







# Independent Living Service Limited Shirebrook Miners Welfare Charity Centre ILS

## 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	

## Overall summary

This inspection took place on 10 December 2014 and was announced.

Shirebrook Miners Welfare Charity Centre ILS provides a domiciliary care service to mainly older people living in their own homes in Shirebrook and the surrounding villages. At the time of this inspection there were 63 people using the service.

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.

At the last inspection on 11 February 2014, we asked the provider to take action to make improvements in relation to how people's needs were assessed, the management

# Summary of findings

of medicines, how people's consent was sought and safe recruitment procedures. At this inspection we found that action had been taken and improvements had been made.

People were safe using the service and staff knew what to do if they had any concerns about their welfare. Records showed staff had thought about people's safety and how to reduce risk. They also knew how to protect people under the Mental Capacity Act and the Deprivation of Liberty Safeguards (MCA and DoLS).

Staff were safely recruited with robust checks carried out to ensure they had the right background and were suitable to work in care. People said they were happy with the competence and skills of the staff. Staff were knowledgeable about the people they cared for and had a good understanding of how best to meet their needs.

People who needed assistance at meal times were encouraged to choose what they ate. Staff were aware of people's healthcare needs and alerted health care professionals if they had any concerns about their well-being.

People got on well with the staff who involved them in decisions about their care. People were consulted about whether they wanted male or female carers and any

other social or cultural needs they might have. Where appropriate, relatives were also involved in decisions about their family member's care. Staff offered people choice, treated them with dignity and respect, and promoted their privacy.

The care provided was personalised and responsive to people's needs. Plans of care helped ensure staff knew how to provide care in the way people wanted it. They were flexible so people could change their minds about their care on the day if they wanted to. Some plans of care lacked detail about people's mental health needs and the registered manager was addressing this.

People told us they rarely if ever had to complain, but if they did they were listened to and improvements were made. Records showed that when the agency received a complaint staff took swift action to address it and to make any changes necessary.

The agency was well-run and provided a good service. Staff told us that they were well-supported and enjoyed their work. People had confidence in the registered manager who had made a series of improvements to the agency. The people who used the service and their relatives had the opportunity to comment on the care they received both in person and through regular surveys.

# Summary of findings

## 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.

People told us they trusted the staff and felt safe with them.

Staff knew how to recognise and respond to abuse and what to do if they had concerns about the well-being of any of the people they supported.

There were effective systems in place to manage risks to people.

Medication was safely managed and administered in the way people wanted it.

Good



### Is the service effective?

The service was effective.

Staff had the training they needed and a good understanding of people's needs and preferences.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood people's rights in relation to their care and support.

People were encouraged to choose their meals and to eat and drink enough to meet their nutritional needs.

Staff supported people to access healthcare services when they needed to.

Good



### Is the service caring?

The service was caring.

People told us that they got on well with the staff and that they were kind, friendly, and interested in the people they supported.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that met their needs. Plans of care were reviewed regularly and changes made where necessary.

People told us they were listened to when they raised concerns or complaints and staff responded by making improvements to the service.

Good



### Is the service well-led?

The service was well-led.

People told us that staff listened to them and their views and acted on their ideas and suggestions.

The registered manager was approachable and supportive. People who used the service and staff told us the agency was improving under her leadership.

Good



# Summary of findings

People's views were sought using a range of methods, including surveys and care reviews, to check people were getting the quality and type of care they wanted.

# Shirebrook Miners Welfare Charity Centre ILS

## 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 10 December 2014 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that the provider would be at the office.

The inspection team consisted of an inspector 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. Our expert-by-experience had expertise in domiciliary care, and the care of people with mental health needs and physical disabilities.

Before the inspection the provider 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. We also reviewed the provider's statement of purpose and the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke by telephone with 17 people who used the service or the relatives of people who used the service. We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at four people's care records.

# Is the service safe?

## Our findings

At our inspection on 11 February 2014 we found that there were no detailed risk assessments in place when specific risks had been identified, for example, when people needed assistance with moving about their home.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that improvements had been made. People's care records had been reviewed and risk assessments put in place where necessary. This meant that staff had guidelines to follow to help ensure people were safe in potentially risky situations.

One person told us that changes had been made to their personal care routine to make it safer for both themselves and the staff. And a relative said the agency had arranged for aids and adaptations to be fitted in their family member's home to make the environment safer for them.

Records showed that one person who used the service had a pressure sore but they did not have a risk assessment for this. The registered manager said this was because district nurses were providing the relevant care. We discussed this with the registered manager who agreed to put a risk assessment in place so staff knew what to do if they noticed any changes to the wound. She also said she would review people's files and do the same for anyone else with skin care needs.

