

Lifeways Independent Living Alliance Limited

Independent Living Alliance

- St Helens

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 21& 23 September and 4 October 2016 and was announced. This inspection was announced due to the small size of the service and we needed to be sure that someone was available.

Independent Living Alliance is registered to provide personal care to people living with mental health issues, physical and learning disabilities. Support is provided either in 24 hour supported living accommodation or as a domiciliary care service where staff visit people in their own homes. At the time of the inspection there were 10 people being supported with a regulated activity.

The service had not had a registered manager in post since August 2016. The registered provider's area manager had taken up the post of manager for the service and was in the process of registering with the CQC. 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.

The registered provider did not always send notifications to the CQC as required by law. After raising this with the manager we found this was being done. You can see what action we asked the registered provider to take at the back of the report.

Not all staff felt that they received the support they needed from the registered provider or manager. Staff told us that the on call system whereby staff can contact management for support in emergency situations did not work. They also commented that they did not feel their concerns were listened to, and were unaware of efforts being made by the manager to address these. The manager confirmed that a new on call system had been put in place following the inspection. We have made a recommendation about motivating staff and team building.

Staff had not recently undertaken training around supporting people with learning disabilities to manage their behavioural needs. This had impacted upon the ability of staff to effectively support people with managing their behaviour. We have made a recommendation relating to staff training in this area.

Staff had received training in other areas that enabled them to carry out their roles effectively. This included training in the Mental Capacity Act 2005, safeguarding vulnerable people, first aid and moving and handling. Staff had also been supported to complete nationally recognised qualifications.

Recruitment processes were robust and helped to ensure that staff were suitable to work with vulnerable adults. New staff had completed an induction which included a period of shadowing experienced members of staff, and completing training in core subjects such as moving and handling, safeguarding and the Mental Capacity Act 2005.

Staffing levels were consistent with the hours allocated to people by the local authority. Where the manager felt that people needed additional support they had referred to the local authority for a review.

Accidents and incidents were monitored and appropriate action had been taken to ensure people's safety was maintained. These actions included referrals to health professionals and the local authority for support. Where staff were supporting people with complex behavioural needs they had been provided with an alarm which they used to call for help. Up-to-date risk assessments were in place which provided staff with information around how to keep people safe.

Care records contained detailed and personalised information around their care needs. This information was reviewed on a regular basis to ensure that it remained up-to-date. This meant that staff had access to relevant and accurate information on how they should support people.

Staff were kind and caring towards people. They had a good knowledge of people's needs and how they liked to be supported. People's family members commented positively on the support their relatives received from staff, telling us that staff were "kind", "caring" and good at communicating.

The registered provider had a complaints policy in place. People's relatives told us that they would feel confident making a complaint if they needed to. In one example we saw that one person had been helped to access support from the local advocacy service. An advocate ensures that people's wishes and feelings are taken into account.

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.

Risk assessments which were in place clearly outlined how staff were to support people safely.

The correct numbers of staff were in place to safely meet people's needs.

Staff knew how to identify and report safeguarding concerns. The registered provider had a whistleblowing policy in place which staff were aware of and had made use of.

Is the service effective?

Good ●

The service was effective.

The service was effective.

Staff did not always receive the training needed to carry out their roles effectively.

Staff offered people choice and control over their day-to-day care. Staff had received training in the Mental Capacity Act 2005 and understood their role and responsibilities in relation to this.

People were supported to access health and social care professionals to ensure their health and wellbeing was maintained.

Is the service caring?

Good ●

The service was caring.

Good relationships had developed between people and staff and staff had a good knowledge of people's support needs.

Staff treated people with dignity and respect. Family members spoke positively about staff interactions with their relatives.

People were supported to communicate effectively.

Is the service responsive?

Good ●

The service was responsive.

People's care records were personalised and reviewed on a regular basis to ensure that they remained up-to-date.

People were protected from the risk of social isolation. Staff supported people to access the community and to engage in activities of their choosing.

There was a complaints process in place. People had accessed independent advocacy services for support whilst complaints were investigated.

Is the service well-led?

The service was not always well-led.

The registered provider did not always send notifications through the CQC as required by law.

Not all staff felt fully supported by the registered provider and manager. 'On call' support was not always effective and management were not always good at communicating developments with staff.

Audit systems were in place to monitor and maintain the quality of the service being provided and appropriate action taken to rectify any issues identified.

Requires Improvement 

Independent Living Alliance - St Helens

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 21& 23 September and 4 October 2016. This inspection was announced. The registered provider was given 24 hours' notice because the location is a small domiciliary care service and we needed to be sure that someone would be at the office to support with the inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams who did not raise any concerns about the service.

