Independent Home Life Services Limited

# Independent Home Life Services

## 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? | Requires Improvement |
| Is the service well-led? | Good |

## Overall summary

Independent Home Life Services in Cheltenham is one of two branches in the Gloucestershire area and is generally known as Live Well at Home. The other branch is based in the Forest of Dean.

The inspection was announced. Forty-eight hours notice of the inspection was given, because the registered manager works in both branches and we wanted to be sure they were available for this inspection. The service provides support care and support services to people in their own homes. At the time of the inspection, they were supporting approximately 400 people in the Dursley, Stroud, Gloucester and Cheltenham areas.

# Summary of findings

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People said they felt safe whilst they were being provided with a service by the care staff who visited them. Staff completed safeguarding adults training and understood their responsibilities for safeguarding the people who used their service. Risk assessments and management plans were in place to reduce or eliminate any risks identified in connection with the person's home and the tasks care staff have to complete. Robust recruitment procedures were followed to ensure that unsuitable staff were not employed by the service. Medicines were managed safely.

People received support from care staff who said they were well supported and provided with the necessary training and knowledge in order for them to do their jobs well. Care staff were able to meet the care and support needs of the people they were assisting. Care staff received a range of essential training when they first started working for the service and then on a refresher basis.

Care staff always asked people if they happy for them to help, before care and support was delivered. A person's ability to give consent was assessed as part of the overall assessment process. Where a person lacked the capacity to agree to their care plan and decisions needed to be made by others, best interest meetings were held with all other relevant parties.

Where required people were supported to eat and drink sufficiently. People were supported to access health care services if needed.

Where possible people were always included in the process of setting up their care and support and had a say how they wanted their care needs met. Their preferences and choices were respected and they were provided with copies of their plans and staff duty sheets so they knew who was to support them. Improvements were required to ensure that the care and support provided to each person was kept under regular review.

People had good working relationships with the care staff who were supporting them. They were supported by a small number of care staff because of the way that the duty rota's were organised. This meant that people were looked after by care staff who were familiar with their needs and preferences. People said they were always treated with kindness and respect.

People felt the service was well-led and they were encouraged to provide feedback. The quality and safety of the service was regularly monitored and used to make improvements. The service already had a plan of improvements they intended to put in place.

# 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 understood their responsibility to protect people from coming to harm. They were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments had been completed to ensure people could be looked after safely and staff were provided with guidance about how to keep people safe. Where people were supported with their medicines, this was done safely.

**Good**

**Is the service effective?**
The service was effective.

People said the care staff who looked after them were good at their jobs. Staff received appropriate training and support to enable them to do their job.

People's consent was always obtained before care staff started to support them. Staff had an understanding of the Mental Capacity Act (2005). A person's ability to give consent was assessed as part of the overall assessment process.

Where appropriate people were provided with the agreed level of support to eat and drink and maintain a balanced diet. The support people required was detailed in their care plans.

People were supported to access any healthcare services they needed where necessary.

**Good**

**Is the service caring?**
The service was caring.

People were treated with respect and dignity and spoke about the good working relationships they had with the staff who supported them. People said the staff were kind and caring and they were supported by a small group of care staff. This enabled good working relationships to be established.

People were looked after in the way they preferred and had a say in who provided their support.

**Good**

**Is the service responsive?**
The service was not fully responsive for each person.

Each person was provided with a service that met their individual care and support needs but improvements were needed with the review process. Assessments and care plans were not updated meaning that people may not receive a service that fully meets their requirements.

**Requires Improvement**

# Summary of findings

People were encouraged to have a say about the service they received. They were provided with a copy of the complaints procedure if they needed to raise concerns.

**Is the service well-led?**

Good

The service was well-led.

People felt the service they received was well managed. The care staff and senior staff were approachable and knew about their particular care and support requirements.

All staff were expected to provide each person with the best possible service. People told us their views were actively sought and where changes were requested action was taken.

Several different methods were used to monitor the quality of the service and to plan any improvements. Learning took place following any complaints made about the service and any accidents or incidents that occurred.

# Independent Home Life Services

**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, and to provide a rating for the service under the Care Act 2014.

