

IDEM Living Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 5 and 10 September 2018 and was announced.

IDEM Living Ltd is a domiciliary care service offering support to people within supported living accommodation. The service supports 10 people within the Huyton area of Liverpool.

The service has 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the service remained Good. The service is rated Good as it had met all the requirements of the fundamental standards.

The registered provider continued to have safe recruitment practices in place. All staff had completed an induction and the Care certificate at the start of their employment and undertaken shadow shifts with an experienced member of staff. Mandatory training was consistently completed as well as refresher training in accordance with good practice guidelines. Staff received support through supervision. Staff told us they felt well supported and spoke positively about the management team.

Staff had a good understanding of how to safeguard the people they supported. The registered provider had safeguarding policies and procedures in place that staff understood and felt confident about raising any concern they had.

People had their needs assessed before they were supported by the service. This information was used to develop person centred care plans and risk assessments that reflected people's individual needs and preferences. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. Staff had a good understanding of people's histories, likes, dislikes and preferred routines. People were supported to undertake activities of their choice and their independence was promoted. Staff supported people with their food and drink needs.

Medicines were managed safely in accordance with best practice guidelines. There were medicines policies and procedures in place that offered clear guidance to staff. Medicines training had been completed and staff had their competency regularly assessed.

Staff had developed positive relationships with the people they supported. People's independence was promoted through documentation and interactions observed between people and staff. Privacy and dignity of people was respected and they were consistently offered choice.

The registered provider had a clear complaints policy and procedure in place available in accessible formats. Relatives told us they felt confident to raise any concerns and thought they would be listened to and acted upon.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had policies and procedures available for staff to follow in relation to the MCA. Staff demonstrated a basic understanding of this and had all completed training.

The registered provider had audit systems in place that were used to highlight areas of development and improvement within the service. Feedback was regularly sought from people, relatives, staff, as well as health and social care professionals.

Policies and procedures were available for staff to offer them guidance within their role and employment. These were regularly reviewed and updated by the registered provider.

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 remains good.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

IDEM Living Ltd

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 checked 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 was a comprehensive inspection carried out by two adult social care inspectors on the first day and one on the second day. The inspection took place on 5 September 2018 and 10 September 2018 and was announced. The registered provider was given 24-hour's notice as we needed to be sure that someone would be available during our visit.

Prior to the inspection 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 any improvements they plan to make. We used this information to form part of our inspection planning document and throughout the inspection process.

We checked the information that we held about the service and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the registered provider is required to send us by law.

Prior to the inspection we contacted the local authority quality monitoring team and the local safeguarding teams who raised no concerns about the service. We contacted two health and social care professionals who provided us with feedback about the service.

During the inspection we visited three of the supported living homes and spoke to five people supported by the service. We observed interactions between staff and the people supported and used these observations to make a judgement on the quality of the support people received. We spoke to four support workers, the project lead, the engagement lead and the registered manager. We spoke with four relatives by telephone of people supported by the service.

We reviewed three care plan files that included risk assessments, medicines management systems, three staff recruitment and training files and other records that related to the management of the service.

Is the service safe?

Our findings

People told us that staff supported them to manage their medicines. Their comments included "Staff make sure I take my medicines safely" and "Staff give me a drink when I have to take my medicines and this helps." Relatives comments included "Staff always ensure [Names] medicines are taken consistently and on time" and "Staff are well trained and competent to manage [Names] medicines."

The registered provider continued to have an effective system in place for the safe storage and administration of people's medicines in accordance with best practice guidelines. All staff had received training and had an up-to-date competency assessment in place. People's care plans described the level of support they required with their medicines. Medication administration records (MARs) were consistently completed. PRN 'as required' protocols were in place and followed by staff.

The registered provider continued to follow safe recruitment practices and employed sufficient staff numbers to meet the needs of the people supported. Some people supported by the service had participated in the recruitment of their staff. One person told us they liked being active and enjoyed cycling, they told us the staff that supported them had similar hobbies and characteristics.

People had individual risk assessments in place that described the risk and gave clear guidance to staff about how to support people to mitigate the risk. Areas of risk considered included personal hygiene, accessing the community, activities of daily living, using transport and social behaviour.

Accidents and incidents were promptly and thoroughly recorded by staff and reviewed by the management team. These documents were reviewed to identify any trends, patterns or to identify areas for development or improvement. Staff had access to all required information to follow in the event of an emergency. Staff confirmed they had access to a member of the management team through the 'on-call' process at all times. This meant that in the event of an emergency, staff had an appropriate person to contact without delay.

The service continued to have effective systems in place to safeguard people from abuse. Staff received regular training and had a good understanding and knowledge of this area. Staff told us they had all received training in whistleblowing and felt confident to raise any concerns they had with the registered provider.

Staff had all completed infection control training and described the importance of following best practice guidelines. The registered provider had a policy and procedure in place to protect people from the risk of cross contamination and infection. Staff had access to personal protective equipment that included disposable gloves and aprons.

Is the service effective?

Our findings

Relatives spoke positively about the staff and their comments included "The staff are well trained in the care of my son", "Staff seem to understand [Name] well and interact with him" and "Staff are well trained and extremely knowledgeable." Comments from health and social care professionals included "The staff team know the required interventions well and are implementing them on a daily basis" and "Staff members confidently provide an overview of each person, relay their daily needs, routines and identified behaviours."

Staff had all completed an induction that met the requirements of the Care certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers following their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Mandatory training had been consistently completed and regular refresher training took place in accordance with good practice guidelines. Staff had undertaken additional training that included autism and epilepsy to meet the individual needs of the people they supported.

Staff received regular supervision and told us they felt well supported by the management team.

