Assisted Lives Ltd

Assisted Lives

Inspection report

The Enterprise Hub, Suite 2.1
114-116 Manningham Lane
Bradford
West Yorkshire
BD8 7JF

Tel: 01274725012

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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?	Requires Improvement

Summary of findings

Overall summary

Our inspection of Assisted Lives took place on 3, 4 and 5 April 2017 and was announced in line with our domiciliary care methology. This was the first inspection since the service had registered. The service had recently changed hands and the registered manager was also the registered provider.

Assisted Lives is a domiciliary care agency located close to Bradford city centre which provides a range of services including personal care. At the time of our inspection the service was providing regulated activity of personal care to eight people.

There were sufficient staff deployed to support people who used the service in a safe manner. The service had recruitment systems in place which ensured people were supported by suitable care staff. People told us their relatives were supported by regular staff who understood their relative's care and support needs and stayed the appropriate length of time to offer effective care and support. Staff arrived on time, had received appropriate training to support them in their roles and were encouraged to develop their skills further through additional training and development. Staff spot checks and supervisions were in place.

People who used the service and their relatives felt safe with the care staff who supported them. Safeguarding procedures were in place. Staff understood how to keep people safe and had received safeguarding training which was up to date.

Risks to people's health and safety were assessed and plans of care put into place although some assessments for equipment such as bed safety rails needed to be documented.

Where people were supported with medicines such as prescribed creams these were mostly managed safely although 'as required' (PRN) protocols and processes needed to be put in place.

The service was acting within the framework of the Mental Capacity Act. People who used the service were given choices regarding their care and support and independence was promoted where possible. Documentation about best interest decisions needed to be put in place for areas such as bed safety rails or wheelchair belts.

Where the service was supporting people nutritionally, they were supported to consume a varied and healthy diet.

People's relatives told us staff were kind, caring and supportive and knew their relatives well, including what they liked, disliked and what their care needs were.

Care needs were assessed prior to service commencement and plans of care implemented. Care records and comprehensive daily plans were individualised and person centred. Staff knew people's care needs well.

People told us the service was well managed and the registered manager was approachable and helpful. Staff morale was good and there was a commitment to provide good quality and effective care and support.

Some audit systems were in place which the service was evolving as the service expanded. However, some potential risks identified could have been identified by more effective quality assurance systems.

People's opinions were sought through satisfaction questionnaires, regular telephone surveys and informal discussions. The registered manager was introducing staff meetings and spoke regularly with staff informally and through regular supervision.

Staff and people we spoke with said they would definitely recommend the service although some relatives commented that it was too early to comment with any authority.

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.

People told us they felt safe and well supported by care staff.

Safeguarding procedures were in place and staff understood how to keep people safe.

Checks were made to ensure staff were suitable to work with vulnerable people. Staff usually arrived on time and stayed for the required period.

Is the service effective?

Good

The service was effective.

Staff training was relevant and up to date.

Evidence of consent was seen in people's care records.

The service was working within the principles of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People said staff treated their relatives with dignity and respect.

Care staff were caring and compassionate.

Staff supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care records were largely person centred and contained person-specific information.

People's plans of care were reviewed regularly or when care and

support needs changed.

People's individual preferences were seen to be respected.

Is the service well-led?

Requires Improvement

The service was usually well led although some improvements needed to be made.

Some audit processes were in place although a more effective system needed to be put in place to monitor quality and drive service improvements.

The registered manager was praised by people, relatives and staff. However some people said it was too early in the service provision to comment on their confidence in the service.

Staff felt supported and could approach the registered manager with concerns and issues.

Assisted Lives

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 3, 4 and 5 April 2017and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available.

The inspection team consisted of one adult social care inspector.

Before the inspection we gathered and reviewed information about the service, including notifications received from the service and information from the local authority safeguarding and contracts teams. We also had asked the provider to complete a Provider Information Return. This is a form which gives information about the service, what it does well and improvements planned. The service returned this in a timely manner and we took this into account when making our judgements.