During the inspection we visited seven people in their own homes and observed the support they received from staff. We spoke with two family members, four members of staff and the manager. We looked at care records for three people, recruitment records for three members of staff and other records pertaining to the management of the service.

Is the service safe?

Our findings

We observed that people presented as relaxed and at ease around staff. They did not show any signs of feeling uncomfortable or intimidated, and staff acted appropriately in all their interactions with people they were supporting. One person's relative commented, "Yes [my relative] is safe with staff", whilst another told us "I have no worries at all. [My relative] is very settled".

A record of accidents and incidents was maintained which provided details around what had happened and the action that had been taken in response to incidents. For example incident records showed that one person exhibited high level behavioural needs at times. Staff who supported this individual had an alarm in place which they could use to call for help if they needed to. During incidents staff had maintained the safety of other service users and themselves. The manager had referred to the local authority for an urgent review of this person's needs. People's records also showed that urgent referrals had been made to relevant health professionals for support in response to incidents. This showed that action was being taken towards ensuring people's safety was maintained.

People's care records contained personalised risk assessments which provided information for staff around maintaining people's safety. For example, one person's care record outlined how staff should safely support the person in the event of them having a seizure. Another person's care records contained details around how staff should protect the person and others during periods when the person exhibited negative behaviour or signs of aggression. Staff were aware of the risks associated with people's needs, and knew what to do in the event of an emergency.

There were sufficient numbers of staff to safely meet the needs of people who used the service. Where there was a shortage of permanent staff the registered provider had authorised the use of agency staff to ensure people's needs were met. Some people required the support of two staff and this was being provided. One person had been exhibiting behaviour that suggested they needed increased levels of support. We followed up on this and found that a referral had been made to the local authority requesting a review. Following the inspection we requested the local authority complete an urgent review due to safeguarding concerns.

Recruitment processes were robust enough to ensure that people were protected from harm. New staff had been required to complete an application outlining their experience and qualifications. They had also been required to provide references, one of which was from their most recent employer. A check by the disclosure and barring service (DBS) had been carried out. This informs employers whether potential staff have a criminal record, and helps employers to make a decision about whether they are suitable for the role.

The registered provider had a whistleblowing policy in place and staff were aware of this. Whistleblowing is where staff can raise concerns about the service, either internally or to an external organisation, without fear of reprisals. There had been two examples where staff had followed the whistleblowing procedure to raise concerns. The manager of the service had taken appropriate action to ensure that people were protected, and where appropriate this information had been shared with the local authority.

The registered provider had a safeguarding policy in place which clearly outlined what staff should do if they had any concerns about people's safety. Staff had completed training in safeguarding vulnerable people and they were able to recognise the signs of abuse. Staff knew how to report any concerns they may have, both inside and outside of the organisation. Records showed that safeguarding concerns had been appropriately reported to the local authority. The manager had a good knowledge of any ongoing safeguarding concerns at the time of the inspection and they had worked in partnership with the relevant agency to ensure people's safety.

People were supported to take their medication as prescribed by appropriately trained staff. Medication administration charts (MARs) were in place which staff signed to show when medication had been given. Medicines were stored appropriately in people's homes. Staff competency to administer medicines had been assessed to ensure they did so in a safe and appropriate manner.

People were protected from the risk of infection. The registered provider had an infection control policy and procedure in place which staff had accessed to. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) such as gloves and aprons.

Is the service effective?

Our findings

We observed situations where staff were skilled in their approach towards people. For example staff helped one person focus on the task of making a cup of tea, allowing them to do as much of the task for themselves before offering support. People's family members spoke positively about staff and their approach towards their relatives. Their comments included, "They're good at communication" and, "They are skilled and consistent".

A majority of staff had the skills necessary to support people. However some staff commented that they did not always feel able to manage people's behavioural needs effectively and did not feel confident in being able to prevent people's behaviours from escalating. Training records showed that six staff had completed training in challenging behaviour in September 2013, however no refresher training had been completed since. Incidents relating to the management of people's behavioural needs showed that staff had acted appropriately to keep people safe. The manager confirmed that additional support regarding the management of people's behavioural needs would be made available to staff.

We recommend that the registered provider finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with a learning disability.

Staff had completed training in other areas that were relevant to ensuring appropriate care and support was given. For example they had completed training in infection control, manual handling, food safety and first aid. Refresher training had also been completed in these areas to ensure staff knowledge remained up-to-date and in line with best practice. Staff also confirmed that they were supported to complete additional nationally recognised qualifications to help further their knowledge in health and social care.

