

Welcome Independent Living Ltd.

Welcome Independent Living Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 July 2017 and 2 August 2017 and was announced. At the last inspection we had concerns about the number of calls the agency had missed and found that on at least two occasions only one member of staff had provided people with care and support when two staff should have attended. This potentially put people at risk of not receiving safe care and treatment and was found to be a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

Welcome Independent Living provides personal care for a variety of people including older people living with dementia. At the time of our inspection Welcome Independent Living provided personal care for 112 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.

A new electronic call monitoring system had been introduced which enabled call times to be monitored. Staff logged their visit by swiping their phone camera against a QR code (barcode) in the customer file. This registered the time staff spent on the call. A new rota system had been implemented which now took into account travel time. People who required two care workers told us they always had two care workers.

The provider had a recruitment process in place to ensure staff were of good character and that all checks were complete and satisfactory prior to letting staff deliver care.

The provider had sufficient staff to meet people's needs.

Staff were supported in their role and most staff received regular supervision. Staff told us they received training. We saw evidence which confirmed this.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. We found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's privacy and dignity were respected. People's independence was promoted and they were involved about matters relating to their care and support. People were provided with service user handbooks which gave information on the care offered to people, how to make complaints/compliments, including the mobile number of the provider.

Most people told us they were involved with their care and had reviews. However, two people and one relative said this had not happened. All staff told us care records were kept up to date and were easy to

follow. Staff explained how they would identify a person's needs had changed.

There were systems in place to respond to complaints. Complaints were responded to appropriately.

Staff told us they felt supported by the management team.

Statutory notifications had been submitted to the CQC, however the registered manager had on occasion not done this. We saw the local authority had been informed and appropriate action had been taken. The registered manager gave assurances they would look into this oversight immediately and ensure they sent all statutory notifications to us. We recommend the provider reviews their systems to ensure the CQC is notified of relevant matters.

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. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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.

The provider had a recruitment process in place to ensure staff were of good character and that all checks were complete and satisfactory prior to letting staff deliver care.

The provider had sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff were supported in their role and most had regular supervision. Staff told us they received training. We saw evidence which confirmed this.

Staff lacked knowledge about the process to follow where they felt a person lacked capacity to make a decision.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were respected.

People's independence was promoted and they were involved about matters relating to their care and support.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Most people and their relatives were involved in the care planning process. Staff told us they were alerted to any changes.

Although care files were regularly reviewed, the information was not always up-to-date.

There were systems in place to respond to complaints.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

We found the provider did not have sufficient systems in place to assess and monitor the quality of the service.

The provider did not ensure care records were accurate and complete in respect of service users.

Staff told us they felt supported by the management team.

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 31 July 2017 and 2 August 2017 and was announced. 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 eight people who used the service and four people's relatives. We also spoke with seven members of care staff, the business manager, a director of the company and the registered manager.

We looked at a variety of documentation including; care documentation for six people, five staff files,

meeting minutes, policies and procedures, medicine administration records and quality monitoring records.

Is the service safe?

Our findings

At the last inspection we had concerns about the number of calls the agency had missed and found that on at least two occasions only one member of staff had provided people with care and support when two staff should have attended. This potentially put people at risk of not receiving safe care and treatment and was found to be a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

All the people we spoke with told us they were happy with the service and said they felt safe with the staff. One person said, "All carers are lovely." Another said, "They're very sympathetic and helpful."

Staff completed training in safeguarding adults. Staff gave examples of the different types of abuse. For example, if staff felt a person had unexplained bruising or were self-neglecting, they were clear they should report this to their locality manager or the registered manager. However, we found not all staff were aware of the external agencies they could report concerns to. The registered manager told us she would remind staff regarding this.

We saw safeguarding matters and accidents and incidents were responded to appropriately. These were recorded and, where appropriate, reported to the Local Authority Safeguarding Team. However, we found on occasion the registered manager had not reported to the Care Quality Commission. This is addressed under the well-led section of the report.

We looked at staff recruitment records and found the service was ensuring staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. We saw staff disciplinary procedures were being followed and appropriate action taken. The provider had access to a legal advice service to ensure legal requirements were met.