The last full inspection of Independent Home Life Services was completed in July 2013. At that time we found there was a breach in respect of regulation 21, requirements relating to workers (staff recruitment). When we returned in November 2013 the breach had been rectified.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service. Before the inspection date we sent questionnaire forms to 50 people who use the service and relatives, and 27 staff members. We contacted three social care professionals as part of the planning process and we arranged for an expert by experience to telephone up to 20 people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

The inspection team consisted of two inspectors. During the inspection, we visited seven people in their own homes, spoke with the relatives of two other people. We spoke with the registered manager, the care manager and 12 other staff.

We looked at 12 care records, seven staff recruitment files and training records, key policies and procedures and other records relating to the running of the service.

Good

# Is the service safe?

## Our findings

People said "I have never not felt safe when the staff are in my house and are helping me", "I don't think they're going to attack me and I don't feel scared", "There was a member of staff I was uncomfortable with, and I told the office I didn't want them back again" and "all the staff are competent at using the moving and handling equipment". The families of three people we spoke with indicated that their relatives felt safe with the care staff who supported them. One relative said "Yes, they're nearly all local people. I've known one since she was a little girl. No problems at all that way".

In the survey forms that we sent out prior to the inspection each person who responded said they felt safe from abuse and harm from their care staff. The relatives who replied also made the same response.

All staff were expected to complete safeguarding adults training: this training included all those factors that could be constituted as abuse. Staff we spoke with were able to talk confidently about safeguarding issues and understood their responsibilities for safeguarding the people who used their service. They knew what they had to do if they had any concerns about a person's safety. They said they would report any concerns to their team leader, the care manager or the registered manager. If there was concerns that needed to be reported during the evenings and at weekends, there was always a senior member of staff on call. The on call person always had information with them should they need to contact other agencies during the 'out of hours' period.

Information was placed in each person's care file in their homes telling them how they could report any concerns they may have. The registered manager told us that a letter was sent out annually to each person using the service to remind them how to raise any concerns, complaints or safety issues. Key staff were aware that safeguarding and abuse matters could be reported directly to the police, the Gloucestershire County Council (GCC) safeguarding team or the Care Quality Commission (CQC). The safeguarding adults policy was issued in February 2015 and due for review in August 2015. The policy included the whistle blowing procedures that staff could follow if they witnessed bad practice or their line manager had not acted upon any safeguarding concerns they had raised. Staff were issued with copies of key policies, procedures and reporting protocols and had to sign to say they had received this.

Three safeguarding concerns had been logged with the CQC in the previous 12 months. One had been raised by a person who was receiving a service but GCC did not feel this met the safeguarding criteria. The service was asked to arrange an urgent review of the care package provided. The two other concerns were raised by the service themselves in respect of people they supported and the person's relationships with other family members. The service had taken the appropriate action to safeguard people.

When new people were provided with support, the assessment and care planning process included risk assessments being undertaken of the person's home. An assessment was made of access into the property, the safety of utility services and any electrical equipment that the care staff would need to use. The risk assessment did not include the presence of pets or 'other people' within the home but this information was recorded along with personal information. Staff told us they had to duty to report any safety concerns in people's homes and had to report any accidents or incidents that occurred. Where staff were required to use moving and handling equipment to transfer people from one bed to chair for example a detailed assessment was recorded stating what equipment was needed and how many staff were needed. Staff told us they were never expected to use moving and handling equipment on their own and there would always be two staff.

We looked at the staff files of newly recruited staff in order to check that safe recruitment procedures had been followed. The measures in place ensured that only suitable staff were employed. There was evidence of robust pre-employment recruitment checks and Disclosure and Barring Service (DBS) checks had been carried out for all staff. These are police checks that make sure that workers who have been barred from working with vulnerable adults are not employed.

The registered manager talked about the arrangements in place when there were adverse weather conditions. They had access to 4x4 vehicles in order to ensure that staff would be able to provide a service to people who relied totally on their visits and to those who lived in remote areas.

Good

# Is the service safe?

The service employed their staff to work within specific geographical areas and each of the teams were led by a team leader. Teams of staff were employed to meet the packages of care within an area and requests to support new people were only taken on when there was staff availability to meet their needs. Many of the staff were employed on a four days on duty and four days off duty basis. This worked well and ensured that people were looked after and visited by familiar staff. People told us staff never missed any calls and their time keeping was "pretty good". They also said they received the support stated in their care plans and that the time of the calls was "never cut short".