There was an induction in place for new staff. This included a period of shadowing experienced members of staff. New staff were also required to complete training in areas such as those outlined above, and were also supported to complete the care certificate. The care certificate is a nationally recognised set of standards that care staff are expected to meet.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community settings restrictions placed upon people's liberties require authorisation by the Court of Protection (CoP). At the time of the inspection there was no one subject to an authorisation by the CoP. However the manager had a very good understanding of the MCA and those situations where people would require a referral to the CoP.

Staff had received training in the MCA and showed an understanding of their roles and responsibilities in relation to the Act. They told us that they would allow people choice and control over day-to-day decisions and we saw examples which confirmed this. For instance, one person communicated that they would like to go out, and staff supported them to do this.

People's care records contained details around their dietary needs, along with any food likes and dislikes. One person proudly showed us a pair of their old trousers and some old photographs, telling us that they had managed to lose a lot of weight and were proud of what they had achieved with support from staff. People's relatives commented positively on the food that was provided. Their comments included, "The food that is provided is all freshly prepared. All the staff in [name of service] make fresh food".

Care records showed that where people needed help with doing so, they had been supported to access their GP or other health and social care professionals. This helped ensure people's health and wellbeing was maintained.

Is the service caring?

Our findings

Staff were kind, caring and respectful towards people. Staff knew what people's strengths were and what they enjoyed doing. Staff spoke kindly towards people when providing assistance and support. Family members commented positively on staff. Their comments included, "[My relative] loves staff and they love [My relative]", "Staff are always there for [My relative]" and "Staff are excellent. They always seem happy".

A majority of people received support from the same members of staff. This had helped staff develop a good understanding of people's needs, and helped positive relationships to grow between them. Staff spoke knowledgeably about people and were aware of their likes and dislikes. People were trusting of staff and regularly asked for their support. Family members confirmed that positive relationships had developed, and told us that they felt staff were kind and respectful towards their relatives. For example they told us that staff took time to prepare food that their relative's enjoyed and ensured that enough social opportunities were available.

People and where appropriate their family members had been involved in the development of their care records. These included providing information about their personal histories, likes and dislikes. Where people had been comfortable with doing so, discussions had taken place around their last wishes. For example one person's care record outlined that they would like to be cremated, and would like there to be lots of roses and daffodils at the ceremony. This helped to ensure that care was delivered in a person-centred way.

There were systems in place to support effective communication between people and staff. For example some people needed a structured daily routine to help them control feelings of anxiety. Staff used visual aids to outline what activities were being undertaken, for instance having a shower or bath, and took time to go through this with people. These visual aids were put on a timetable on the wall so that people could refer to them again if they wanted to. Care records contained information around people's communication needs so that staff were aware of the most effective ways of communicating with them.

Staff worked to promote and maintain people's independence in day-to-day tasks. For example we observed one person making a cup of tea with the supervision of a staff member, whilst in another two examples staff prompted people to do their own laundry. Where people appeared to be struggling staff offered their support. This helped people to develop and maintain important day-to-day skills.

Staff maintained people's privacy and dignity. Staff told us that they would ensure doors and curtains remained closed whilst supporting people with their personal care needs. People's family members commented that they felt staff did their utmost to maintain their relative's privacy and dignity.

Practical action was taken by staff to relieve people's distress, and to give support where it was needed. Where people became anxious staff offered them with reassurance. In examples where staff had noticed a change in people's day-to-day presentation they had made referrals to the person's GP to request a review to ensure there were no medical issues. This helped to ensure that people's health and wellbeing was

maintained.

Is the service responsive?

Our findings

People were given the support they needed on a day-to-day basis to maintain their wellbeing. People looked clean and well dressed, and appeared comfortable. People's family members commented, "The support [my relative] gets is excellent. It is a really good team" and "Staff will go above and beyond. They will do extra or stay a bit longer if they need to".

People underwent an initial assessment of their needs prior to being supported by the service to ensure that their needs could be met. Following this, care plans were completed which clearly outlined to staff what they needed to do to support people. Details around people's physical and mental health were included along with information around any nutritional needs they may have. This information was personalised and specific to individuals. For example one person's records included important information around the management of a specific health condition, whilst another person's records contained details regarding gender-specific routines and health check-ups.

People's care records contained personalised information which enabled staff to get to know them. Records included a pen profile about people's personality and a section entitled 'what I need support with'. Information was also available around people's preferred daily routine. For example one person's record outlined their favourite television programmes and how they liked to spend time watching them.

