

# Impacting Lives Limited

# 55 Bowstoke Road

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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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 24 October 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the provider to ask people who used the service if we could contact them. The service was registered with the Commission on 9 November 2015 and this was the first inspection.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to two people in their own homes within a 'supported living' facility within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from the service varied, according to their assessed needs and levels of independence.

There was a registered manager. 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 felt safe when supported by staff from the service. Staff were aware of the risks to people on a daily basis and any changes to people's needs were communicated to staff in a timely manner. People were supported by the same group of staff who had been safely recruited into their role, thereby reducing the risk of unsuitable people being employed by the service.

Staff were provided with the training and information required in order to support people to take their medicines safely. People were supported by staff who felt well trained and supported in their role.

Staff understood the importance of obtaining people's consent prior to supporting them and had received training in the Mental Capacity Act (2005).

Staff were aware of people's healthcare needs and supported people to access healthcare services where necessary.

People were supported by staff who they described as kind and caring. Staff supported people in a way that maintained their privacy and dignity and encouraged them to maintain their independence. People were supported to make their own decisions and were involved in the planning of their care.

People were involved in the planning of their care which provided staff with the information they required to meet their needs. People were supported to maintain their interests and take part in activities, by staff who knew them well. People's views were actively sought on the quality of the care they received.

People were confident that if they did raise concerns, they would be dealt with appropriately.

People and staff spoke positively about the service and considered it to be well led. Staff felt supported and listened to and were encouraged to raise any concerns they may have.

Audits were in place to assess the quality of the care and support people received.

## 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 supported by staff who were aware of their responsibilities with regard to reporting abuse. Staff were aware of the risks to people on a daily basis. Staff were trained to support people with their medication.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received an induction and training that prepared them for their role. People were supported by staff who obtained consent prior to supporting them and were aware of their responsibilities with regard to the Mental Capacity Act 2005. People were supported to maintain a healthy diet and access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring and treated them with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and supported by staff who were aware of their likes, dislikes and preferences. People were supported to follow their interests and maintain relationships. People were confident that if they raised a complaint it would be dealt with appropriately.

### Is the service well-led?

Good ●

The service was well led.

People were complimentary about the service considered it to be well led. Staff felt well supported and listened to and were given clear guidance on their roles and responsibilities. There

were a number of audits in place to assess the quality of the service provided to people.

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# 55 Bowstoke Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with one person who used the service and one relative on the telephone. We spoke with the registered manager, the director, the care and support manager and two members of care staff.

We reviewed a range of documents and records including the care records of two people using the service, one medication administration record, two staff files, staff induction records, accident and incident records and quality audits.

# Is the service safe?

## Our findings

People told us they felt safe in their own home when supported by staff. One person told us, "I feel very safe when they [staff] are supporting me".

People were supported by care staff who were aware of their responsibilities regarding the reporting of concerns and were able to describe to us the actions they would take if they felt someone was at risk of harm. One member of care staff said, "I would ring the manager and write a report as well". We saw where safeguarding concerns had been raised by the service, they were reported and responded to appropriately and in a timely manner.

Care staff were knowledgeable when it came to being aware of the risks to people they supported and how to manage those risks. For example, if a person suffered a seizure, care staff were able to describe the signs to look out for and what action to take. One member of care staff told us, "I do my own research [regarding the onset of seizures] as well to give myself more knowledge and better myself". Care staff told us they were provided with all the information they required to keep people safe and manage the risks to them on a daily basis. A member of care staff said, "The care plan and risk assessment gives you all the information you need. We are always kept up to date, they update the risk assessments as required" and we saw evidence of this. For example where a social worker had contacted the service to provide additional information on how to support a person, clear guidance was emailed to relevant staff including the reasons for the change. We saw that staff had responded to say they had read and understood the information received. However, care records seen were not reflective of current risks. We discussed this with the registered manager. They confirmed they would change their recording systems to ensure all the most up to date information regarding a person was held in the same place.

Care staff were aware of what procedures to follow in the case of an emergency and knew who to contact out of hours. One member of care staff said, "The managers are available 24/7, sometimes it's really stressful but you can always get hold of someone". We saw where accidents and incidents took place, they were acted on and reported appropriately and lessons learnt. When discussing a particular incident that took place, the registered manager told us, "We learnt a lot from this". We saw evidence of changes in practice in response to this and staff spoken with reported positively about the improvements in place.