Where people needed support with their medicines there were appropriate arrangements in place to ensure they received them safely. As part of the assessment process the level of support with medicines was determined and an agreement was made where staff were to assist. People were encouraged to be responsible for their own medicines or were supported by family members where possible. There were strict guidelines in place about the level of support that could be provided, for example prompting and administration. Care staff were not able to assist with specialised tasks. Care staff were only able to support people with their medicines after they had completed safe medicine administration training and passed competency assessments to ensure they were safe. Staff we spoke with confirmed that training and competency assessments were carried out and that they had to complete medicine administration records. At the time of our inspection care staff recorded 'contents of the dossett blister pack administered' but the provider was in the process of introducing a new Care at Home Medication Policy and Procedure. A training programme was currently being rolled out with for all care staff.

Good

# Is the service effective?

## Our findings

People said "I get all the help I need and was agreed upon when I first came out of hospital", "This is a very good company and I have used them for eight years" and "The girls enable me to stay living in my own home. Without them I would have to go and live in a nursing home. I want to put off that decision for as long as possible". Twelve people said their regular care staff were good at their jobs: "They're excellent" and "They are very good". All three relatives spoken to thought the staff were good at their jobs. They said "Well yes…for what they've got to do – they're under constant pressure" and "I couldn't fault any of them to be honest, especially the older, more experienced ones".

Care staff told us about those people they supported and were knowledgeable about their preferences and daily routines. People were looked after by staff who were familiar with their needs: many of the staff worked the '4on/4off' duty rota and therefore visited the same people each working session. Although the team leaders in the office were able to tell us about the people being supported in their team, there were differences in the amount of time they spent visiting people in their homes. One of the team leaders talked about the requirements of the more complex care packages within their area.

People were supported by staff who were appropriately trained. There was a five day induction training programme that all new staff had to complete within the first 12 weeks of their employment. An external training provider was used to deliver the training along with the human resources manager. Staff said the training opportunities were "very good" and enabled them to undertake all the varied tasks that their job role required. One staff member said "I would not have worked here for so long if I didn't feel I could do my job well. We are well supported by the office staff". New staff did a number of shadow shifts with experienced care staff before they were allowed to work on their own. The experienced member of staff would sign off the new workers competencies when they were ready to work alone.

There was an on-going programme of refresher training all staff had to complete to ensure their work practice remained up to date and their skills were in line with current best practice. Training records showed staff had received a range of training appropriate to their role. All staff completed health and safety training, safeguarding adults, safe medicines administration, catheter care and moving and handling. We were told that other 'person specific' training would be arranged as and when needed. All care staff were encouraged and supported to achieve relevant health and social care qualifications at level two at least(formerly called National Vocational Qualifications (NVQ)).

It was policy that all staff had regular supervision meetings with their line manager on a quarterly basis plus an annual appraisal however the registered manager had already identified there had been some slippage as regards this. The registered manager had a plan in place to rectify this and we saw that a number of recent staff supervisions had been completed. We saw a small number of annual performance appraisals where a staff members training and development needs were reviewed. Senior care staff also did spot checks to assess care staff work performance and we saw some records of these assessments. Care staff told us there were staff meetings held at least twice a year and if they couldn't attend they were given a copy of the meeting notes.

Staff gained people's consent before starting to assist them with the tasks on their care plan. Those people we spoke with during home visits or by telephone said the staff always checked with them that they were happy for the care and support to be provided. Mental Capacity Act 2005 (MCA) was included in the essential training programme all staff completed. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. During the assessment process it was identified whether a person had the capacity to make day to day decisions. Where there were concerns about a person's capacity they were referred to adult services so that a mental capacity assessment could be carried and best interest decisions be made. Staff we spoke with had an adequate understanding of the MCA.

People told us the timings of their calls had been agreed with them when the service had been set up. One person told us that they asked to have the times of their calls changed and this had been acted upon. People told us that the care staff had sufficient time to complete the tasks that were on their care plans and always asked them if there was anything else that needed doing before they left. They said the care staff stayed the expected amount of time. Staff told us there was generally enough time allocated to

Good

# Is the service effective?

care visits to enable them to deliver care safely. The registered manager told us that the local authority commissioned 15 minute calls for those people who needed support with taking their daily medicines only.

The level of support a person needed with meal and drink preparation would have been agreed upon in the assessment process and detailed in their care plan. People may be provided with support to prepare meals, reheat ready prepared meals or be supported to eat their meals. Staff told us they would report any concerns they had if people were not eating well, appeared to be losing weight and did not dink enough. They would report to their line manager or healthcare professionals involved in the person's care.

