their home and all of the staff are aware of that". One member of staff we spoke with said, "I love working here because it is like a second family and everyone is really happy".

People's families were able to visit at any point and were welcomed. We saw one family member arrive and be warmly greeted by the staff in the home. They told us, "I am always welcomed and the staff stay in touch with me when I am not here. They do thoughtful things. A member of my family nephew was delighted to receive some photographs of [name] enclosed in their birthday card from them". In the PIR the provider told us, 'Families are involved completely and over the years they have built a strong rapport with the team. We understand the importance of having their input in every aspect of the care and we ensure they are supported too'. This showed us that care was taken to maintain and develop people's relationships with their families.

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their preferences. For example, one person had spent some time out shopping and having a meal. When they returned home staff supported them to spend some time alone in their room listening to music. One member of staff told us, "They don't like a busy environment when they are feeling a bit tired. They will be ready to go out again later after this quieter time". One health professional told us, 'The staff seem to have a good understanding of people's needs and do everything they can to support them'.

We saw that people had plans in place which detailed how they liked to be supported. One person told us, "I have a support plan and I like to be involved in writing it". Staff we spoke with knew about people's plans and also what goals had been set for with people; for example, to develop their independence.

When we spoke with two people they told us that they had a keyworker. In the PIR the provider told us, 'Key workers will help identify goals and aspirations of the service users by carrying out monthly reviews'. Staff we spoke with described keyworker responsibilities and what they were supporting people with; for example, planning a holiday or booking healthcare appointments. The manager told us, "I look at the relationships people develop with staff and also consider staff's interests which may help people to develop their own goals. For example, one person's keyworker is musical and so are they. So, they enjoy developing those skills and looking at activities they can do together that the person will enjoy". This showed us that people received personalised care which met their needs and thought was taken to consider how they developed their goals and aspirations.

Staff we spoke with described the communication systems they had in place to ensure that any changes to people's health or wellbeing were shared across the team. One member of staff said, "Handover is much more focussed on the people now. We encourage the person to complete the record that is about them with us when they want to". We saw that the records completed were personalised and detailed so that the next staff who would support them were informed of any additional support requirements or if anything needed monitoring. There were photos of the staff team on the wall, including who was next coming to work and we saw people refer to this so that they were aware who would be supporting them.

People were supported to pursue their interests and take part in social activities. We saw people being supported to go out to do activities, such as shopping or to play sport. There were activities available for them within the home too; for example, books and craft activities. One person we spoke with said, "Today I have been to college and it was good". One relative told us, "The staff support [name] to attend church with their family every week". Other people attended different religious and spiritual services with support. The manager said, "We plan a week of activity with people and I plan in some one to one time with staff within that. This doesn't mean that those plans can't be changed but often people like to know in advance what they are going to do".

People were supported to understand how to complain if they were unhappy. There was a pictorial guide on the wall in communal areas. The service had not received any complaints but the manager was

proactive in encouraging feedback. They said, "I call each of the families on a weekly basis to check if everything is ok and to get feedback. For example, I was given feedback that one relative found it difficult to read coloured paper and so we made a note not to send them that again". This demonstrated that the provider welcomed and reviewed any feedback and had an accessible complaints procedure.

Is the service well-led?

Our findings

There was a registered manager in post and people knew them well. We saw that people were comfortable around them and from conversations it was evident that the manager knew them well and what was important to them. One relative we spoke with said, "I have always been able to approach the team here and I know the manager very well. We also have a good relationship with the care director. They do listen to us and work closely with us. We asked for a vehicle for the home and we are delighted that we now have one because it makes it so much easier for people to get out and about".

Health professionals that we contacted told us that they thought the home was well run and delivered good quality care. One health professional told us, 'I feel that the support they offer is of an excellent quality, they have high standards that appear to be very consistent. I have seen evidence of person centred and holistic approaches to meeting the needs'.

There was an open inclusive culture in the home. Staff told us that the management team were approachable and supportive. One member of staff we spoke with said, "This organisation really wants input from us. We are always being asked what we think about things and encouraged to have ideas". Another member of staff told us, "The manager is very organised and is also hands on. It means that the staff are confident in their ability to sort things out. Everything I have gone to them about they can either answer or they find out". Staff told us that they received regular supervisions and appraisals. One member of staff said, "The manager knows that I can get nervous and so they always make sure I am supported in certain situations".

Feedback was sought on a regular basis from people who lived at the home, their relatives and other professionals who supported them, to highlight ways in which the service could improve. There were also regular quality audits which had action plans in place when improvements were needed, that were being monitored and reported on. When we spoke with the manager they told us about changes and improvements that had been made. They said, "We have recently overhauled the paperwork to ensure that it was easy to use and demonstrated what was important to people at a glance". In the PIR the provider also described environmental improvements. They wrote, 'There have been adaptations made to the home because the garage has been converted into an office. Although this is an office area, it is an open door policy and service users have their own station if they wish to use the computer'. We saw that this garage conversion had been completed which meant that people's records were not kept in the communal living areas.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.