

A New Angle Ltd

Independent Home Living (Scarborough)

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

Independent Home Living (Scarborough) is a domiciliary care service which provides support to people who live in their own homes.

The provider is registered to support people with a wide range of needs including dementia, learning disabilities, autistic spectrum disorder, mental health conditions, older people, and people who have physical disabilities. The service supports people who live in and around Scarborough.

We inspected the service on 31 October, 1 November and 22 December 2017. The provider was given 48 hours' notice of our visit; because we needed to be sure that someone would be in the location's office when we visited. At the time of our inspection, there were 58 people using the service, 70% of whom were receiving support with personal care, primarily the service supported older people and adults with physical disabilities.

At the last inspection in January 2016, the service was rated Good overall. At this inspection, we found the service remained Good.

The service 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.

Staff demonstrated knowledge of how to support people who may be vulnerable. They were able to identify elements of potential abuse and neglect and they knew how to report incidents. They knew the people they supported well. People we spoke with told us they felt safe, respected and well cared for.

Staff had good shared knowledge about people's needs. They worked well together as a team, sharing knowledge and ideas which would enhance the service.

All staff that were employed at the service were recruited safely. References were sought prior to employment commencing and employment checks were completed to support the registered manager in making safe decisions about who they employed. A comprehensive induction and training package was

available to all staff and they were supported through regular supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and encouraged them to remain independent. Staff understood that people should be consulted about their care and they understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. Best interest decisions involved people's representatives when required.

Staff worked in a person centred manner and treated people with dignity and respect. Staff had positive, genuine relationships with the people they supported. People were treated with kindness and compassion and they told us staff were caring.

Care plans were centred on the needs and preferences of the person and detailed individual requirements. Care plans were regularly reviewed and kept up to date when people's needs changed. People were involved in devising their care plan and they had active input into the reviews of their care. People's choices and preferences were valued and recognised.

We received consistently positive feedback from people who used the service, their relatives and friends and visiting professionals. People knew how to complain and they were confident that any complaint made would be dealt with.

The registered manager supported the staff to be effective in their role. Staff told us the manager was responsive to their needs and very supportive.

The provider sought people's views on the service through surveys and questionnaires. Where issues were identified the provider took action to resolve them.

The registered manager and the provider completed regular audits and quality assurance checks of the service and this supported them to identify and resolve potential service issues at an early stage.

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?

Good ●

The service was safe.

Robust recruitment practices were in place. New staff were vetted to ensure they were suitable to work with adults who may be vulnerable.

Policies were in place to safeguard people from abuse and neglect. Staff were aware of their responsibilities and knew how to report any concerns.

Where people received support with their medicines this was done in a safe manner and in line with current best practice guidelines.

Is the service effective?

Good ●

The service was effective.

Staff had appropriate training to be effective in their work and this was kept up-to-date.

Staff were supported through regular supervision and appraisal and this enabled them to be effective in their role.

Staff sought consent from people in relation to their care and treatment. The principles of the Mental Capacity Act 2005 were followed.

Is the service caring?

Good ●

The service was caring.

Staff had positive and meaningful relationships with the people they supported.

People were involved in the planning and review of their care package. They were central to the assessment and planning

process.

Staff were caring and compassionate and provided people with care that was centred around their preferences. Staff ensured the privacy and dignity of people was maintained.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were involved in the assessment of their needs and in the development of their care plan.

Care was delivered in a person-centred way and reflected people's individual preferences.

People were aware of the complaints process and felt confident that any issues raised would be dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

People consistently told us the registered manager was supportive and approachable.

The provider had systems in place to monitor the quality of the service.

Practice was questioned through the use of surveys and questionnaires, improvements were actioned where shortfalls were identified.

Independent Home Living (Scarborough)

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 31 October, 1 November and 22 December 2017 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 office when we visited.

The inspection team consisted of one adult social care inspector and two Experts 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 experts in this case, had experience of caring for older people.

We reviewed all the information we held about the service. We examined notifications received by the Care Quality Commission. Notifications contain information about changes, events or incidents that the provider is legally required to send us. We spoke with the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch group (Healthwatch are a consumer group who champion the rights of people using healthcare services.)

During the inspection, we reviewed the care files and medication administration records for six people who used the service and four staff files. We looked at a range of records relating to the management of the service including policies and procedures, staff supervision records and auditing tools. We spoke with ten people who used the service, two relatives and four people who we visited in their own homes. During the inspection we interviewed five care staff and had discussions with the registered manager. We also asked for

feedback from external professionals who were involved in supporting people who used the service.

Our findings

People who used the service told us they felt safe. Comments included, "I am very well looked after and I always feel safe with the carers" and "How can I not trust such lovely staff? They are here to support and take care of me, and they do it so well."