People were registered with their GP surgery and care staff worked alongside the GPs and district nurses wherever needed. Staff told us they helped people reorder repeat medicines when they were due and collected them from the chemist if this was identified on their care plan.

Good

# Is the service caring?

## Our findings

People told us "The care staff are always very nice to me. I enjoy their visits", "The young girls are so lovely – a breath of fresh air", "I get on very well with all the staff. They are very professional at all times" and "I have been satisfied with them (the staff) since the day I started having help". The relative we spoke with said "The staff have a job and a half but try very hard to deal with the obstacles they come across. The staff are full of empathy. I couldn't manage without the support they provide".

People said care staff sought their permission before tasks were undertaken and that their regular staff knew the routine so was not always necessary to do so. "They may need to ask me but once they have been here for a while they know what to do and they just go out and do it", "They ask me first" and "They always ask. I'm talking about the two ladies who come regularly. They're like friends". When we asked one person if the staff ever did things that they didn't want done they said "At their peril! They know me well enough not to risk it".

People had a say in how they wanted the service to be provided and were involved in the assessment process. The initial visit was made by a senior care worker or a team leader and involved the person and their family or friends where appropriate. The care package provided to each person was based upon their specific identified needs and was person-centred. The registered manager and team leaders told us they took account of the person's wishes and needs and where able were flexible in order to accommodate changes in visit times. The team leader for one area told us about the difficulties they had in accommodating last minute requests for changes to the times of visits.

People told us they were treated with respect and dignity at all times. They said they had good working relationships with the care staff who supported them. "I had heard that people who were looked after in their own homes had numerous carers visit them, never the same one twice. I am so glad this is not the case because I have been able to get to know my carer and vice versa. One person said "I have two main carers and this only changes when one of them is on holiday". People told us that they always knew who was going to support them because they were duty rotas that stated who was coming and when.

The service provided to each person was based upon their individual and particular care and support needs. Service planning took full account of what type of support the person required, the preferred time for calls to be made and where possible the care staff they liked to be supported by. The views of the person receiving the service were respected and acted on. The registered manager told us they matched the skills and temperament of the care staff to the person being supported as this improved outcomes for both sides. Where appropriate family, friends or other representatives advocated on behalf of the person using the service and were involved in planning the care delivery arrangements.

Staff knew the people they were looking after and spoke about them with genuine kindness and care. People were asked by what name they preferred to be called and this was recorded in their care plan. One staff member told us about one person who liked to be called by their formal name and they respected this.

We asked people for their opinions about the office based staff. They told us there was good communication and they were able to ring at any time. They also said that 'the office' would ring if the care staff were going to be delayed. Of the people we visited a number of them stated that they would like the team leader to visit them as "I have never met (named member of staff)". We fed this comment back to the registered manager at the end of the inspection.

Requires Improvement

# Is the service responsive?

## Our findings

When Independent Home Life Services have agreed to provide a care and support package to people in their own homes, the initial visit included a full assessment of the person's care and support needs. Information was gathered from any other health and social care professionals involved in the persons care. These assessments were carried out by a senior member of the care team.

Most of the care and support packages were commissioned by the local authority and the individual care packages were contracted to provide an agreed amount of support. Whilst there was currently a system of electronic call monitoring in place (or the completion of timesheets when people did not have a telephone), we found that neither system was being implemented properly. Planned improvements in respect of a better call monitoring system were about to be installed and the registered manager was aware that their processes needed to be more robust.

We were told that all care and support packages were reviewed six weeks after commencement of a service, then routinely at six months and yearly thereafter. Staff told us that there had been some slippage in meeting these targets and we discussed this with the registered manager. One person supported by the service told us they had been provided with extra help recently because their health had deteriorated and they had been in hospital. Another person told us that their circumstances had changed and they needed more help but this had not resulted in a review of their care needs. This is an area that requires improvement in order to ensure that each person received the help they needed.

People told us they were looked after in the way they liked. They said "They look after me like I would if I was in a position to do so", "I think they do their best", "I am very happy with the help I get" and "They are good girls and if I asked they would do things to help. It's not their fault if I don't ask. They tell me off if I take the rubbish out as it's dark". Family members we spoke with indicated their relatives were looked after in the way they liked. They said "I think the answer is a yes, because she is at home and that is where she wants to be" and "They do exactly as they should but he never says thank you to them. They are very tolerant". People told us they received the service that had been agreed, either during the initial assessment meeting or when the support they received was reviewed.