The registered manager explained a new electronic call monitoring system had been introduced which enabled call times to be monitored. Staff logged their visit by swiping their phone camera against a QR code in the customer file. This registered the time staff spent on the call. A new rota system had been implemented which now took into account travel time. People who required two care workers told us they always had two care workers.

All the staff we spoke with told us there were enough staff to meet people's needs. Staff said they were not aware of any recent missed calls and people had two care workers where this was required. Staff told us the new rota system now allowed for sufficient travel time between calls. One member of staff said if it did not they were able to raise this issue and the rota would be adjusted.

Staff were clear how to deal with emergency situations and had access to an 'on call' system if the

emergency happened outside of office hours. For example, if a person was found to have fallen, staff were clear they should not move a person and call for an ambulance. Staff told us they would also make the registered manager or supervisor aware and would inform a person's family member.

We saw care files included risk assessments for moving and handling, premises and falls. However, we found one care file did not include a risk assessment regarding pressure care despite the care record showing the person was unable to move themselves. The care plan did include information regarding moving the person's position and there was no evidence they had suffered harm. We also found there was no risk assessment for this person regarding the use of bedrails. We spoke with the locality manager responsible for the person's care. They told us the assessment had been completed by an occupational therapist. However, there was no information within the care plan regarding this and with instructions for how staff were to ensure the rails were safely in place. The locality manager told us they would address this immediately.

Three people we spoke with told us they had support with their medicines. They told us they always had their medicines at the right time.

All staff we spoke with confirmed they had received medicines training. They were clear they should check the person had the right medicines, received the right dose at the right time. They were aware they were required to complete Medicine Administration Records (MARs) to record a person had received their medicines. We asked staff what they would do if they believed a person had missed their medicines. Staff were clear they would report this immediately to their manager.

We looked at four MARs and found gaps. The registered manager told us this was because they had not been administered by staff or the person using the service had already taken them. The registered manager told us they were looking at improving the recording system to make this clear, including documenting other people's involvement with medicines within the care plans. Although we saw the gaps in the MARs had been picked up on the medicines audits, we found the audits were not sufficiently detailed. The registered manager was not aware of the medicines a person was taking when they were auditing the MARs as these were not documented on the MARs. The registered manager said the Local Authority had also raised issues with them regarding this and in response they had recently changed the process and now requested the dosette cards which detailed the medicines and allowed for a more thorough audit to take place. The provider had also updated their medicines policy and retrained staff in their role with medicines. Body maps were now available to show staff where to apply creams. However, we found there were no body maps regarding the use of patches to indicate to staff where it was appropriate to replace the patch. The registered manager told us this would be addressed immediately.

We saw where a person was taking a medicine which required them not to have any food, drink or medicines for 30 minutes after taking their medicine and to leave them in an upright position to ensure the medicine was effective, this was clearly documented within the care plan.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

Staff we spoke with told us they had received training regarding the MCA. They were clear they would respect a person's wishes. They told us where a person refused care they would try and encourage them to accept care by talking with them and finding out if they had any concerns. They told us they would leave it for a while and then try again. If staff had any concerns regarding a person self-neglecting, staff would report this to the office. We saw evidence staff raised these issues and they were reported to the local safeguarding team.

Staff were not always clear what happened when a person was confused and could not make decisions. Some staff were aware they could facilitate a person's choice by physically showing clothes or food but other staff were not. We found staff were not clear on the process for making decisions in a person's best interests. Some staff said they would ask family members to make a decision. Staff did not make reference to whether a person had a Lasting Power of Attorney (LPA) in place. A LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. This gives a person more control over what happens to them if they can't make their own decisions. There are two types of LPA; one for health and welfare and the other for finances. A person may have one type of LPA or both. The registered manager did not routinely ask whether a person had a LPA in place. They told us they would now do this and ensure they had a copy of the document(s).

We spoke with the registered manager about the MCA and found they lacked knowledge about the process to follow where they felt a person lacked capacity to make a decision. The registered manager accepted this and said they would seek further training and support.

The care files for people living with dementia lacked detail around how this impacted on the person's cognition. There was no reference to the MCA or 'best interests'. Where a person had bed rails in place, we saw no evidence within their care file to show whether the person had consented to the use of bed rails or whether the decision had been made in their 'best interests'.