During the inspection we used various methods to help us understand the experiences of people who used the service. We visited the service offices and looked at elements of four people's care records, medicines administration records (MARs), three staff records and other records which related to the management of the service including training records, quality assurance processes, policies and procedures.

We also spoke with the registered manager, business administrator and a care worker. We were unable to speak with most people who used the service due to their complex needs. However on 4 and 5 April 2017 we spoke on the telephone with one person who used the service, eight relatives of people who used the service, one social care professional and eight care workers.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt supported and safe with the care staff. Staff told us they felt people were safe. We saw appropriate safeguarding procedures were in place; staff had received safeguarding training and were aware of the procedure to follow if concerned about a person's safety. The service had not needed to make a safeguarding referral since the commencement of the service in October 2016. However, from talking with the registered manager, we were confident they understood and were working within local safeguarding principles and procedures.

We saw people's risks were assessed and assessments put in place which included topics such as moving and handling and eating and drinking. For example, we saw people had detailed manual handling assessments which clearly indicated risks associated with each task. We saw risk assessments were regularly reviewed. However, we saw no risk assessments in place for bed safety rails or wheelchair lap belts when these were in use. We spoke with the registered manager who agreed to implement these immediately. From our observations and discussions with the registered manager during the day of inspection we were confident this would take place.

Medicines were mostly managed safely. Staff had received training on the safe administration of medicines and relatives we spoke with told us staff gave medicines as prescribed. We saw staff were assessed in the safe management of medicines and spot checks and observations were completed by the registered manager.

The registered manager told us people's relatives administered or supported people with most medicines and there was minimal input from the service. We saw the service currently only supported two people with prescribed or 'as required' (PRN) topical creams. However, there was no detailed information about these in people's care records or body maps to indicate where these should be applied. It is important that the name, dose, frequency, purpose and possible side effects are listed to ensure staff are fully informed of people's medicines. We looked at the medicines policy and saw there was no PRN policy in place. We spoke with the registered manager who agreed to put information in place to rectify these omissions. From our discussions we were confident this would take place.

We reviewed the medicines administration records (MARs) for the two people supported with topical creams and saw these were consistently completed, providing evidence people were receiving these at the right times.

Safe recruitment procedures were in place with evidence of appropriate checks being made to demonstrate people were safe to work with vulnerable people. Gaps in employment had been explored at interview apart from one candidate who was known to the registered manager. The registered manager agreed they needed to document about gaps of employment even if they knew the person well. From our discussions with them, we concluded this was an isolated omission. Interview notes were present in staff files and satisfactory references had been obtained. We saw new staff were not allowed to offer care and support to people alone until appropriate checks had been made to determine their suitability to work with vulnerable people. This

included receipt of satisfactory references and Disclosure and Barring Service (DBS) checks.

Staff and relatives we spoke with told us there were sufficient staff deployed to safely support people who used the service. People and their relatives told us regular staff supported them who understood the required care and support. They told us the registered manager would bring any proposed new care worker to the home to introduce them and they would shadow the regular care worker before starting to visit themselves. This meant there was good continuity of care and support. Comments included, "It's nice that they just have one person going in usually", "[Care worker] arrives on time and stays for the right time; does everything [care worker] should", "Two carers come; they stay for the correct time and do everything they should", "Same person comes", "They started slowly with one carer then introduced another slowly," and, "Care workers follow the routine. A second care worker shadowed and then started. It's really good how they do it. [Relative's name] has accepted the carers and feels comfortable with them." We saw no evidence of missed calls. The registered manager and people we spoke with confirmed this to be the case.

Staff told us the service operated an 'on call' system for when the office was closed and this was effective.

