

Independence Support Ltd

Independence Support

Inspection report

Victory House
Churchill Way
Macclesfield
SK11 6AY

Tel: 01625440581
Website: www.isl-org.uk

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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

Independence support is a supported living service, providing personal care to people who live in their own self-contained apartments within a modern purpose-built apartment block.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was providing personal care to 2 people at the time of the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported in a kind and respectful way by their staff team. People were involved in their care planning and were supported and encouraged to engage in activities within their local community and follow their interests and hobbies. Independence was promoted and support provided in a way that developed skills. Some areas of the care plans needed to be updated in line with people's needs however this did not impact the support people received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff promoted equality and diversity in their support for people. Care was person centred, staff knew the people they supported well and promoted independence where possible. The service had a consistent staff team with appropriately skilled staff to meet people's needs and keep them safe.

Right Culture: Staff were aware of people's wishes, needs and support and ensured they were central to all support provided. The management team understood people's needs and had effective oversight of the service. They evaluated the support they provided to not only people who used the service but their families and staff. The service was always looking at ways to improve and introduced a job role for one person using the service which enabled them to be involved in the completion of audits, ensuring that people's wishes were paramount in the way forward.

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

Rating at last inspection

The service was registered with CQC on 27 July 2017 but remained dormant until 21 May 2021 due to the pandemic and delays in building work. This is the first inspection of the service.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Independence Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The service was inspected by 2 inspectors.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 April 2023 and ended on 20 April 2023. We visited the location's office and service on 12 April 2023 and a second out of hours visit to the service on 20 April 2023.

What we did before the inspection

We reviewed information we had received about the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke to both registered managers within the service office and with consent we visited the homes of 2 people who used the service and spoke to them to gain their views. We spoke to 2 family members. We spoke with 6 members of staff, 3 from the management team and 3 care workers.

We looked at records relating to the management of the service including policies and procedures and staff training as well as audits and quality checks. We viewed 2 people's care files.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. An up to date safeguarding policy was in place.
- Staff were aware of their roles and responsibilities to safeguard people from abuse and were confident in raising a safeguarding if required. Staff worked with other external agencies to support them to do this.
- People felt safe living within the service. One person told us, "I'm happy living here. I've got no concerns."

Assessing risk, safety monitoring and management

- Risk assessments were in place which ensured staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Intercom systems were in place to allow people to request support if required.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Family members were involved in risk management for those who lacked capacity, where appropriate.
- Multi-agency care plans were implemented, this ensured staff were informed of ways to best support people to prevent risks.
- Procedures were in place to record, monitor and analyse accidents and incidents. This meant that management would be able to identify any themes or trends to prevent recurrence.

Staffing and recruitment

- The provider followed safe recruitment practices including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Gaps in employment were not clearly documented. We discussed this with the registered managers during the inspection, who provided evidence these gaps were discussed during the interview process, therefore providing reassurance safe recruitment policies were in place.
- There was a consistent staff team which provided continuity to people who used the service.

Using medicines safely

- Medicines were managed safely. The service used electronic medication administration records.
- Protocols were in place for those people that may require medicine occasionally.
- Staff had received relevant medicines training and were assessed as competent prior to administering medicines.

- The registered managers and deputy manager completed regular medicine audits.

Preventing and controlling infection

- PPE was available for all staff. Staff were responsible for obtaining PPE from the office prior to supporting an individual person.

Learning lessons when things go wrong

- The registered managers analysed incidents and identified when there were lessons to be learnt. These were then actioned and signed off by management.
- The registered managers were involved in numerous working groups which allowed sharing of best practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs and choices were assessed effectively, care plans were personalised and included involvement from specialist services and family members. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Staff delivered care in line with best practice guidance.

Staff support: induction, training, skills and experience

- People were supported by a staff team that had the right induction, skills, training and experience.
- There was a robust induction into the service for new staff. This included shadowing experienced care staff and mandatory training, including face to face training and online training. The effectiveness of this training was assessed through competencies completed by the management team.
- All staff within the service had completed their mandatory training, this ensured all staff had the right skills to support people.
- Updated training and refresher courses helped staff continuously apply best practice.