We saw that people were supported by the same members of staff who knew their needs well and that arrangements were in place to ensure enough staff were recruited to cover any absences. The registered manager told us, "Any absences are covered by existing staff, quite a lot of staff want more work so it works well. We have a good relationship with our staff". A member of staff told us, "We have more than enough staff, they always want to make sure we are covered". We saw that preparations were underway to ensure staff leave was covered during the month of December.

The provider had in place an effective recruitment process. We saw that processes were in place to ensure staff recruited had the right skills, experience and qualities to support the people who used the service. We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. Care

staff spoken with confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work with the service, and we saw evidence of this. Employment and character references and a full employment history were also sought before care staff commenced in post and staff spoken with confirmed this.

Care staff confirmed they had received training in how to support people with their medication and were able to describe to us how this was documented in people's MAR [Medication Administration Record] chart including noting the dosage and signing to say medication had been taken. A member of care staff told us, "The information we have tells us what medication people are taking and the dosage. If someone refused their medication I would let the manager know and contact their GP". We saw that the medication policy for the service did not have a procedure in place for staff to follow if a person required their medication to be administered 'as required'. We spoke with the registered manager regarding this who confirmed the policy would be updated immediately and we saw evidence of this. We looked at the medication administration record (MAR) for one person and found the provider had systems in place to record the quantities and times that medicines were received by people. Weekly checks were undertaken of the MARs in order to identify any errors.



## Is the service effective?

### Our findings

People told us they were supported by staff who they considered were well trained to support them appropriately. One person told us, "I am getting superb care and support from my fantastic carers" and a relative told us, "So far so good, I can only speak highly of them".

Staff told us they benefitted from an induction that provided them with the skills and support they needed to do their job effectively. We saw the induction period covered 12 weeks and included shadowing other staff on shifts. Staff told us they felt fully supported during this period and that management continued to contact them on a daily basis to see how they were getting on. One member of staff said, "It was helpful starting a new job, knowing your manager is there supporting you". They told us this gave them the confidence they needed. Another member of staff said, "We went through in-house training and shadowing the majority of the projects and people. I felt ready". We saw that the induction included reviews of progress at regular intervals in order for the registered manager to check staff progress towards their set training and roles.

Care staff told us they felt well trained in their role and that their training consisted of a mixture of online training and classroom based practical training. One member of care staff said, "We do lots of online training every year, first aid and manual handling we do in the classroom". Where specialist training was required to support people with particular needs, for example, supporting people who were at risk of choking, this was arranged. A member of care staff told us, "If I needed to use it [the training] I'm confident that it would work".

People were supported by care staff who felt supported in their role and received regular supervision. One member of staff told us, "I get regular supervision, usually weekly, but not for the past few weeks". Despite this they told us they felt confident that if they needed to speak to management they could. Care staff confirmed that their practice was observed on a weekly basis. One member of care staff said, "Management carry out spot checks every week, they don't tell us when they are coming and they give us feedback afterwards". The registered manager confirmed this, adding, "I need to be confident that staff are working to the standards I would expect. I've said to staff if you're not sure about something, ring up and ask".

Staff told us communication between themselves and management was good, one member of staff said, "They call everyday to update any changes and also have a communication book. It's a rule that when you come onto to shift after handover, you read the communication book. It makes sure staff are very much up to date with what is happening". We saw that there were systems in place to ensure communication between the provider, staff people who used the service and their relatives, was effective and efficient. A relative told us, "Communication is fantastic, they are as good as their word". A member of care staff said, "Communication is excellent, they write internal emails to everyone to keep them up to date" This meant that staff could be confident that they were in receipt of the most up to date information regarding the people they supported.

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. We checked whether the service was working within the principles of the MCA and found that they were.

People told us that staff obtained their consent before supporting them. Staff were knowledgeable regarding MCA and had received training in this subject. One member of staff told us, "You empower people, you help them and you always ask them first [what they want]". Another member of care staff told us, "They [person] tell me what they think and how what they want something to be done. If you don't ask, you could make a wrong decision; as the carer you must ask the person wants something to be done".

We saw that where people required support at mealtimes, assistance was provided. One person told us, "They help me cook my food, they do a weekly plan with me and we go shopping and help me find what I want". Staff spoken with were aware of people's nutritional needs and how to support them appropriately. A member of staff told us, "I support [person] with their cooking and help with shopping. [Person] doesn't have any particular dietary needs but I try and encourage him with healthy eating with a little encouragement".