Staff told us there were enough staff to cover for sickness and absence and the service did not use any agency staff. We reviewed the staff rotas and saw these were well organised and allowed sufficient time for staff to travel between calls. The registered manager told us due to the amount of people the service currently provided care and support to there were never any issues about travel times. Staff we spoke with confirmed this. Where double up calls were made, we saw the same staff attended these calls to allow continuity of care and support. We reviewed people's daily records and the service call logs and saw regular staff attended calls and these were made within the agreed time period. We saw evidence, and people told us, staff remained at the call for the correct length of time. Comments included, "Carers come on time or ring if they're a bit delayed", "[Care worker] arrives on time or lets us know (if they were running late)," and, "Carers have arrived on time; prompt." Staff told us they had enough time allocated with people to offer safe care and support.

We reviewed accidents and incidents which had occurred and saw only two had occurred involving people who received personal care since the service had commenced operating. The registered manager confirmed this was the case. Accident forms were stored in the person's care records and included outcomes and actions taken. The service kept a central log of all accidents on the computer. The registered manager agreed a separate accident file would be useful so accidents could be analysed for trends and lessons learned. However, since the service was in its' infancy this was an improvement the registered manager planned to put in place as the service grew.

Good

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principals applied to their role and the care they provided.

People's capacity was assessed as part of the planning of their care although this was not formally documented. The registered manager told us they currently assumed capacity for everyone. However, they accepted some people would benefit from capacity assessments in the future and showed us capacity assessment forms they planned to put in place. People's care and support needs were assessed prior to service commencement and people/relatives told us this took place.

We saw evidence of obtaining consent in people's care plans. Evidence of choice being offered to people was evident within daily care records and people we spoke with confirmed this occurred during care and support visits.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences. For instance, staff told us about one person who liked to do some of their personal care themselves and asked staff to support them with other areas. Another person with limited communication liked to choose what jewellery they wore and staff were able to assist this by showing different pieces for the person to indicate their choice.

We reviewed staff training files and saw training was up to date. Staff had received training in subjects such as moving and handling, medication, first aid, nutrition, infection control and safeguarding. Most training was done face to face with an outside training company. We saw recent training had taken place on epilepsy and epilepsy medication which some staff told us was very relevant to their roles. The business administrator and registered manager told us they planned to introduce an on line portal for staff to complete training in one subject every two weeks, for which staff would be paid. This would mean all relevant subjects would be covered annually. The registered manager had a system in place to notify him when training was due and was in the process of introducing a training matrix.

Staff new to the service received a three day induction programme with practical moving and handling

training following this. Most staff had a National Vocational Qualification (NVQ) level 2 or a Diploma in Health and Social Care. The registered manager told us and some staff confirmed they were supported with further training such as NVQ3. New care staff told us they had shadowed an experienced team member until they felt confident to work independently.

We saw staff received regular supervision and spot checks. These offered support, guidance and development as well as opportunities for staff to discuss any concerns. Staff told us the registered manager spoke with them informally about their progress if they had cause to phone the office, or visited to collect gloves and aprons although this was not documented. The registered manager planned to implement annual appraisal when the service had been fully operating for a year.

Staff we spoke with felt they received appropriate training to equip them to offer people effective care and support. Relatives we spoke with all told us the care their relative received was effective and staff were appropriately skilled.

Staff told us most people were supported by their relatives with their nutrition and healthcare needs. However, where the service was supporting people nutritionally, they were supported to consume a varied and healthy diet. The relatives we spoke with confirmed this was the case. However, staff were able to explain what procedures they would follow in case of a medical emergency, such as contacting the emergency services.

Good

Is the service caring?

Our findings

All the relatives we spoke with praised the caring nature of the staff and the management team. For example, one relative told us, "The carer brought a cake for [person's name's] birthday and a present and card from Assisted Lives." Another relative told us, "They really care. It's all about [relative's name]. A client centred approach."

From speaking with staff it was obvious good relationships had been built up and they cared about the people they were supporting. For example, a staff member told us about one person they supported and how they enjoyed working with them, saying, "I love [person's name]. Always happy and smiling." Another staff member told us, "I'm always trying to do my best for people; helping people and helping them get the help they need," and a third commented, "I get pleasure from helping someone with their everyday needs."