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

- People were supported to eat a balanced diet and independency around nutrition and hydration was encouraged.
- People were involved in choosing their food, shopping, and planning their meals. One person told us "They [staff] take me shopping every week and help me."
- Staff supported people to be involved in preparing and cooking their own meals, one person told us, "I am independent. I can make bacon and eggs. Staff have shown me how to do it and I can do it myself."

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

- Staff worked with other agencies and referrals were made in a timely manner. All people supported had access to a GP and specialist services if required.
- People were supported to access services they wanted to. One person was supported to attend slimming world and the gym. This was incorporated in their weekly activity planner.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

The service was working in line with the Mental Capacity Act. Appropriate capacity assessments and best interest processes were in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans reflected people's choice and their diverse needs.
- Staff interacted with people in a warm and friendly manner and people were comfortable with staff who were supporting them. One person told us, "Staff are always familiar with a happy face."
- People's care plans incorporated how best to support them including the use of communication that was effective for that person.
- Relatives were happy with the support their loved ones were receiving, one relative said, "They [staff] go the extra mile."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People were supported to become independent. Where possible, the service had supported people into employment. One person told us, "I'm happy with my staff. They come and help me. When I need it."
- The provider followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy.

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

- The service provided paid employment to 1 person living in the service, this was to carry out audits with the support from management. This was to enable peer to peer involvement to obtain people's views.
- People were involved in their care planning, where someone lacked capacity care planning was completed with their representative.
- Specialist services contributed to care planning to ensure people's needs were fully assessed and risk assessments implemented.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some areas of care plans were not always up to date. One person's supported hours had been reviewed and reduced. However, this had not been changed within their care plan. Management were responsive to this feedback and immediately took action.
- Care plans were personalised and contained details on how people wanted to be supported.
- Independence was promoted, and people were supported to make their own choices. One person told us, "I am independent, I'll help out with the veg when we cook in, I'll help out the washing and hanging up the clothes."
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.

Meeting people's communication needs

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

- Detailed and personalised communication support plans were in place. This ensured effective communication and promoted involvement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to use communal areas and to participate in community activities.
- People who struggled to access the community were supported by staff. One person told us, "Staff take me out and I do, do a lot of different things."
- One person was supported to go on holiday to meet their parent. One staff member told us, "They [person] have recently been on holiday in [place]. I went over with them and then came back the next day."
- Staff provided person-centred support with self-care and everyday living skills to people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. This was reviewed by management. People were aware of how to make a complaint. One person told us, "If I have any worries, I know I can speak to them."
- Management responded to people who live at the service and staff feedback. Clear action plans were implemented and followed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There was a positive culture within the service which helped to ensure good outcomes for people were achieved.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff were aware of the whistle blowing policy and were confident in using it should it be required.
- Staff were happy in their roles. Comments from staff included, "I love it here."
- Staff were knowledgeable about their roles and understood the needs of the people they supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were clear about their role and responsibilities in accordance with reporting notifiable incidents to CQC.
- The registered managers understood their responsibilities under the duty of candour to be open and transparent about incidents. There was evidence incidents were investigated fully, and relevant people informed.

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

- Systems and processes were in place to monitor the service and drive improvements.
- The service has a contingency plan in place to evidence how the service would continue in the event of an emergency.
- The provider used various communication systems with staff, to ensure continuous learning and improvements took place. Staff told us the management team were open to feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service provided weekly opportunities for people to discuss anything with management during a breakfast morning. This allowed for informal feedback.
- Staff were positive about the management. Staff comments included, "I get quite a lot of support" and "The [registered manager] is a really good manager."

- Family members were invited to give feedback through surveys and had the opportunity to attend relevant meetings.
- The service worked closely with specialist services to ensure staff had appropriate training to support people's needs within the service.

Continuous learning and improving care

- The registered managers actively participated in numerous working groups to identify ways to improve the service. This included learning from best practice.
- The service worked well in partnership with advocacy and other health and social care organisations, which helped to give people using the service the best support possible.
- The service utilised an electronic system which supported the operational side of the business with plans in place for further development.