The provider's medicines policy stated; 'The customer will have been assessed and consent will have already been obtained through the care planning process. The care planning process will also decide what happens in the best interest of people who lack capacity and decisions around medication. This must be documented by the Manager.' The provider was not following their own policy.

We concluded these issues collectively constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with felt the staff were sufficiently skilled and trained to carry out their role.

The provider told us they carried out spot checks of staff practice and they made sure staff were competent in their role before enabling them to work unsupervised. Staff confirmed they had received an induction which included shadowing a more experienced member of staff. We saw evidence of this in the staff files.

Staff told us they received supervisions and all their mandatory training was kept up to date in areas such as, moving and handling, safeguarding and medicines. We saw evidence in the staff files which supported this. However, we noted two people had not received a regular supervision. This had not been identified by the registered manager. The provider did not keep a record of all the mandatory training undertaken on the staff training matrix. We spoke with the registered manager who told us they would ensure this was updated to include food hygiene, first aid and infection control.

The registered manager told us there was no specific training regarding nutrition or dementia care. Although one manager had been on a dementia champion training course and the idea was to cascade this to all staff. This had not yet happened. Staff and the registered manager said there was no specific training regarding managing challenging behaviour. The provider's policy 'Dealing with so-called challenging behaviour, violence and aggression policy' stated; 'All staff will have training in prevention of & dealing with people with challenging behaviour. They will also be supported in understanding the meaning of physical intervention and their responsibilities.' The provider was not following their own policy.

With the exception of one person, everyone said they were involved with their care. One person said, "I told them about my health needs." Another person commented, "But it is not done as I have wanted."

Staff clearly explained how they ensured people's hydration and nutritional needs were met. For example, staff always made sure people had water in close proximity to them and asked whether they wanted cold or hot drinks during their visits. We saw information within the care files regarding the support people required with their food.

Is the service caring?

Our findings

Everyone we spoke with told us they had a regular team of care workers. Most people said care workers were introduced to them prior to care being provided. However, three people said this did not always happen. One person said, "The carers are very good at making relationships and certainly fine at doing their job." Another person told us, "They are all very nice." Another person commented the care workers were "Nice, polite and very friendly."

Everyone we spoke with said the care workers treated them with dignity and respect. Most people told us they were encouraged to be as independent as possible. One person said, "They help me and support what I am doing." Another person said, "I can decide what I do." Another person told us, "They help me and support what I am doing." Although one person commented, "I need more encouragement to be helped to do things myself."

Staff gave examples of how they ensured people's privacy and dignity were respected. Staff spoke of the importance of making sure care was carried out in private, people were covered and curtains were closed. Staff were clear that they respected people's wishes when delivering care. Staff also spoke of the importance of maintaining independence for people who used the service. For example, washing themselves where they could.

All the people we spoke with said have a care plan detailing the care and support required. Although one person commented, "It does not detail a lot."

People were provided with service user handbooks which gave information on the care offered to people, how to make complaints/compliments, including the mobile number of the provider.

Is the service responsive?

Our findings

Most people told us they were involved with their care and had reviews. However, two people and one relative said this had not happened.

All staff told us care records were kept up to date and were easy to follow. Staff explained how they would identify a person's needs had changed. For example, by observing the person required more assistance with their mobility or eating. Staff told us they would inform their manager and would ensure the care plans were updated.

We saw care files were reviewed regularly. However, we noted a lack of consistency with the quality of information contained within the care files. For example, some had detailed personal histories which helped staff to understand the person and what was important to them. Some contained good summaries of the care to be provided at the front of the file. We found care files did not contain information regarding the support required with medicines. For example, the care file only documented, 'Assist with meds.' We also found a care plan did not mention a piece of continence equipment that was sometimes required by the person. Although we found in the daily notes the person used this equipment, when needed. The registered manager told us they were working towards improving the care plans which would include personal histories.

Not everyone we spoke with knew how to make a complaint. People did acknowledge there was information within their file if they wished to contact the provider. The registered manager told us she would remind people and their relatives how they could raise any issues and make a complaint.

Staff told us they would help a person make a complaint if they wished and would document this and pass it to their manager.