Another member of staff told us of their plan to set up a mini football team with one of the people they supported who loved to play football. His idea was to include a number of other people who used the service and he told us the registered manager was supporting and encouraging him to bring this to fruition.

Relatives all said that staff treated people with a high level of dignity and respect. Comments included, "They close the door to preserve [person's name's] dignity. Always cover [person]," and, "The carer knows what [carer] is doing. Is very polite. Treats [person's name] with respect."

Information we reviewed confirmed people and their relatives were happy with the caring and dignified nature of staff. We viewed the results of recent quality questionnaires which showed people were impressed with staff conduct and the respect they showed towards people that used the service. Staff we spoke with were able to give us examples of how they treated people with respect and dignity, such as shutting doors, curtains and covering people to preserve their dignity when carrying out personal care. The dignity, respect and attitude of staff was monitored through periodic checks on staff practice. In addition, people were regularly asked for their feedback on staff both on an informal and formal basis.

Relatives told us staff understood people and how to effectively communicate with them and offer them choices. For example, one relative told us when we asked about this, "Really friendly, really caring. They ask [person's name] for choice and are asking if it's okay before doing things. I can see it in [person's name] face (how happy their relative was with the care staff)." Another commented, "(Care staff) engage with [person's name] when they are providing personal care."

Care plans contained person centred information on how to ensure good communication with people. For example, an assessment of one person's preferred method of communication was to point at pictures or nod their head. Staff we spoke with were able to give clear examples of how they were able to communicate with people and demonstrated a good awareness of how to offer them choices in relation to their daily lives.

Care plans contained a range of personalised information about how people liked their care to be delivered.

It was clear care plans had been developed in conjunction with people and their relatives. Plans focused on ensuring people's dignity was maintained. They encouraged staff to help people maintain their independence, for example prompting people to do tasks such as washing themselves. Where people were likely to become anxious or distressed information was contained within care plans to assist staff.

People and their relatives told us they were slowly introduced to new care workers before care and support was delivered. They told us when a new care worker was introduced, they were asked by the registered manager if they were happy with the person before commencing regular visits. One relative told us, "It's really good how they do it. They started slowly with one carer, then introduced another. The approach is working. [Relative's name] has accepted the carers and feels comfortable with them."

People received care and support from a consistent group of care workers. This allowed good relationships to develop. Staff demonstrated a good knowledge of people's daily routines, their needs and preferences and how to ensure appropriate care.

Relatives we spoke with told us they felt listened to by the provider and their views and comments were listened to. On reviewing daily records of care we saw people were asked their views on their care and support options and their opinions and choices were respected. Staff told us they offered choice to people such as what clothes or jewellery they wore and what activities they took part in.

We saw people's care records were stored in a locked cupboard in the service office. This evidenced the service maintained people's confidentiality.

Good

Is the service responsive?

Our findings

Relatives told us they thought people received appropriate care that met their individual needs. For example, one relative told us, "The way they've looked after [relative's name] has been a godsend. They've made a huge difference." Another relative told us, "(Care staff) do everything they should, and a third commented about the care package, "Provided how we expected."

Care records showed that people's needs were assessed prior to the delivery of care. This was confirmed by people we spoke with who told us the registered manager had initially visited to assess their care and support needs.

Information on people's relatives and key health professionals was present to enable staff to make prompt contact should they need to. Care plans were clear and concise and provided information to help staff meet people's needs. We spoke with the registered manager about the need to continue to add person centred information about people as the service grew. Staff we spoke with demonstrated a good awareness and understanding of people's needs. This was made possible due to a small group of staff delivering care to a small number of people.