At our inspection on 11 February 2014 we found that the provider's recruitment and selection procedures were not effective and some staff did not have the required documentation in place to help ensure they were safe to work with the people who used the service.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made and the provider had introduced a 'new starter checklist' so it was clear if all the required documentation was in place. The three recruitment files we sampled

showed a thorough procedure being followed to check the applicants' suitability. This included obtaining references, criminal records checks, and health declarations, and conducting an interview.

At our inspection on 11 February 2014 we found that there was no explanation of people's preferred routines when taking their medicines, prescribed creams were being applied without any reference to this in the person's care plan, and records showed that staff had broken tablets in half for a person to take, again without any assessment or written instruction from a GP or other healthcare professional for this to be done. Staff training was out of date.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made and the provider had reviewed and improved medication records. Those we sampled included the information staff needed to prompt medication safely. This included how people liked to take their medication, for example with a particular drink, and whether they could take it out of the packaging themselves or preferred the staff to take it out for them. Information about prescribed creams was now in people's records.

Records showed all staff who prompted people to take their medication (the agency staff do not actually administer medication) had undertaken training in this followed by a competency check. This was monitored by senior carers carrying out regular 'spot checks' of medication and other records to ensure staff were completing them correctly.

Most people we spoke with were satisfied with how their medication was managed. A couple of people told us staff did not know what their medication was for and said they would prefer it if staff had this information so they could discuss their medication with them.

All the people we spoke with said they felt safe using the service. One person told us, "I feel very safe with the staff and they are very honest." Another person commented, "I feel very safe and have never felt any of the carers were dishonest or a risk to myself."

## Is the service safe?

One person said they trusted the staff to help them with their shopping. They told us, “I trust my carers. When they do my shopping they will always ensure they go through the receipt with me and give me my change.”

The provider’s safeguarding and whistleblowing policies told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their induction so they knew how to protect people as soon as they began working with them unsupervised.

All the staff we spoke with knew how to report concerns. One told us, “First we go to the manager and then to the provider and then to the local authority. But we wouldn’t have to go further than the manager here because she knows exactly what to do.” Staff also told us they had the telephone number of the local authority on the back of their ID badges so they could use it if they needed to.

One care worker gave an example of how they responded when a person appeared to be at risk over a weekend. The action they took showed they followed the provider’s safeguarding procedure to make sure the person in question was safe.

Prior to this inspection the registered manager reported a safeguarding concern to us using our notification process. The information she provided to us showed she understood what to do if concerns were raised about any of the people who used the service.

All the people we spoke with said there were enough staff available at the agency to provide their care when it was needed. One person told us, “I have never been without and have had the same four girls since I started [with the agency].”

Some people said that although there were enough staff they would like to have more regular staff. We discussed this with the registered manager who said she understood this, and the agency wanted the same thing, but it was not always possible to retain staff. However she said the agency was constantly working towards offering continuity of care, as far as possible, to all the people who used the service.

# Is the service effective?

## Our findings

At our inspection on 11 February 2014 we found that it was not clear from records which of the people who used the service lacked the capacity to make certain decisions. And improvements were needed to the way people who did lack capacity were supported by the agency.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. Staff had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and understood what they meant in practice for the agency. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions.

Care records showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing people's ability to make decisions. The provider used mental capacity assessments to help determine whether or not people were able to make decisions about their care and other aspects of their lives. Where they were deemed not able to consent, records showed that relatives and other representatives had been involved in the decision-making process.

Two relatives discussed the process with us. One said, "If my [family member] is very confused the staff talk to me as well so I can support both my [family member] and the staff and I am aware of what and how they are doing things for her." Another commented, "I understand why decisions are made for my [family member] and I am involved. If he can't respond I do get the last word. The staff have also explained to me the various issues relating to restraint and DoLS but this has not been an issue so far."

People told us they were happy with the competence and skills of the staff. One person said, "They appear to be well trained especially using my hoist. They meet all my needs and appear to know what they are doing." A relative commented, "I find the experienced staff are a mine of information for me on how to care for my [family member] especially when they are confused."

Staff were knowledgeable about the people they cared for and had a good understanding of how best to meet their needs. They told us they were satisfied with the training they'd had. One care worker told us, "This is the first place I've ever worked that has encouraged me to train and to develop my skills as a carer."

The agency mainly provided care for older people, some of whom were living with dementia. Others had diagnosed conditions such as Parkinson's, or were recovering from Strokes. Records showed staff had been trained to meet the specific needs of the people they cared for. For example, staff had undertaken 'stroke awareness' training, and attended a course run by a national dementia charity. This was in addition to the standard induction and training all staff had when starting work for the agency.