People were supported by staff who were aware of their healthcare needs and how to support them to maintain good health. Staff told us all the information they needed was available in people's care plans. One member of staff was able to describe to us the signs they would look out for that may indicate a person was about to have a seizure, including the usual length of the seizure and recovery time. They told us, "I would put [person] in the recovery position and try to let [person] not get out to bed straight away and take it slowly". We saw where additional support was required from healthcare professionals, this was sought and training was provided. A member of staff said, "The occupational therapist came in to show us how to support [person]". Staff confirmed people were supported to maintain good health and to attend regular medical appointments, for example with the doctor, dentist and optician and we saw evidence of this.

## Is the service caring?

### Our findings

A person told us that staff were kind, caring and very respectful when they supported them. They told us, "They [staff] support me when I'm getting ready". A relative described to us their experience with the care staff at the service. They told us "[Staff name] have empathy" and went on to tell us their experience of the service, speaking highly of the support on offer. Staff spoken with, described the people they supported with warmth and kindness. One member of staff, when describing a person they supported, told us, "[Person] is a beautiful person with set ways of doing things". They talked proudly of how they had supported this person to achieve a number of goals which had helped improve their quality of life. They told us, "[Person] lost interest in the day centre so we had to keep persuading her of the benefits of going, she now looks forward to it every day".

People told us and we saw evidence that they were involved in the planning of their own care and making their own decisions. A member of care staff told us, "[Person] can make some decisions, we will give her a number of options, it's good for her to choose, we will bring out a number of jumpers for her to wear and she will choose. She definitely has capacity to make some decisions and we work with her to make them". Where people had difficulty in communicating verbally with staff, we saw that staff we knew how to support each person to express their needs. One member of care staff told us, "You have to give [person] time [to communicate]".

Staff described how they supported people to maintain their independence, for example by supporting someone with their food shopping, a member of care staff told us, "[Person] does their own menu for the week on a Sunday, we sit down with him and go through what he wants to eat. We encourage him to do things as long as there is supervision. If he can't do it I will help him".

People told us staff treated them with dignity and respect and maintained their privacy when providing them with personal care. Staff described how they treated people with dignity and respect whilst supporting them, one member of staff said, "When [person] goes into his bedroom, the door is closed. I will leave him when finished and he lets me know when he's done" and another member of care staff described how they supported another person with their personal care, they told us, "We give [person] a housecoat to cover herself. We encourage her to maintain her dignity and close door and curtains".

We were told that no one at the service currently used advocacy services, but staff were aware of how to access these services, should people require them. We saw that information was available to people to access advocacy services in the service user guide that was provided by the service.

## Is the service responsive?

### Our findings

We saw that prior to people being supported by the service, a detailed pre-assessment and transition process took place to ensure the arrangements being made went as smoothly as possible. The process involved people, their family members and other healthcare professionals and included a detailed plan, outlining actions to take after each stage, reflecting on the information available and allowing the person time for 'all the information and changes that were taking place to sink in'. It included looking at what the person could do for themselves, what activities they enjoyed and ensuring that there were arrangements in place to support them to access those activities. The registered manager told us, "Before we move forward we like to have everything in place". A relative, who was currently going through this process on behalf of their loved one, told us, "[Care and Support Manager] is fantastic, so is [Director's name], so far I can only speak very highly of both of them. They have identified staff who will support my relative, they keep me informed every step of the way". The registered manager told us, "We look at matching staff with people and who would work together well. It's different for each person".

We saw that people contributed to the planning of their care and that care plans held information on how best to support them, including their likes, dislikes, what they could do for themselves, communication and relationships with family members. We saw that the service worked closely with family members to help maintain relationships that were important to people. One person told us, "They [care staff] support me to go to church and visit my family". We saw that each person had their own weekly planner for activities they would like to be supported to do. Staff told us they sat with people every week to go through this and plan what they would like to do the following week and we saw evidence of this.

Reviews of people's care took place every six months, or sooner if there was a change in circumstances. Staff spoken with were able to provide us with a good account of the people they supported, what was important to them and how they liked to be supported. One member of staff told us, "[Person] is involved in his care, we do daily logs and we can see what actual support [person] has had". They went on to describe how a recent health issue had affected the person and the additional support that was bought in to assist with this. However, despite staff being aware of these changes, some of the care plan paperwork was not up to date with current events. We discussed this with the registered manager who advised that changes to the system would take place to ensure care plan paperwork was updated in a timely manner.