Detailed daily care routines were in place. These provided person centred information to staff on the tasks they were required to complete at each visit. These contained a good level of detail to instruct staff to ensure individualised care. For example, in one person's records they instructed staff on the colour of wash sponges to use. The care routines provided information on how to meet people's emotional needs and highlighted the importance of social support as well as completing care tasks. One relative told us, "There's a very comprehensive file at home. It's all documented thoroughly."

We looked at daily records of care. These showed people received calls at the same time each day albeit with some minor variation. This provided evidence that people received a consistent level of care that met people's individual needs. Daily records provided evidence that the required care tasks were carried out at each visit. For example, we looked at records which showed one person required a shower once a week on a particular day and records showed this consistently took place. Relatives we spoke with told us tasks were completed as planned from consistent care staff who arrived at regular times.

Where people's needs changed additional plans were put in place detailing the changes to the plan of care. Care records were reviewed every six months or when care needs altered. For example, one relative told us they had increased the care visits from three to four per day after a recent review about their relative's increased support needs. Relatives all said communication with the service was excellent and the registered manager contacted them regularly to check care needs were being fully supported. Relatives all told us they had been involved in planning and reviewing their relative's care and support and the registered manager had visited to discuss this with them.

Relatives we spoke with told us they had no need to complain and said they were highly satisfied with the

service. They all said the provider was approachable and they felt they would resolve any issues if they did arise. A complaints procedure was in place and information on how to complain was provided to people who use the service on commencement of their care package. This ensured people were aware of how to complain. We saw there had been no formal complaints received about the service.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had taken over the service in the last few months and we saw they were committed to improving the service provision and the lives of the people they were providing a service to. During our inspection we found the management team proactive and open to ideas to improve the quality of the service.

Staff and people we spoke with were unanimous in their praise for the registered manager. Relatives told us the service was well led and they had confidence in the registered manager, with some comparing the service favourably to a previous care company they had used. Most people told us they would recommend the service although some commented they had only recently started to use the service and it was too early to comment about their confidence in it.

Comments from people and their relatives included, "So far, so good. Constantly getting calls from the manager to check everything is okay", "[Registered manager] is eager to get feedback and our experience with the service and the carers", "[Registered manager] is really good. Always explains any changes," and, "Office rings every two or three weeks to check everything is okay. [Registered manager] will come and have a conversation with us to check we're happy."

A social care professional we spoke with commented, "So far, it's one of the most positive experiences with a home care service. They're on the ball. They know what they're doing."

Staff comments included, "The management is good. Very flexible", "[Registered manager] is more concerned about people and the care. He will always try and resolve any issues", "Definitely think (service) is well managed" and, "Very good and professional company. I feel they (management team) definitely care."

Staff and relatives all told us the communication was excellent from the manager. Everyone we spoke with told us the registered manager contacted them regularly to check the care and support matched their needs and staff told us they felt very supported and listened to in their roles. Staff comments included, "[Registered manager] is always on the phone. He is really approachable; I feel supported", "You feel as though you're part of the company. They listen to your ideas", "They involve families; go back and check everything is okay every two weeks or so", "Definitely feel supported," and, "They helped me when I first started and made sure I knew what I was doing. Any concerns, I would go to [registered manager's name]."

We saw some audit and quality processes were in place to monitor and drive improvements within the service, such as auditing of daily records and seeking people's feedback about the service. However, potential risks identified such as lack of some risk assessments and best interest decisions could have been identified by more effective quality assurance systems. The registered manager was aware of the need to increase the range of audits as the service expanded to include areas such as medicines, complaints, accidents/incidents and care records.

People's views were sought through quality surveys, questionnaires and telephone surveys. We saw results

of these in people's care records which indicated positive feedback. The service was in the process of sending out quality questionnaires for spring 2017.

Staff were supported through supervisions and telephone discussions with the registered manager. The registered manager told us they were committed to implementing staff meetings as a means of sharing best practice and discussing any updates or concerns. The business administrator told us they were also working on an on-line portal for staff to be able to feedback any issues.