We saw complaints were recorded, investigated and responded to appropriately. We saw a number of compliments. One social worker had stated that the service user was happy with the care and that the support plan had clearly been read and understood. One person had complimented a member of staff; 'nothing too much trouble and she will always go out of her way to help you.' One relative was comforted by the level of care their relative had received at the end of their life. The relative had written; 'Every single person who cared for [my relative] at the end of [their] life was so kind, compassionate patient, generous and gentle.'

Is the service well-led?

Our findings

People and their relatives told us care workers arrived on time and stayed for the required amount of time. One person said, "They stay as long as I need them and have asked for a later call." However, one relative and one person who used the service told us they felt the care workers did not always stay for the allotted time.

All the staff we spoke with told us they enjoyed working at Welcome Independent Living. One staff member said, "I absolutely love it." Another told us, "It's a really good company. Compassionate." All the staff we spoke with felt supported in their role and felt listened to. Although one member of staff said they had to repeat things before they were listened to.

There was a registered manager in post at the time of the inspection.

We looked at the systems in place to assess and monitor the quality of the service. We found there was no formal structure in place for auditing the service. For example the registered manager was not aware some staff had not received a recent supervision until we highlighted this to them. The registered manager explained the computer system they used 'people planner' flagged up with the locality managers when tasks specific to them were overdue. The registered manager told us they could only see the locality managers' overdue tasks if they logged into their accounts. They told us they would look to see if they can get a full task overview of their entire team as they accepted they required this function to effectively oversee the service.

We found some audits were not documented. For example, the registered manager told us they audited care files but the audits were not documented. This made it difficult for any patterns and trends in the quality of the care files to be identified and to demonstrate what action had been taken. We found a lack of consistency in the quality of the information recorded within the care files, although we found evidence that care was being delivered. This demonstrates the audit was not effective. Complaints, safeguarding matters, accidents and incidents had been put into categories by the registered manager to help identify any patterns and trends. The registered manager told us they reviewed all these when new matters came to their attention. The reviews were not documented.

We spoke with the provider regarding the oversight they had of the service. They told us they analysed information on a weekly basis and were sent updates on their mobile phone. They told us they visited the office every day to maintain oversight and they randomly selected care plans. They accepted this was not a formalised process and they told us this was not documented.

The registered manager undertook medicines audits. The audits looked solely for gaps in the MARs and did not detail areas such as whether people's medicines were received at the right time. We noted the competency spot checks completed did not contain a specific section on medicines. We were informed this would be added.

We saw evidence the recruitment files were audited to ensure appropriate checks had been undertaken prior to a member of staff delivering care.

Statutory notifications had been submitted to the CQC, however the registered manager had on occasion not done this. We saw the local authority had been informed and appropriate action had been taken. The registered manager gave assurances they would look into this oversight immediately and ensure they sent all statutory notifications to us. We recommend the provider reviews their systems to ensure the CQC is notified of relevant matters.

We found the provider's policies and procedures referenced old regulations and outcomes. This demonstrated they were not kept under review and there was a risk outdated legislation on practice would be followed.

The registered manager assured us they would, along with the provider of the service, look at implementing a structured plan of regular audits to ensure the quality of the service was effectively monitored.

We saw evidence to show staff meetings were held which covered issues such as medicines, confidentiality and uniforms. Staff were also thanked for their hard work. The provider had recently started sending out information with wage slips to help enhance staff knowledge and provide them with updates. These covered staff welfare issues such as stress and looking after your back.

We saw evidence to show that customer feedback forms had been completed in 2016. These had not yet taken place for 2017. There had been no analysis in order to identify any patterns and trends. The registered manager accepted that 'analysing' was missing from the company.

The provider had a designated member of staff, 'Family Liaison Manager' who obtained feedback from people who used the service, either face to face or via telephone. This helped to make sure people were happy with the service provided. We saw evidence of the feedback forms that were completed. However, it was not always clear what action had been taken, if required, following the feedback. There was no specific place on the form to record this.

We concluded the issues identified collectively constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider forwarded monthly reports they send to the local authority regarding the people who have a service under this contract. The report for the local authority records the complaints, incidents and safeguarding matters and action taken. The provider also informed us their software provider will provide training in the month following the inspection to enable the extracting of information for reports from the computer system.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not act in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 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.