People were aware of the complaints system in place and were confident that if they did raise a complaint, they would be listened to. One person told us, "I have raised a complaint, I know how to go about it and it was dealt with". They confirmed the complaint was dealt with to their satisfaction. The registered manager told us, in order to minimise complaints, the emphasis was to get things right from the start; she told us, "When we do an assessment we work out what people want, we make sure staff are supported to meet those needs, for example, [person] likes to go to Church, we look at weekly planner to see if they are doing this. Some of our clients are quite vocal and would tell us if we weren't doing this".

One person told us, "They [care staff] regularly come and visit and ask if everything is okay. They come and talk to me and ring me up and ask how could the service be improved". We saw there was a system in place

to gather the views of the people using the service. Basic questions were asked regarding the service provided, with a pictorial format to enable people to complete easily. Where one person had raised that they would like to be supported to go on holiday, we saw that this was acted on and support provided. The registered manager told us there were plans to send out questionnaires in December to obtain more feedback on the service provided.

## Is the service well-led?

### Our findings

People told us they were happy with the service that they received and we saw evidence that the provider actively sought people's opinion on the care and support they received. There was an ethos of being open and approachable and finding solutions in order to support people effectively and safely. A relative told us, "They [staff and management] are open to suggestions, it's a partnership, it's what I have always wanted. They are as good as their word. I've not found anything a problem, [director] has been superb, very hands on". The registered manager told us, "We have an open door policy, staff are very comfortable with me, I have worked with the people we support [in the past] and staff know this".

When new staff were inducted, they were provided with a guide that advised them not only of policies and procedures, but information on the management structure and roles and responsibilities. There were systems in place to ensure that staff were provided with the most up to date information regarding the people they supported. Staff were complimentary about communication systems and were clear on their responsibilities with regard to ensuring information was passed onto to each shift. This meant that the provider could be confident that the systems they had put in place meant staff were in receipt of the most up to date information required to support people effectively.

We saw that any member of the management team, including the registered manager, was always available to members of staff. Staff were advised that when contacting a particular member of the team, to copy in the others to ensure everyone was fully aware of what was happening. The director told us, "We come together as a team regularly and have an input of how everything is run. We are all aware of what is going on so we can all input if needed". The registered manager told us, "Any concerns, staff know who is directly responsible for things but are advised to copy everyone in to the email". A member of staff told us, "If we want to discuss anything we can send an email or make a phone call, it works ok because they [management] respond so well". This meant that staff had access to management support 24 hours a day and could be confident that whoever they spoke to, would have some knowledge of the issues they were dealing with and would be able to support and advise them appropriately.

People were supported by staff who told us they enjoyed their work and working for the provider. One member of staff told us, "Management are very approachable, I really enjoy working here". Staff told us they considered the service to be well led and felt well supported in their role. They told us they felt listened to and that if they raised any concerns, they would be dealt with. One member of staff said, "No company is perfect but I have seen much improvement since I first joined. Things are being checked daily, we are bombarded with information, it's since [Director] has been on board, I really praise him and he has done a very good job". They went on to describe other members of the management team as being very supportive. Staff told us that although no formal staff meetings took place, they were kept up to date via email and phone calls and that the Care and Support Manager visited regularly to offer support. Another member of staff said, "I think the service is well led. They [management] really try to provide whatever the person is in need of. If there are issues they are quite good at sorting them out".

We saw that the registered manager had a system of audits in place to monitor, review and evaluate the quality of the whole service including medication audits and accidents and incidents. Daily reporting logs and weekly audits were in place to assess the quality of the service provided and to ensure that where incidents or accidents had taken place, they were investigated and where appropriate, lessons were learnt. Staff confirmed that their practice was observed on a regular basis, providing the registered manager with the confidence that staff were supporting people appropriately.

The registered manager told us that future plans for the service including continually finding ways to improve and being mindful not to grow the service too quickly. She told us, "We have learnt lessons. We are aware not to grow too quickly and rush things". We saw that efforts were made to ensure that everything was in place prior to offering a package of care and ensuring the right staff were on board and aware of their roles and responsibilities. The director told us, "As we are a small organisation everyone knows what's going on. If we do grow it's about getting the right people".

The service had a history of notifying us of events that they are required to by law.