People were supported to eat and drink in accordance with their assessed needs. Staff had a good understanding of people's individual dietary requirements, preferences and choices. Relatives comments included "Staff support [Name] to follow a healthy diet", "[Name] enjoys all the food and drink" and "[Name] enjoys making pizzas and cakes and staff support him to do this."

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 or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments and best interest decisions were evidenced throughout the documentation reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People who normally live in their own homes and within supported living settings can only be deprived of their liberty through a Court of Protection order. The registered provider understood that they would need to put forward applications for consideration through the local authority to request a Court of Protection order if a person had restrictions placed upon them. The registered manager told us that they would work alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions.

Staff gained consent from people prior to offering support and intervention. This included an explanation about what they were going to do and agreement was sought prior to this happening.

Is the service caring?

Our findings

Relatives spoke positively about the staff and their comments included "The staff have been patient, kind, caring and tolerant", "Staff are always open and honest", "Staff are always welcoming and courteous", "Staff are amazing with [Name] and I cannot praise them enough" and "All the staff go above and beyond."

People's communication needs were clearly described within their care plan files. Some people communicated through signs, expressions and sounds. Staff demonstrated a good understanding of people's individual communication needs. Consideration had been given to each person's likes and dislikes and how staff would understand these. People's sensory needs including hearing and sight were considered. Clear guidance was available for staff to ensure each person's individual needs were met.

Staff described the importance of promoting people's independence and explained their purpose was to encourage each person to be as independent as possible. Staff demonstrated patience as they gently prompted a person to put on their own footwear and guided them through the process offering continual reassurance and encouragement.

People's privacy and dignity was continually respected. People told us that staff knocked on their door before they entered their room. We saw staff seek permission before providing support and most staff were dignity champions. This meant staff followed a clear set of values and actions that promoted and preserved people's dignity.

Information was available in different formats to meet individual people's needs. Pictorial and easy read documents were available to ensure people had information available to them in a format appropriate to meet their needs.

People's records were stored securely in a locked office to maintain their confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Advocacy information was available for people supported by the service. This information was available in different formats and was made available to people as required. There was nobody accessing the advocacy service at the time of our inspection.

Is the service responsive?

Our findings

People and their relatives told us they had the opportunity to participate in activities of their choice. Relatives told us they received regular updates that included photographs of activities that had been completed. One person described playing their favourite game on a games console, another person was observed watching videos of their choice on their laptop. Relatives comments included "[Name] goes out on activities every day", "Staff are supporting [Name] in their learning of daily living skills" and "[Name] always seems busy undertaking activities such as baking indoors, gardening in the garden and a variety of activities in the community. They are happy and smiling all the time."

Records showed that people's needs were assessed prior to them using the service. People, their relatives and health and social care professionals were included in the assessment process. People's needs in relation to equality and diversity were considered throughout the assessment process and were contained within the care plans. These needs included age, disability, religion and other protected characteristics. Information from the assessment was used to prepare person centred care plans and risk assessments.

Care plans held comprehensive information about people's likes, dislikes, people and places who are important, preferred routines and descriptions about how each person wanted to be supported by staff. Each care plan file held a clear and comprehensive pen picture of the person supported.

Each person had an allocated key worker. People knew who their key worker was and had one-to-one time with them regularly. Relatives comments included "[Name] has a really good relationship with their key worker" and "[Name's] key worker knows him as well as we do which is just brilliant."

Staff completed daily records and these included information about people's dietary input, personal care, activities undertaken, medicines and mood. Individual charts and records specific to individual assessed needs were completed as required. These included seizure charts and observation charts.

Regular reviews were undertaken and people as well as their chosen relatives were included in this process. Relatives described how staff would seek information about the person particularly when they were first supported. They explained that now staff knew people so well they were able to describe mannerisms or reasons for particular behaviours.

The registered provider had a complaint policy and procedure in place. These documents were available in easy read and pictorial formats. Relatives told us they felt confident to raise any concerns and thought these would be fully investigated and promptly responded to. Their comments included "The staff and management team are very responsive to questions and concerns" and "They always respond promptly to any concerns."

Is the service well-led?

Our findings

People, relatives and staff all described the management team as approachable, accessible, knowledgeable and supportive. Relatives comments included "They are always open and honest", "It's a very good company. It's a jewel in the crown" and "The management team care about us as a family, their staff and the people they support."

The registered manager had been registered with the Care Quality Commission since April 2015.

Quality assurance systems were in place and were consistently completed by the management team. Audits included care plans, risk assessments, medicines management, accidents and incidents, finances and daily record completion. Areas for development and improvement were identified, action plans prepared and completed within specified timescales.

The registered provider sought feedback regularly from health and social care professionals, people and their relatives. We saw that many positive comments had been received during this process. These included; "We have excellent working relationships with all the staff were approachable and professional", "[Name] is coming on great. He is growing in confidence and independence" and "I think the service is excellent."

The registered provider and staff team had developed positive relationships with local organisations that work with people with learning disabilities. They worked closely with day services, college placements and work placements that people attended. A comment from a health and social care professional included "IDEM are very responsive and open to recommendations made, they have shown a constant approach to working within a multidisciplinary setting and have been willing to work with myself, education and health colleagues."

Staff told us that staff meetings were held regularly and their ideas and suggestions were encouraged and welcomed. Staff described the positive values of the management team and told us they felt fully supported. The registered provider actively supported staff with their well-being through staff well-being surveys, access to a counselling service and had achieved a workplace well-being award.

The registered provider had policies and procedures that were available in easy read and pictorial formats. These were regularly reviewed and updated. These documents gave clear guidance to people and staff.

The registered provider had displayed their ratings from the previous inspection on the website in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.