One care worker told us, "We get a good general introduction to care when we start here and we have refresher courses to keep us up to date. But if we need something specific, for example training in Parkinson's or colostomy care, then we get that too, either from our training provider or from the local district nursing team."

People told us they were well supported at meal times. One person said, "They always ask what I want for my breakfast and will do just about anything including a cooked breakfast on days I don't want cereals or toast." Another person commented, "They not only do my breakfast but ask me if I want it in bed before they get me up and washed or if I want it afterwards. They will get me whatever I want to eat and leave me a drink."

Plans of care set out the support people needed which helped to ensure their nutritional needs were met. If people had particular needs relating to nutrition these were recorded. Three people said they thought the staff needed more training in cookery. This feedback was passed to the provider for action.

People said staff helped them to access medical attention if they needed it. One person said, "If I am not well they ask me what help I need. They will phone the GP if necessary. Also they ask whether I want them to get in touch with my [family member] when I am not well. They are excellent." Another person commented, "They always let my [family member] know if they are worried about me and let them know when they think they should get the GP."



## Is the service effective?

Records showed people's health care needs were assessed when they began using the service. Staff were made aware of these in plans of care. This meant they could support people to be healthy, and alert health care professionals if they had any concerns.

If people had particular health conditions information about these was included in people's plans of care. This helped to ensure staff were knowledgeable about all the needs of the people they were supporting.

# Is the service caring?

## Our findings

All the people we spoke with told us they got on well with the staff. One person said, “The staff communicate well with me. They talk to me like an adult and ask me how or what I want done. If they finish a little early they will always sit and talk to me.” Another person commented, “They are excellent communicators. If I am worried they will talk to me about it and also speak to my [family member].”

Relatives also said they got on well with the staff. One relative told us, “Even though my [family member] is confused they still laugh and joke with him. I find them such a support to me and they always let me know if things aren’t right with him. They also make sure I get a break when they are here and when he was in hospital they kept in touch with me which was reassuring.”

Staff said they read plans of care to help them get to know the people they would be providing care to. One care worker told us, “Everybody’s different and we acknowledge that and use different approaches depending on what our clients want. We also involve families as they can give us good advice if the client can’t tell us themselves.”

Staff also told us the agency aimed to provide ‘continuity of care’ which meant people had regular staff. The registered manager said, “As far as possible we try to achieve this as we know it’s difficult for people to keep having different carers all the time.”

People told us the agency consulted with them about whether they wanted male or female carers and any other social or cultural needs they might have. One person told us, “I was asked by the male team leader if I had any objection to him doing my personal care which I didn’t.”

People told us the staff always involved them in decisions about their care. One person said, “The carers will talk to me as they work and always ask how I want things done. They also speak to my [family member] they are all really nice girls.” Another person commented, “The staff always ask me what I want including whether I would like my breakfast in bed. They always give me the choice they don’t just tell me.”

Relatives also said they were also involved in decisions about their family member’s care. One relative said, “My [family member] and I were involved in the decisions made about [my family member’s] care. We got the package we asked for.” Another relative commented, “We were fully involved in my [family member’s] care plan and they will accommodate any changes we ask for. We only have to phone and they will sort things out to meet our needs.”

We received many more positive comments from the people who used the service and relatives about this. Records also showed people being involved in their care from the assessment stage onwards, and they continued to be involved on a day to day basis and when their care was reviewed.

Staff told us they were trained to offer people choice. One said, “We always ask people to make choices. I would never, for example, just put a breakfast in front of someone that I had chosen. I would always ask them what they wanted.” Plans of care instructed staff to offer people choices about their care at every step.

All the people we spoke with said staff treated them dignity and respect and promoted their privacy. One person told us, “They [the care workers] are very respectful, they always put out towels for me to sit on and to cover me as they go.” Another person commented, “I like the fact they always ensure doors and blinds are closed when doing my personal care.”

One care worker told us how important it was for them to provide personal care as discreetly as possible. They told us, “We make sure people are covered up when we are caring for them. I warm towels up on the radiator so they feel nice for people.”

Records showed staff had been trained to respect people’s privacy and dignity. Plans of care gave them clear instructions on how to do this. One person told us how staff understood the importance of confidentiality. They said “They chat whilst they work but never talk about other clients which I find reassuring.”

# Is the service responsive?

## Our findings

At our inspection on 11 February 2014 we found that people's needs had not always been properly assessed and the plans of care in place did not always explain how people's support was to be planned and delivered.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. The registered manager had reviewed and improved the service's assessment process. People's files that we checked included a new 'service commencement form' which covered all aspects of their physical and mental health needs. This meant staff had a comprehensive overview of each person's needs to base plans of care on.