We looked at care records that were kept in the office and also in the homes of the people we visited. An assessment of the person's care and support needs was carried out on the initial visit and formed the basis of the care plan. A personalised task sheet was devised and these set out what tasks needed to be completed for each visit that was made. Where people were supported two, three or four times a day, there was a separate task list for each visit. People had copies of their plans, task sheets and risk assessments in the care files in their own homes therefore knew what service to expect.

People received a copy of the staff rota the week before and therefore knew who would be supporting them. Many of the care runs were organised on a four days on/ four days off basis which meant that people were cared for by staff who they were familiar with.

People were given information about the service and this was kept in their care file. Information was included in this service user guide about contact telephone numbers, emergency plans, quality reviews and the complaints procedure. People told us that they felt able to raise any concerns they had with the staff and that they were listened to. People said "I haven't ever been unhappy about any element of the care. I have got a number to phone up to complain", "I can moan at the carer and they know I always speak the truth", "I tell them. They know only too well if I'm not happy" and "I'd get on the company straight away". Two family members we spoke with said their relative was able to tell someone if they were unhappy.

Good

# Is the service well-led?

## Our findings

People said, "I think the service is well run. There were a few hiccups at the start but now everything is good. I have a good team of staff who call on me", "It seems to all work well" and "The care staff who come to me are really great. I wish that (named member of staff) would come and visit me to discuss things. I think they would understand my needs better".

We asked people to rate the quality of care they received. The majority of responses were positive and included "Very good", "I think they are probably fine" and a range of scores from seven out of ten, to ten out of ten. There were some negative comments, for example "It depends entirely on the care staff. With some you feel really cared for, and others…..mmm", "With the usual carers, 'good'. It's when you get an odd one" and "Excellent from the carers. It's the office staff that is the problem". This last comment links to the fact that not all care packages have been reviewed as set out in their policy.

There was a staff structure in place that consisted of a regional operations manager (the registered manager), one care manager/deputy manager, team leaders for each of the four geographical areas and senior peripatetic care staff. The care staff were each employed to work within a geographical patch although provided cover to other areas as and when needed.

On the whole staff said that the service was well-led and the registered manager was approachable. The majority of their day to day contact was with the team leaders who knew the people being supported and were knowledgeable about their service provision.

Out of office hours there was an on-call system for management support and advice. Staff said the arrangements worked well. The on-call cover was shared between a number of key senior staff. We found there was a good level of management support to enable the service to be run well.

Staff told us they were able to raise concerns with their team leader or the senior care staff if need be. They said they were listened to and their views and opinions were valued and respected. They told us there was a whistle blowing policy and there was an expectation that they would report any bad practice.

Staff meetings (called patch meetings) were held regularly within each of the teams and staff provided feedback about how things were going with the people they were supporting. Staff were encouraged to make suggestions about how work rotas could be better organised. Team leader meetings were held regularly, the last being held on 11 February 2015. The meeting notes showed that the new medicines policy were discussed along with the office restructure arrangements.

From speaking with care staff, office based staff and the registered manager it was evident that there was a real commitment to provide everyone with the best possible service. One of the care staff said "For the client to be happy means we are doing our job properly". Another member of staff said that a relative of theirs received a service from the agency and "was well supported".

There were a number of processes used to assess the quality of service provision. These included six monthly quality assurance questionnaires, checks of care staff work performance and a programme of regular audits. The last questionnaire had recently been sent out and the results were in the middle of being collated. A quality assurance report will be prepared and a service level action plan will be devised for those areas were improvements were identified. On the first day of our inspection the service was visited by the providers quality assurance manager. These audit visits were completed on a monthly basis and any actions set from the previous review were revisited.

The registered manager audited any complaints received, any safeguarding alerts raised and any accidents or incidents that had occurred. The registered manager did this in order to look for trends and to enable them to make changes and prevent reoccurrences. The service had received five complaints during the last year. Whilst one was still in the process of being handled the others had been dealt as per the providers complaints procedure. Appropriate action had been taken as a result of each of the complaints.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. Since the beginning of 2014 three notifications had been submitted to tell us about events that had happened.

Good

# Is the service well-led?

All policies and procedures were kept under review. Some of them were in the process of being replaced with the providers new policies. All key policies were distributed to the staff team and examples included safeguarding adults, handling of people's money, confidentiality and the new medicines policy.