Staff maintained a daily log which recorded information around the support they had provided people with during the day and night. In addition staff recorded any important developments or updates relating to people's care needs. Handover books were also maintained by staff as a way of communicating with each other any tasks that needed to be followed up or undertaken. This ensured that staff had access to the most up-to-date and recent information about people's needs.

Information within care records was reviewed on a regular basis and changes were made as required. People and where appropriate, their relatives had been involved in the review process. This ensured that records remained accurate and up-to-date

Staff knew the people they were supporting well, and helped them engage in activities that they enjoyed. For example people told us that they attended a local social group on a regular basis and showed us photographs of activities they had undertaken. Other people showed us some art displayed at their home which they had made with staff. We also observed staff support a person to go out for a drive. Another person told us that staff would support them to access the pub, an activity which they told us they enjoyed. People's family members told us that their relatives were supported to engage in activities on a regular basis. They said they felt that this helped to minimise the risk of social isolation.

There was a complaints policy in place, a copy of which was given to people when they first started using the service. This outlined how people could make a complaint and who they should contact to do so. People's relatives told us that they knew how to make a complaint and would feel comfortable doing so. Their comments included, "I would be happy to express any concerns I had" and "I don't have any complaints, but

I would know who to go to if I did".

A record of complaints had been maintained by the manager. These showed that follow up action had been taken to address concerns. One person had been supported to access support from the local advocacy service to ensure that their views and wishes were heard as part of the complaints process. Advocates offer independent support to ensure people's views are taken into consideration.

Is the service well-led?

Our findings

The service had not had a registered manager in post since August 2016. However the registered provider's area manager had taken on the role as manager and was in the process of registering with the CQC. The manager had a good knowledge of the service and staff spoke positively about them, telling us that improvements had been made since the manager had been in post. Family members did not always know who the manager was, however they did know the most senior members of staff in charge of their relative's care. Family members commented positively on the leadership within the service, telling us there was effective communication between themselves and the service.

The registered provider is required by law to notify the CQC of specific events which occur within the service. However we found examples where this had not been done. For example there had been multiple incidents involving the police, and a safeguarding concern that had not been reported. We raised this with the manager who confirmed that this would be done in the future. Following the inspection the registered provider started to send through notifications as required by the law.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because the registered provider did not always notify us of incidents as required.

Staff had mixed views on how well supported they were by the registered provider and management. Some staff told us that they did not receive enough support, however other staff told us that they did. Those that told us that they did not receive enough support commented that there was an on call system in place that was meant to provide them with advice and support in the event of an emergency. However we were told that on numerous occasions staff had tried to use this system and not been able to get through to anyone. Staff had taken appropriate action in emergency situations and had contacted the relevant professionals to ensure people's safety was maintained. Following the inspection the manager confirmed that a new on call system had been put in place to ensure that staff received the support they needed. This information had been passed onto staff.

Not all staff felt that the registered provider or manager were proactive in responding to concerns that had been raised by them. This impacted upon the morale of staff within the service. We followed up on these concerns and found that the manager was in the process of taking appropriate action, however this had not been communicated to staff.

We recommend that the registered provider seek advice and guidance from a reputable source, about motivation and team building.

Audits systems were in place to monitor the quality of the service. Team leaders would complete checks of care records, medication and accidents and incident records. The manager for the service looked at these on a monthly basis to ensure that these were being done. Where action needed to be taken to make improvements this was documented and communicated to staff. The registered provider was sent a breakdown of this information so that they could follow up on any concerns. Records showed that in some

instances audits had not been consistently completed. The registered provider had taken appropriate action to remedy this. The manager assured us that these would be completed in the future.

The registered provider had a disciplinary procedure in place which was being followed and put into use. The provider responded appropriately to concerns about the competence of staff to carry out their job, and provided support where required. This ensured that staff remained accountable for their actions and helped ensure the quality of the service being provided was maintained.

The registered provider completed an annual satisfaction survey. The results for the 2015 survey were available and showed that overall people and their relatives felt positively about the service being provided, feeling involved in their care, safe and supported to stay healthy and well. Whilst no negative comments had been made, this process ensured that the registered provider could identify where improvements were required.

The registered provider had a set of visions and values in place which promoted the dignity, independence and wellbeing of people using the service. These were outlined in the staff handbook and service user guide. Observations of staff interactions showed that staff worked to promote these values by treating people with respect, maintaining their dignity and supporting them to undertake tasks independently where it was safe for them to do so.

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 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not notified us of incidents in line with the law.