Plans of care had also been re-written to help ensure staff had clear instructions on how to provide care in the way people wanted it. Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed with the person who used the service and their family member, where applicable. However plans of care were flexible so people could change their minds about their care on the day if they wanted to. One person told us, "They always read my plan before they start but they still ask me about what I need or want and don't stick rigidly to the plan."

Plans of care were reviewed regularly and changes made where necessary. One relative told us that the agency was quick to respond when their family member was hospitalised and then discharged. They said, "I phoned the agency and gave them the time [my family member] was coming home and they implemented his care within minutes of my phone call. They are so very good at meeting our changing needs promptly. I can't fault them."

Some plans of care lacked detail about people's mental health needs. For example one person's assessment stated their 'anxiety [was] easily triggered'. However there was no plan of care for this. This meant staff did not know what

might trigger this person's anxiety, or what to do to alleviate this. Another person was diagnosed with dementia but again there was no plan of care to assist staff in meeting any needs that might arise from this. We discussed this with the registered manager who said she would re-review plans of care to ensure any mental health needs people might have were being addressed with plans of care put in place where appropriate.

People told us their plans of care were regularly reviewed and updated so staff were able to keep up to date with their needs. They also said they could contact the office if they wanted an urgent change. One person said, "I only have to ring up and request a change and so far they have accommodated any changes I have asked for really quickly."

People told us the staff provided care that was personalised and responsive to their needs. One person said, "They are very responsive to need and the more I see of them, the more I get to know them and them me. They really do care and very nice." Another person commented, "They understand when I have bad days [due to health issues]. They are so responsive to my needs."

All the people we spoke with said they knew how to make a complaint if they needed to and had been given a copy of the provider's complaints procedure. One person told us, "I do think the manager treats any complaints seriously and from my experience resolves issues promptly." Another person said, "If any issues or problems arise you can tell the team leader and he makes alterations."

People told us they rarely if ever had to complain, but if they did they were listened to and improvements were made. One person said, "I had one discrepancy but on contacting the office it was rectified immediately and it has not happened since." Another person commented, "I complained that they didn't ring when carers were going to come late. They ring me now."

Records showed that when the agency received a complaint the registered manager staff took swift action to address issues and to make any changes or improvements necessary.

# Is the service well-led?

## Our findings

People told us they thought the agency was well-run and provided a good service. Three people said they thought it was 'excellent'. One person said, "I would recommend this company to anyone." Another person commented, "I am satisfied and my [family member] has peace of mind with these carers."

The agency office, in the village of Shirebrook, was based in a community centre used by a number of local support groups. The atmosphere was warm and friendly with visitors made welcome. There was a sense that the agency was very much part of the local community, with the various groups using the centre contributing to each other's work. For example, an Alzheimer's support group that met weekly at the centre had provided training to agency staff on caring for people with dementia.

People told us that agency staff listened to them and their views and made changes as a result. One person said, "They regularly ask for feedback. I suggested on mine that it would be nice to know what the management looks like so I could put a name to a face. Two managers have come to see me and the team leader has said he will call in shortly." Another person commented, "We receive a questionnaire regularly and if we have requested changes they have been made."

The staff we spoke with told us they liked working for the agency and were well supported. One care worker said, "Since [the registered manager] started it's been running

really smoothly, and no matter when you go in the manager will always make time for you." Another commented, "It's a very supportive agency, if we or the clients have any concerns they are dealt with."

Another care worker praised the agency for being 'non-institutional and person-centred'. They told us, "It's a great place to work because the management are very proactive. They get things done and they are very supportive of staff."

Staff were supported and supervised through 'spot checks' when they were out providing care and via memos, informal meetings and telephone calls with the registered manager and other senior staff. When we inspected the registered manager was in the process of putting a formal supervision and appraisal process in place. She said this would help staff focus on their development and training.

People told us they had confidence in the registered manager. One person said, "The manager knows what she is doing and is so very kind." Another person commented, "I feel the management is excellent." The registered manager knew all people who used the service by name and had a good understanding of their care needs. This helped to ensure she had an overview of the service provided.

The registered manager told us the agency aimed to deliver high quality care by listening to the people who used the service. She said she was committed to a programme of continuous improvement of every aspect of the agency. The staff we spoke with agreed with this. One care worker told us, "It's been onwards and upwards since [the registered manager] came on board." Another care worker said, "[The registered manager] follows things through. If there's a problem she sorts it."