

Welcome Independent Living Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 21, 22, 23 and 24 November 2018. We visited the office on the 21 November and between 22 to 24 we made calls to people, relatives and staff. At the last inspection in July and August 2017 there was two breaches, we had concerns around inaccurate care records and the lack of information relating to the mental capacity act, and analysis on incidents to look for patterns and trends of the service. At this inspection we found the provider had improved in all areas and were no longer in breach.

Welcome Independent Living provides personal care for older people and people living with dementia. At the time of our inspection Welcome Independent Living provided personal care for 73 people.

There was a registered manager in post. 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 asked for consent before care was provided to them. Where people lacked capacity to make certain decisions for themselves, their care records contained evidence that decisions had been made in their best interests. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The service worked closely with community health professionals to support people with their health needs. People's care records evidenced they received medical attention when they needed it, to promote their health.

People told us they felt safe. There were mixed views from people and their relatives around if there was enough staff available to meet their needs and if they arrived on time and stayed for the duration of the visit. We spoke to the registered manager about this who told us they had employed more staff and used a tool to show how long staff stayed at each visit. This was evident in the documentation we saw.

Staff understood what it meant to protect people from abuse. They told us they were confident the management team would take any concerns they raised seriously. The registered manager made appropriate referrals to the local safeguarding authority when this was necessary.

Medicines were recorded appropriately and procedures were in place to ensure people received their medicines as prescribed. However, we spoke to the registered manager about the reporting on the medication administration records (MAR) chart and how to ensure this was robust. This was implemented on the first day of inspection.

Procedures for recruiting new staff had recently been improved to help make sure the staff employed at the

service were of suitable character.

Staff received a range of training which was effective. Staff told us they were happy with the training they received and felt it supported them to do their roles.

People told us the staff were kind and caring. We saw staff had spot checks and this showed evidence staff were compassionate and caring to people.

Staff were overall supervised by the management team; an appraisal had been completed for some staff, others were booked in for December to ensure all staff had received one this year.

People, their relatives and the staff all spoke kindly of the registered manager. Staff told us they could always approach the registered manager if they needed support or if they had any concerns. The registered manager, the deputy managers and the provider completed regular audits of the service to make sure action was taken and lessons learned when things went wrong. This meant systems were in place to support the continuous improvement of the service.

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 was not always consistently safe.

The staff had a good knowledge of safeguarding procedures and how to put these into practice. There were mixed views from people, relatives and staff around staffing.

People told us they felt safe. Medicine management was safe.

There were robust recruitment practices in place.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received supervisions overall, appraisals and practice observations.

People were supported to access healthcare services.

Good ●

Is the service caring?

The service was caring.

All the people we spoke with told us staff spoke to them in a kind and respectful manner.

People's relatives told us they felt their family members were being well cared for.

People were involved in making decisions about the care and support they received.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Care plans were in place and people and their relatives were supported to be involved in these.

People said the registered manager and staff listened and dealt with any concerns or complaints.

Is the service well-led?

The service was well led

Staff and people told us the service was well led.

There was a registered manager in post at the time of our inspection who had systems in place to check and improve the service.

The home had systems in place which allowed people using the service and their relatives to provide feedback on the service provision.

Good ●

Welcome Independent Living 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.

This inspection took place on 21 November 2018 at the office. We spoke to people, relatives and staff by phone on 22, 23 and 24 November 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had knowledge of older people's services including dementia.

We reviewed information we held about the service, such as notifications, information from the local authority and from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England.

The registered 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.

During the inspection we spoke with the registered manager and the provider. We looked at a variety of documentation including; care documentation for six people, six staff files, meeting minutes, policies and procedures, medicine administration records and quality monitoring records. We also spoke with 9 people, five relatives and 19 members of care staff, over the phone.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I do feel safe." Another person said, "I do feel safe I know staff are coming to look after me." A third person said, "Sometimes I get different staff and I don't know they are coming." A fourth person said, "The biggest problems are at weekends and in school holidays, when the agency can be short-staffed and that's when they are late in arriving, this has improved though over the last few months."