The registered manager had policies and procedures in place to ensure the safe running of the service. We looked at how they protected the people they supported who may be vulnerable from harm and abuse. A safeguarding policy was in place which detailed the service's responsibilities and how staff should report any areas of concern. Staff we spoke with demonstrated a good understanding of safeguarding the people they supported. One staff member said, "People who live on their own can be at risk. We keep our eye on them and report any concerns to the office."

A whistle-blowing policy was in place at the service. This policy detailed how staff could speak to people outside of the service, such as the Local Authority or the Care Quality Commission, about any issue where they thought the service was not doing well. Staff we spoke to understood their responsibilities around this and felt they would be supported if they needed to take such action.

The risks to people who used the service were assessed and reviewed on a regular basis. We saw comprehensive risk assessments were in place in the care files that we viewed. Areas covered included, sensory impairment, infectious disease and moving and handling. Risks to staff working in the community were also identified, these included risk from pets and environmental risks.

We saw the provider followed safe recruitment practices and recruitment records were detailed. Staff were not allowed to work without a full Disclosure and Barring check in place and two references were obtained for all staff prior to employment commencing. This meant that only people who were suitable to work with people who may be vulnerable were employed.

The provider had systems in place to record and monitor accidents and incidents if they occurred. Two entries had been made in the past year, one of which documented physical challenge towards a member of staff from a person who used the service. We saw the registered manager reviewed this data and implemented plans to reduce the risk of further occurrences and this supported people to remain safe.

We looked at staff rotas and saw that sufficient staff were deployed on each shift to cover the calls required. The registered manager had clear oversight of the rotas and where staff were unavailable for a shift. For

example, due to ill health, we saw the registered manager or the deputies ensured cover was in place and the person using the service was contacted to inform them of the change.

The provider had a call monitoring system in place to manage and monitor the community visits. Staff logged in to their visits on their phone and the call monitoring system alerted the office if the call was late. We saw that travelling time was allocated between calls and people who used the service consistently told us that the care staff arrived on time for their allocated call. One person we spoke with said, "They are never late and they are always on time."

People who used the service were protected by the prevention and control of infection measures in place. Personal protective equipment (PPE), such as gloves, aprons, tunics and alcohol gel was used by the staff when they provided direct support to people and we saw staff had free access to a store of this equipment from the office. Staff we spoke with told us supplies were readily available and when they needed stock replenishing they visited the office and signed more supplies out.

The provider had a medication policy in place and this policy had recently been reviewed to ensure its effectiveness. Where people required support with medication administration we saw that this was done safely and in line with the National Institute for Health and Care Excellence (NICE) guidelines. Medication administration charts were in place and we saw that these were fully completed with no errors. There were systems in place to ensure that these documents were audited on a regular basis to ensure that they were completed in line with the services policy.

The provider had a business continuity plan in place and this detailed how the service would continue to meet people's needs in the event of a major incident occurring, such as severe weather, breakdown of the computer systems, or loss of essential utilities. The continuity plan detailed actions required in any event, who was responsible for those actions and detailed important contact numbers in the event of an emergency.

Our findings

People who used the service told us it was effective. One person said, "The staff are all excellent. They all know what they are doing and they just come in and get on with it. They're wonderful." A relative of a person who used the service said, "The staff are very well trained, they do things much better than I can. I have seen a huge improvement in my relative since they started. We have a good team, I'm very pleased."

During the inspection, we looked at records in relation to staff training which was regularly provided and renewed when required. Staff were well trained and they had the knowledge and skills they needed to carry out their roles and responsibilities. Training was completed in areas such as, safeguarding, health and safety, end of life care and moving and handling. Where specialist care was provided, for example where someone had a diagnosis of motor neurone disease or learning disability, we saw that staff providing that care had specialist training to enable them to perform their duties effectively.

For staff who were new to the service we saw that there was a comprehensive induction training programme for them to complete. This was a mixture of classroom based training, e-learning and workbooks. The induction covered areas such as policies and procedures, introduction to the role, and key areas of training such as safeguarding and medication administration. This training was supplemented by shadowing more experienced staff on community visits to support the practical application of what they had learnt. Competency checks were also completed by the registered manager and the senior staff to ensure staff were covering all aspects of their role effectively. Staff we spoke with told us, "I had a very good induction and the training is very thorough." A relative of a person who used the service said, "The carers are just like family, they are very well trained and they teach me. One of our carers is an ex-nurse, they are all brilliant."

Staff were supported through access to regular supervision sessions and annual appraisals. Supervisions were completed at least every three months and the registered manager had a supervision matrix which gave them oversight of when staff supervision was due and completed. Staff we spoke with said they felt supported and they would be confident raising concerns with the manager. They told us the management team was very approachable and supportive. One person we spoke with said, "I would feel okay raising any concern that I had because I know that it would be dealt with."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA. We saw that consent to care and support was considered. There was evidence in each care file which demonstrated the individual's capacity to understand their support needs was considered before the person signed their care and support plan.

