Miss Nicola Jane Collins

Independent Living

Inspection report

1 Meadow Garth
Back lane
Sowerby
YO7 1HY
Tel: 07704056194
Website:

Date of inspection visit: 17 August 2015
Date of publication: 09/10/2015

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

The inspection was carried out on 17 August 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. This was the first inspection of this service since it registered with the Care Quality Commission (CQC) on 30 May 2015.

The service was run by a single provider in day to day control of the service and as such was not required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Independent Living provides domiciliary care and support in the Thirsk and Sowerby area. It operates from an office located in Sowerby. The service is a small service with the provider, who also provides care and two members of care staff. They provide personal care to nine people.

Summary of findings

People and their relatives we spoke with were very satisfied with the care and support they received. People told us they felt safe in the way staff supported them and had confidence in the staff.

Staff had received training in safeguarding adults; they were familiar with what constituted abuse and the procedures to follow if they suspected abuse had occurred.

Care and support was provided to people in their own home on a flexible basis and in accordance with individual needs. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's care plan.

Recruitment checks had been completed prior to staff starting work. These checks were undertaken to make sure staff were suitable to work with vulnerable people. Staff received an induction prior to providing support to people; this included a period of shadowing so that the provider could be confident in staffs abilities and skills. Staff were supported in their roles through an ongoing training programme, supervisions and annual appraisal; and regular staff meetings.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

People's health and care needs were assessed with them, and they were involved in developing their plans of care. People told us they were included in making decisions about how their care and support was provided. People's plan of care was subject to review to meet their changing needs. Staff told us they felt well informed about people's needs and how to meet them.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 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, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People told us they received good care. Staff were described as kind and considerate and people told us that they were treated with dignity and respect.

People said they were confident in raising concerns and had been given copy of the complaints procedures. People using the service, their relatives were given opportunities to provide feedback on the service. This enabled the manager to address any shortfalls or concerns.

The provider had a clear vision for the service. They told us told us they wanted the service to remain small and provide bespoke care and support. The provider monitored the quality of the service through reviewing care packages with people who used the service and their relatives; and through satisfaction surveys. The staff team met regularly to hand over the care and support provided for people and to discuss and evaluate the agency's effectiveness.

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.

There were systems in place to reduce the risk of abuse and to assess and manage potential risks to people.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Staff underwent the necessary checks before they were employed. The provider ensured there were sufficient staff to meet the needs of people using the service.

Good

Is the service effective?
The service was effective.

Staff received induction, training and supervision to support them to carry out their roles effectively.

People were supported to make decisions and to give their consent and the

manager was aware of the importance of legislation to support this process.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Good

Is the service caring?
The service was caring.

People told us that staff treated them with kindness and courtesy and that they were respectful and treated people with dignity.

People told us they were involved in making decisions about the care and the support they received.

Staff showed a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People spoke highly of the staff.

Good

Is the service responsive?
The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

The agency had a clear policy on complaints and people said they would feel confident in raising issues should they need to.

Good

Is the service well-led?
The service was well led.

The provider had the skills and experience to manage they service. They promoted high standards of care and support. This was evident through discussions with people who used the service, their relatives and staff.

Good

Summary of findings

The provider had appropriate quality monitoring systems in place to assess the quality of the care provided and to identify and make improvements to the service.	

Independent Living

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.

The inspection of Independent Living took place on 17 August 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff would be available to speak with us.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider. We spoke with the local authority contracts and safeguarding teams and with Healthwatch, this organisation represents the views of local people in how their health and social care services are provided.

The inspection team consisted of one inspector. Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR 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 asked for and received a list of names of people who received a personal care services so that we could contact them and seek their views.

During our visit to the agency we spoke with the provider who is also the manager of the service, and one member of care staff. We spoke with two people who used the service and three relatives. We reviewed the records for two people who used the service and staff recruitment and training files for three staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the safeguarding adult's policy and the medicines policy.

Good

Is the service safe?

Our findings

People we spoke with who used the service and their relatives told us they felt care and support was delivered in a safe way. Comments included, "I feel very safe with the staff, and I get on very well with them." And, "I feel very safe, they are very sensible and reliable."

We looked at copies of people's care plans and day to day care records at the agency's office. Records were in place to monitor any specific areas where people were more at risk. This included risk assessments on equipment, medication, manual handling and the emergency arrangements. We also saw that an environmental safety risk assessment had been completed as part of the initial assessment process. This helped to identify any potential risks in the person's home that might affect the person or staff.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. The provider gave an example of a safeguarding alert they had made to the local authority which demonstrated they had a good understanding or the issues and how to make an alert. This helped ensure people who use the service are protected from abuse.

We spoke with the provider about how they ensured there were suficent staff support people who used the service. The provider told us there were only three members of staff, including themselves. The staff team worked well together and would cover for each other for holidays, sickness and emergencies. They went on to say they wold not take on any new support packages if they were not able to provide staff to support them. They also said they monitored missed or late calls as part of quality assurance; they told us no missed calls had been recorded. In the rare instance of late calls people were contacted and advised. People we spoke with confirmed late calls were rare and were usually because the call prior to them had taken longer. People told us they were always contacted and advised of the delay. The provider went on to say people who received a service lived in a small area close to where staff lived which meant any emergency cover could be responded to quickly. The provider told us they had bank staff available if necessary to cover for any staff absence if existing staff were unable to provide cover.

We looked at the recruitment files for the two members of staff and found that appropriate checks were undertaken before staff began work. This included written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of the staff member's identity. This helped to ensure that staff were suitable to work with vulnerable people.

People were supported safely to take their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines. The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with medication. We were told by the provider that staff were not able to assist with medication until they had completed a competency observational test and had their training regularly updated.

Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Good

Is the service effective?

Our findings

One person we spoke with said, "Care is provided how I like it; they do everything I want."

The provider told us that prior to the agency providing a service they would visit the person to complete an initial assessment of their needs and discuss with them their requirements from the agency. We looked at two people's care records, which provided sufficient information to explain how each person needed to be safely supported by staff. The information in these records provided details about how staff would support and care for people in the way they wanted.

People were supported by staff who had the appropriate skills and knowledge to meet their needs.

The provider had taken account of the implementation of the new Care Certificate which was introduced in April 2015 and produced a new induction programme which met the new expected standards. All staff received regular training and the provider had sourced on line training which staff completed. Topics included; manual handling, medication, safeguarding adults, first aid and infection control. In addition specialist training was provided for example in caring for someone with a stroke. The provider told us staff completed a period of shadowing to ensure they were confident in providing care and support according to individual needs. They said this also gave them an opportunity to monitor staff practice.

Staff also received to one to one supervision meetings with the provider. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The provider said they and the two members of staff had completed basic mental capacity act training but currently none of the people receiving a service lacked capacity to consent to their care. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. Staff we spoke with demonstrated an understanding of involving people in decision making and acting in their best interest.

Staff told us they offered dietary support in preparing or providing meals when needed and they would report to the manager and/or family if they had concerns about a person's loss of appetite.

Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. We saw they had completed food and hygiene training as part of their induction.

Staff described how they would appropriately support someone if they felt they needed medical attention and recognised the need to pass information about changes in people's needs and any concerns about people's health to their managers immediately. We saw examples in people's care plans where staff had liaised with medical professionals.

Good

Is the service caring?

Our findings

People gave us positive feedback about the care they received. Comments included**;** "The staff have built up a lovely relationship with my relative," and, "Staff are very kind in the way they treat you; they are very companionable. We have a good chat whilst they are getting on with things." A relative described the provider as, "Very dedicated and genuinely caring."

The provider had recognised that many people who they provided a service to were socially isolated. With their permission the provider arranged a Christmas meal out for everyone. As a result lunchtime 'get togethers' have been requested by people and further meals have been planned.

Because there were only three members of staff available to provide care people received a consistent service by care staff who knew them well. We were told staff were introduced to them prior them providing support. This was confirmed by people who used the service and their relatives.

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to people's care plans and had time to read them. They felt this was an important part of getting to know what mattered to people. We saw people's consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided.

All of the people we spoke with and their relatives felt that their privacy and dignity was respected. Staff we spoke with said that privacy, dignity and confidentiality were discussed on induction.

The provider had made people who used the service aware of a local advocacy service to help to protect their rights.

Good

Is the service responsive?

Our findings

People told us, and we saw from the care records we reviewed, that people were involved in planning their care and support. One relative told us, “At the start (name) visited and we all discussed what my relative needed. They were involved in that discussion too. (name) then put together a care plan which is kept at my relatives home. We have good communication and if anything changes we discuss and make any necessary.” A person who used the service told us, “They are very flexible and accommodating. If I want anything different I just speak to the carers or ring (the provider).”

The care plans were reviewed regularly or when people’s needs changed. This helped to build up a picture of people’s needs and how they wanted their support to be given. Care plans we looked at included a plan of care and information for staff on how to provide care and support in accordance with individual need. Along with people’s plan of care, risk assessments and daily records were in place. The daily records provided an overview of the care and support given by the staff. People’s care was subject to regular review with them and with relatives if appropriate. Information about how to contact the agency out of normal working hours was made available to people who used the service.

The agency had a complaints procedure, which was included in the information pack given to people at the start of their care package. All of the people we spoke with knew how to make a

complaint and told us they had a copy of the complaints procedure. No one we spoke with had made a formal complaint. The service had not received any complaints.

People who used the service and their relatives were asked for their views about their care and treatment by completing a satisfaction survey. This demonstrated that people’s views were taken into account with regard to the way the service was managed and run. We looked at the results of the questionnaires and saw all comments were positive. Some of the comments we read included; “You take time to talk which is appreciated,” “Recent updates to care plans are excellent,” and, “All the team seem professional in their approach but also in their understanding.”

Good

Is the service well-led?

Our findings

The provider had very clear vision for the service; that wanted the service to provide excellent, consistent care and they believed they could achieve this if they limited the number of staff they employed and only provided packages of care if they could be certain they could meet the person's needs. With this in mind the provider confirmed they had opted not to take on some requests for packages of care. For example the service did not provide care after 5.30 pm.

The service was a single provider in day to day charge of managing and running the service. They also provided direct care and support to people who used the service. The provider told us they had completed their National Vocational Qualification level 5 and made use of care sector journals and on line information to ensure they stayed up to date with current legislation and good practice. The provider said they were committed to ongoing improvement and gave an example of how they had amended the services' original risk assessment and care plan formats because they felt they were not effective enough. They now include more detailed information.

The provider audited the quality of the service through care plan reviews, monitoring daily records and satisfaction surveys. Completing these audits helped identify any shortfalls which could be rectified in a timely manner. The provider also completed spot checks in people's homes to make sure they were happy with the care provided and also to monitor staff performance. The provider told us if issues were identified extra staff training and support was provided.

Staff attended staff meetings and told us they felt these were useful as they were able to share practice.

The manager told us they kept up to date with policies and procedures. They said because they were such a small organisation they and had developed effective networking with other care providers to support the service keeping up to date with new legislation and policies. Staff told us they discussed policies and procedures at staff induction and through their on-going learning. They were also included in the staff handbook which each member of staff had a copy.