Some people and their relatives told us that staff occasionally turn up late to their call and sometimes they were unaware of who was calling. We spoke to the registered manager about this who showed us supporting documentation which they looked at to see when staff arrived and left the person's property. Where issues had been identified staff had been spoken to in supervision and staff meetings around this. We had seen improvements to this over the last few months.

We looked at the medication administration records (MAR) which showed some gaps on the record which should have been signed by the staff. We could see from the daily records staff had written that they had supported people with medication, but had not signed the MAR. We discussed this with the registered manager. The manager told us that sometimes the person does not take their medication before staff leave their call. In this case staff do not sign the MAR. We recommended that an additional code could be added to the MAR which covered given but not taken at the time of the call. The registered manager took immediate action to add a code to new records for staff to complete.

We looked at the records completed in relation to people's medication. The registered manager told us that people were supported with their medication using a dosset box/ monitored dosage system wherever possible. This was clearly stated in people's care plans. The care plan contained details of the support people needed to take their medication safely. The plan also gave details of the way people preferred to take their medication and an up to date list of the medication prescribed to them. Records we looked at showed some relatives supported their family member with this task while other people depended on staff to assist with the administration of medication, prescribed creams and ointments.

The registered manager told us she audited approximately six or seven care plans each month. This included the auditing of MAR's. We looked at these records and found evidence they had identified similar examples of the MAR not being signed by a specific staff member. She told us following the audit she gave additional training and competency checks until the staff member was deemed compliant with the services medication procedures.

All staff spoken with said they had received training on how to support people with their medication. One staff member said, "People's medications are in dosage boxes, we can prompt people to make sure they are taking them correctly." Another staff member said, "I know there are different levels of support and it is usually written in the person's care plan." All staff members we spoke with said they completed the medication administration record [MAR] when they had given any assistance with medication. A staff member said, "If the person prefers to take their medication after I have left then we record it in the daily

notes and don't sign the MAR."

Some people and relatives as well as four of the staff members we spoke with said they felt staffing levels could be better. One staff member said, "We are sometimes asked to cover at short notice for colleagues that phone in sick, but they are generally okay as I say I can't cover. Another staff member said, "I am not aware of any missed calls and we cover for each other. Sometimes I am asked to cover extra but I don't mind." Another staff member said, "I have asked to reduce my hours and the manager was very good about it. Sometimes when the unexpected happens we could be running late, this is not often though as we live close to people who we support. I let the office know and they sort out cover." We spoke to the registered manager about this who told us, "We have employed more staff recently which will help us moving forward." We looked at the system for staffing and the calls. We found these to be safe.

We saw safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included requesting a criminal record check with the Disclosure and Barring Service (DBS), two written references and explanation of gaps in employment.

All staff spoken to said they thought people were safe. They were aware of the safeguarding procedures and would feel confident the management team would respond appropriately to any concerns they raised. One staff member said, "I did raise an issue while working at another care agency and I would do it again if I thought things were not right."

All staff members we spoke with said they knew how to respond to an emergency while visiting people in their own homes. One staff member said, "If someone could not answer the door I would let myself in using the key code on their doors." Another staff member said, "I would stay with the person if they were unwell or had fallen. I know to contact the office and emergency services if needed. I would also contact relatives." Another staff member said, "We know people very well and would know who were at risk from falls.

We saw examples of environmental risk assessments which were undertaken prior to the service commencing. For example, risks associated with pets in people's homes were considered to ensure staff were protected. Risk relating to people's health and safety had been considered to ensure care and treatment was delivered safely. For example, one person was supported to move from chair to bed using a stand aid and had a moving and handling risk assessment in place. Another person had been assessed as at risk from falls. The provider had taken advice about the best way to transfer the person using a mechanical hoist. This ensured the person could be assisted safely.

All staff members we spoke with said they always had plenty of personal protective equipment (PPE), such as gloves, aprons and some staff said they carried hand sanitizer which they had purchased themselves. Staff told us they had received training in infection control when they had their induction.

Is the service effective?