People with specific needs around communication were supported by staff to communicate their preferences and wishes; this was done by the use of technology. For example, where people had restricted speech and movement, electronic communication boards which were activated by the person's eye movement were used to communicate what the person wished to convey.

Where people were supported with meals we saw this was detailed in their care plan under dietary requirements. The plan contained details such as likes and dislikes, specialist dietary requirements and support required, such as the use of a straw with drinks, or the cutting up of food. One staff member we spoke with said, "If people need help at mealtimes we complete records of what they're eating and drinking. This makes sure that they are monitored and they get enough."

Where people had the involvement of community health professionals, such as district nursing staff this was documented in their care plan. The care plans we viewed contained contact details for the professionals involved.

Our findings

People we spoke with consistently told us the staff were caring. Comments included, "Our carers are just like family. It's such a joy, they are all lovely", "They're all lovely and chatty, I would miss them if they didn't come" and "I have a very good team, they're efficient and they all have a very good sense of humour."

People told us they were involved and kept up to date by the staff and management at Independent Home Living (Scarborough). They said they were involved in planning and reviewing their own care package which was tailored around their personal choices and preferences. The files we viewed demonstrated that regular contact was made to users of the service and records were documented to represent the voice of the person. A relative of a person who used the service told us, "We have regular phone calls or visits to review how the care is working. I feel very involved in the whole process."

People were contacted by the office if there was a necessary change to their care package, such a change of care worker due to sickness, or if the care worker was running late due to traffic issues. People consistently told us that they were notified in good time if there was a change to the package that they received. One person said, "They are always here on time but if they are going to be late they always ring me and let me know."

The registered manager had a procedure in place to respond to people's needs around equality and diversity. A monitoring form was completed by people who used the service before their care package started. It covered areas such as age, sexuality, ethnic origin, and religion. If areas of need were identified during the assessment the information was transferred into people's care plans to ensure that individual and diverse needs were met to enable equal access to the services provided. Files we viewed confirmed that this information was present where relevant.

Staff promoted people's privacy and dignity and supported people to maintain their independence. One person told us, "They give me privacy when I am having a shower. I like to try and do this for myself if I can. They wait outside and come in to help me when I am ready to get out." Staff we spoke with said, "I always give people choice about how they want me to help them. If people are able to do things for themselves I will be there to support if required. When helping with personal care I always make sure people are covered up, I treat people like I would want to be treated."

We spoke with staff, the registered manager and to people who used the service about the culture of the organisation. Staff we spoke to demonstrated dedication and commitment to their role. It was evident they

were highly motivated to provide care and support that was kind and compassionate. One staff member we spoke with said, "I really enjoy my job. I like looking after people and it's nice to know that they are safe". Another said, "I love going out and meeting people, I get a real buzz from caring for them and building up a good friendship." A relative of a person who used the service confirmed our findings, they said, "They all demonstrate a high level of respect which is really good and they would be appalled if someone was breaching their code and high standards."

We saw evidence that, where staff needed it, emotional support was offered to them by the registered manager and the senior care workers. For example, the service supported a number of younger age adults with life limiting conditions. When these people passed away, staff that were affected emotionally by their deaths, were supported with their grief through peer group sessions and discussions about their feelings.

Where people required advocacy support information on local services was provided to them.



Our findings

People told us the service was responsive. Staff we spoke with knew the people they supported well and they were knowledgeable about their circumstances, needs and conditions. We found staff provided people with personalised care which was based upon their individual assessed needs and personal preferences. For example, one person we spoke with told us they did not want to move into permanent care as they had many happy memories associated with their family home. Their personalised support plan enabled them to continue to be supported at home by a team of care workers who provided support to them over a twenty four hour period.

Independent Home Living provides a service to people with the following conditions: dementia, learning disabilities, autistic spectrum disorder, mental health conditions, older people, and people who have physical disabilities. The service also provides support to people with a diagnosis of a life limiting condition, such as Motor Neurone Disease or cancer.

The information contained in care files was personalised to the individual receiving the support and clearly documented people's wishes. Where people were living with a life limiting condition we found that their wishes in relation to their end of life care was documented within their care file and this contained information such as who to contact and Do Not Attempt to Resuscitate (DNAR) notifications. We also saw that risk assessments were in place on all care files viewed which summarised how to keep people safe whilst enabling them to maintain their independent abilities and self-direction.