Our findings

At the last inspection in July/August 2017 we had concerns around the staff lack of knowledge about the process to follow where they felt a person lacked capacity to make a decision. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The staff we spoke with were knowledgeable about the principles of MCA and they gave us examples about asking for people agreement before undertaking care tasks. We saw people's care plans included reference to their capacity and if they could make complex decisions. For example, one person could manage their medication using a pivilot release box. This is a pill dispenser which automatically dispenses medication at pre-set times, providing an audible alert to the user. Staff had responsibility to check the box and give assistance if the person had not taken their medication. Another person was unable to make some decisions so their relative had been granted Lasting Power of Attorney (LPA) for health and well-being decisions. This gave them the legal right to act in their family members best interest when making more complex decisions.

We saw evidence of staff working effectively with external services to ensure people's needs were met. The staff we spoke with told us they sometimes needed to seek medical attention for people who used the service. They confirmed they would stay with the person until medical assistance arrived or when a family member was present. One staff member told us they had found a person on the floor when they arrived at the call and contacted emergency services, the on-call manager for the service and the relative of the person. Another staff member told us they worked closely with Macmillan nurses for a person who was receiving end of life care. Staff told us they worked with other healthcare professionals such as occupational therapists and physiotherapists to ensure people's care in relation to moving and handling a person correctly.

Care records that we looked at showed people had given consent to the care by signing their care plan. Staff confirmed they always asked for a person's permission before undertaking personal care tasks. One staff member said, "I have read the care plan and found reading about people's life history very useful. It gives me topics to talk to people about."

All staff we spoke with were aware that they were expected to record any changes to people's wellbeing. One staff member said, "I have worked with the same group of people for a long time so I would know if they were not up to the mark. I would make sure family were aware so that they could contact the person's doctor. I would also notify the office of any concerns." Another staff member said, we are expected to read the notes if we have been on our days off. This helps us to understand how the person has been or if they have been ill."

We looked at care plans to assess if people were provided with appropriate support to eat and drink sufficiently to meet their nutritional needs. We saw one person required their food prepared and served in a fork mashable consistency. We spoke with a member of staff about the person's care and they told us they gave assistance with eating their meal, this person as they were identified as a choke risk and had other debilitating conditions which meant they could not feed themselves.

We spoke to people and their relatives if they felt staff were well trained. One person said, "My carers seem to have inconsistent training. Some have no knowledge or skills. For example, some can cook, and some can't." Another person said, "I am happy with the staff they support my needs." A third person said, "My carers seem to be well trained. I have had no complaints. They have been coming for a long time, but I have no idea when the service started. I am very thankful for all my carers."

Staff we spoke with said the training they received was good. They described the training as face to face. This included an induction and two or three shifts where they shadowed another member of staff. One staff member described the training which included, moving and handling, first aid, safeguarding, medication and personal safety [lone working]. They said, "I found the training on dementia was very helpful. I have a number of 'clients' which have dementia and I can understand their needs better now." Staff gave examples where they had received training to use hoists ceiling hoists, turn tables and stand aids.

Staff said they felt supported by their locality manager and the manager. However, some staff said they had not had formal supervisions due to only been with the company a month or two but they felt comfortable at contacting the locality manager if they needed support. We saw some staff had received an appraisal and others had been planned in for the upcoming months with staff.

Is the service caring?

Our findings

People told us staff were kind and caring. Relatives told us they felt their loved ones were cared for. Some people told us that some staff were nicer than others but never had any major concerns around how they were treated. One person said, "They show dignity and respect to us all, and they never seem to be rushing." Another person said, "I don't feel that my care is rushed. [Name of staff] treats me with dignity and respect. She is courteous and professional. What's good about this company is that they are always open with you if you phone them." A third person said, "I think my carers are kind, normal people. It never seems rushed to me. They do their job and go. They don't really have time for much in the way of activity, but I'm not bothered about that." However, one person told us, "I think the carers try to do the best they can. They always do seem to be a bit rushed, but they do respect and know me."

Staff told us that the care they provide was individual and designed to meet their needs. One staff member said, "We treat people as individuals and respect their wishes."

Staff said they would always knock and wait to be invited into a person's home. If they used a key safe to enter the person's home they said they would shout to the person to let them know who was entering their home. They said they would always ensure people were respected and maintained their dignity by covering them up when delivering personal care.

Care plans contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. Staff we spoke with could describe people's likes and dislikes and showed they had developed good relationships with people. They spoke fondly about the people they supported.

People who used the service and their relatives said they were involved in developing care and support plans and their on-going review. One person told us, "Yes I am involved in my care." Another person said, "Yes I am." A relative told us, "Yes I am but it was a while ago." Another relative said, "No I have not been involved in this I don't think."

Staff we spoke with supported people who had specific needs or preferences arising from any of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We saw staff were trained in areas around mental health and dementia.

Is the service responsive?

Our findings

All care plans contained a pre-admission assessment which identified people's care and support needs, wishes and expectations before they commenced using the service. The registered manager said they carried out the assessment with the person who used the service and relatives or other representatives where necessary.

Care plans we looked at included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and on-going needs. For example, about how the person needed to be supported. Staff we spoke with told us if they noticed any deterioration in the health or well-being of the people they supported they would let the locality manager know and they would review and update the care plan.

Staff's comments included; "Care plans are detailed and you have plenty of time to get familiar with them" and "very clear and easy to follow." Staff told us the care and support plans were reviewed on a regular basis to reflect any changes in people's needs. One staff member said, "Any changes and we are always informed."

A locality manager we spoke with told us how they supported people who had lost a family member. They said, [Person's name] lost their partner and they didn't have any other family member to help with funeral arrangement so we helped and supported the person through a difficult time. We made sure we were able to get them to the funeral, which was extremely important."

People and their relatives told us they had not had reason to complain, but said they would know how to if they did. Comments included, "No I haven't needed to complain. I would ring up the office if needed. I leave a note on the side if I am querying anything and they always answer," and "I'd complain to them if I needed to." Another person said, "I have complained before, this was dealt with." We saw the service had received seven complaints since the last inspection and these had been dealt with in accordance to their policy.

We looked at the many compliments the service had received. These included, 'Thank you to all staff for your commitment and care when supporting [name of person]' and 'Please pass on our thanks to the carers they are willing to go that extra mile' and 'Thank you for being so accommodating, I realise you face challenges as we have asked for extra calls. I am extremely grateful for the outstanding care your company provides'.

Is the service well-led?

Our findings

At the last inspection in July/August 2017 the provider did not operate effective systems and processes to make sure they assessed and monitored the service. The provider did not ensure care records were accurate and complete in respect of service users. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

Since the last inspection the registered manager had completed training on Focus Future Framework, which looked at best practice and how to deal with people, what a well-led service looks like and how to analyse the service for improvements. The registered manager said, "On the day I was chosen to attend the Future Focus Framework, I could not believe that someone would take the time out to show me and develop my knowledge. Following the course, I am so much more confident about what I do, how I speak to people and how I present myself. The course gave me a better insight into the job that I do. I believe that by doing the Future Focus Training that I have brought to my work place a more calming present. I listen more, I think before I answer, I feel so more confident in the way I work."

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. We saw any actions identified were discussion with individual staff through supervision or at staff meetings. The registered manager continually checked the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities. The service also had management meetings which looked at safeguarding/ missed calls, complaints, health and safety, call monitoring and any issues still outstanding. We saw the registered manager responded to the inspector feedback in relation to medicine management. We saw the registered manager had a plan in place to ensure all staff received appropriate supervisions and an annual appraisal. This showed the service was well led.

People who used the service and their relatives were asked for their views about the care and support the service offered. Questionnaires were sent out to people and their relatives throughout the year. We looked at the results of the latest survey completed in 2018. We saw there was a high degree of satisfaction with most people rating the service as 'positive'. People's comments included, 'Very good' and 'They are perfectly willing to stay and do additional jobs for me', and 'friendly staff'. However, a couple of people said, 'We have different care workers sometimes that come'. We spoke to the registered manager about this who told us they were looking at who lived closer to people to support people and staff.

We saw a completed staff survey from November 2018. We saw positive comments from staff about the service and people they support. Staff we spoke with said there was always somebody available on the telephone if they needed advice. They said there was always someone on call when the office was closed at the weekend. Staff we spoke with told us they felt supported by the management team.

The registered manager also told us spot checks were carried out regularly to ensure staff were fulfilling their

role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure improvements in the service.