The care files we viewed documented areas such as dietary requirements and continence needs. In each file there was a full breakdown of 'how the care plan meets the needs of the client' and 'my daily routine' in each identified domain of care, this enabled the care staff to work in a person-centred manner. Care files contained the details of professionals involved in delivering the care plan such as district nurses and occupational therapists.

People told us they were very involved in the assessment of their needs and in compiling their care plan. They told us their care plan documented the support they had said they would like to receive and at what time. For example, one person we spoke with told us they liked to shower in the morning as this allowed them the rest of the day free to access the community activities they were involved in. We saw the staffing rotas were completed to reflect their preferences wherever possible.

We found care plans were reviewed regularly or when needs changed; this established what was working

and what was not working. We found reviews were completed with the person who used the service and their representatives, where appropriate. A person who used the service told us, "I am always asked my opinion about care and this is great because it makes me feel included in what is going to happen. I wanted my times changed to better suit my routine and as soon as they could fit me in on the rotas my times were changed to suit. They are great."

The staff were pro-active in working with the people to alleviate loneliness and social isolation. Where needed people were supported to maintain links with friends and family. Where communication was a barrier, people were supported with innovative solutions. A staff member we spoke to confirmed that this was the case and gave us an example where they had supported someone to use Skype to contact their family abroad and this was reflected within their care plan as an on-going need.

People were supported to access community activities if they wished and this was documented within the person's care file. One file we viewed explained how a user of the service required care staff to support them to go out for a walk or go shopping. The plan contained details of the support required and what they could do independently. The information about people's independent skills supported and empowered them to maintain their skills and abilities.

We saw evidence that concerns and complaints were received and responded to in a timely manner. The provider had a complaints policy in place which detailed how people who used the service could raise a complaint and also stated the timescale of the complaint being answered. The provider had an auditing tool in place and this enabled the registered manager to review patterns and trends and put into place strategies to reduce the complaints received. We reviewed two complaints which the service had received in the last year. These had covered subjects such as timings of calls and broken household equipment. We saw these complaints had been resolved to the complainant's satisfaction. Complaints were investigated thoroughly, people were informed of the outcome of their complaint, and it was evident that lessons were learned where appropriate and outcomes for people were improved. For example where people had complained about the timings of their calls, rotas were altered to reflect personal preference. One person we spoke to said, "I've made one complaint and it was dealt with very efficiently. They do reviews annually".

Our findings

Services that provide health and social care are required to inform the Care Quality Commission of important events that happen in the service in the form of a 'notification'. The provider's understanding of when to notify deaths to us is being further reviewed separately to the inspection process.

The service had a registered manager in place who had registered with CQC in May 2017. Prior to registration they were employed by Independent Home Living as Head Office Manager. The registered manager has a long employment history in health and social care and this included managing private hospitals and nursing homes. The management structure of the service consisted of the registered manager, an assistant operations manager, two care coordinators, and a field supervisor.

The registered manager and the provider completed regular audits and quality assurance checks of the service and this supported them to identify and resolve potential service issues at an early stage.

We asked for a variety of records and documents during our inspection which were in relation to the management of the service, such as policies and procedures. We found these were well kept, easily accessible and stored securely. A combination of hard copy files and electronic records relating to staff and people who used the service were in place. Policies and procedures were up to date and comprehensive.

We observed a transparent and open culture within the service. The manager monitored care delivery closely and ensured it remained person-centred and was responsive to people's needs. There was a strong focus within the organisation relating to understanding people's care needs in order to support their dignity.

People consistently told us the registered manager was supportive and the service was well-led. One person who used the service told us, "I can't praise Independent Home Living highly enough. My carers are always on time, I have the same people and I always know whose coming. I think the service is very well-led." We spoke with staff and were consistently told the service was well-led. One person told us, "I couldn't ask for a better boss to be honest. They're really good, any problems and they're there. They are very warm, supportive and understanding."

The registered manager held regular team meetings where staff were encouraged to share their views to support improvements in the service. We saw that the provider compiled newsletters that were distributed to staff and we viewed one dated July 2017. This included reference to the on-call team, thanks to all staff for ensuring calls are covered, and news on staff achievements. The staff we spoke with told us they felt very

supported in their role.

We saw that the registered manager sent out review surveys for people to complete. A survey was completed in July 2017. This contained questions such as, 'How confident are you that your personal affairs are kept confidential by our care staff?' and 'To what extent do you feel your choices and rights are respected?' 19 questionnaires were returned out of 35. Overall people expressed satisfaction with the service. Comments included, "The carers who attend my relative are absolutely brilliant. They are both making my relatives life enjoyable, comfortable and safe" and "I'm very happy with the fact that I have regular carers who come, they are both excellent." Where issues were highlighted through the survey we saw that the registered manager had devised a plan detailing what they would do to improve the service following receipt of the comments and we saw that this had been actioned and followed through.