

Assisted Lives Ltd

Assisted Lives (Worcester)

Inspection report

Unity House & Community Centre
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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?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Assisted Lives is a domiciliary service that provides personal care and support to people in their own homes. The domiciliary care agency is registered to provide a service to people living with mental health, dementia, eating disorders, sensory impairments, physical disabilities and people living with a learning disability or Autism. At the time of our inspection there were 22 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support

People's experience of using the service was positive, they told us they felt safe and cared for from staff that were trained to meet their needs. Staff received training in medicines, but required further competency testing to meet current guidance and ensure best practice. Staff had been trained in safeguarding and abuse and were aware of how to report concerns and said they would be listened to and acted upon.

People had detailed care plans that identified more complex needs and how best to support them effectively. Risks to people were assessed and there were plans in place to mitigate risks.

The provider had systems and processes in place to recruit staff in a safe way and there were enough staff to meet people's needs. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People were supported by staff who were caring and compassionate, promoted independence and worked in partnership with outside agencies to ensure the best outcomes for people. They were treated with dignity and respect and received a service that could be flexible to meet their changing needs. The provider involved people in the planning and reviewing of their care packages and respected people's choices to make unwise decisions. People could contact the registered manager at any time.

People had not raised concerns about the care they had received but understood the process and felt confident that they would be listened to. The provider had assessed people's communication needs and guidance was given to staff on how to support them.

Right Culture

People were supported by a registered manager and staff team they knew well. Staff spoke positively about management support and their roles and were motivated to ensure the best outcomes for people they cared for. Staff attended monthly conference calls and received regular supervisions. The registered manager had an open door policy which encouraged staff to visit the office to share information.

The provider had quality systems and monitoring in place but recognised these required developing further. The provider understood their legal responsibilities and when to be open and honest when things go wrong and worked in partnership with other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2020, this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 December 2022 and ended on 14 December 2022. We visited the location's office on 06 December 2022.

What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people using the service and 3 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, operations manager, care coordinator, care staff and a senior member of staff.

We reviewed a range of records. This included 2 peoples' care records and risk assessments 3 staff files in relation to recruitment, accident and incidents, falls analysis, IPC audits, quality assurance records and other documentation relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had processes and systems in place for staff administering medicines, however these could be further developed, For example, staff competency checks were in place but required further information to ensure staff administered medicines safely.
- Staff had been trained to administer medicines. Staff competency checks were not carried out in line with National Institute for Health and Care Excellence [NICE] guidance. We shared this with the registered manager who told us they would implement these without delay.
- The provider used an electronic medicines monitoring system which allowed staff and managers to view medicines records at all times, this enabled them to make prompt changes which could be shared with the team effectively.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. People and their relatives confirmed they felt safe being supported by staff. One relative said, "My relative is safe in their care, they [staff] always go the extra mile".
- The provider had effective safeguarding systems, policies and procedures in place and staff were aware of how to access them.
- People were aware of the provider's safeguarding policy. They told us how they would report concerns and would be comfortable to raise any with the registered manager if they needed to.
- Staff told us they had received safeguarding training and would report any concerns to management. If concerns were in relation to the management they would contact local agencies. One staff member said, "I feel confident approaching managers to raise concerns and feel these would be listen to".

Assessing risk, safety monitoring and management

- People received safe care and treatment.
- People's risks associated with their health and well-being had been identified, assessed and recorded as part of their initial assessment.
- The provider had detailed care plans which reflected people's individual care needs. Where a person had more complex health needs, additional information was documented in care plans to ensure staff had the necessary information to carry out their tasks.
- We saw records that demonstrated when people's needs changed, staff responded effectively and shared concerns with medical professionals.
- The provider had a monitoring system which rated people's level of support needs, this was reviewed regularly. Additional support or professional input was provided where needed.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff and people told us there were enough staff to support people using the services.
- People said they knew the staff supporting them and should any changes occur they would be notified beforehand. One person using the service said "If I needed help, they would come at any time, it's very reassuring having them care for me."

Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff had access to the required personal protective equipment (PPE) and used PPE effectively and safely.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- We reviewed staff meeting minutes which demonstrated the registered manager had shared information about the service where improvements were needed. An example of this was reminding staff the importance of recording daily notes appropriately and not documenting personal opinions.
- Accidents and incidents were recorded and analysed monthly by the registered manager to identify any trends and themes. Learning from any accidents and incidents were also shared with staff during staff meetings to further reduce risks to people. For example, referrals were made to the falls team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed an initial assessment before a package of care was offered. This ensured the provider was able to meet people's needs, preferences and choices.
- People and relatives shared their experiences of the assessment process and told us they were fully involved in planning their care package.

Staff support: induction, training, skills and experience

- Staff had received the training they needed to develop knowledge and skills to complete their roles. All staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Relatives and people using the service were positive about the staff team. One relative said, "They go above and beyond for my [relative]."
- Staff told us they had an induction period which included 5 days shadowing experienced staff and how this had been beneficial to their role.
- Staff were positive about the training they had received. One staff member told us, "Training was lovely, first aid has really helped me in my role."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. People's preferences for food and drink was recorded in their care plan for staff to follow.
- One person said, "They [staff] always make sure I have a cup of tea and a jug of water to hand before they leave."
- Care plans contained additional information for people who required monitoring with fluid and food intake and where appropriate, this was shared with relatives. One relative told us, "If [relative] hasn't eaten much throughout the day staff will call me to keep me updated so I will visit [relative] later in the day and can offer different options."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked in partnership with district nurses, GP and physiotherapists to ensure people's healthcare needs were met. For example, one person needed support with daily exercises. They [people] told us, "They [staff] will always help with my rehab, they [staff] help me to do physio every day, following my exercise's, which my recovery a lot."

- Relatives spoke positively about staff and how proactive they were in their roles. For example, One relative told us how a staff member had attended a meeting with the social worker to offer support to the person and family.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Nobody using the service who lacked the capacity to consent to their care or treatment, therefore applications to deprive a person of their liberty had not been required. However, the registered manager understood how and when to make an application if needed.
- Care records contained information relating to whether relatives had lasting power of attorney.
- People told us they were asked for their consent prior to being supported by staff.
- Staff had been trained in the principles of the MCA and understood people's rights and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We reviewed care plans which were detailed and written with compassion, they promoted people's choices and preferences.
- Staff spoken with were all positive about their roles, they gave several examples of going the extra mile for those they cared for. This included when a staff member travelled across town in her own time to put a blanket back a person's legs when it had fallen off.
- A relative told us, "When I went on holiday the staff did extra visits with [relative] for me and let me know [relative] was ok, this was very reassuring."
- Relatives told us that staff were caring, empathetic and compassionate in their approach and managers can be contacted at any time of the day. People using the service shared this and felt reassured that they could have assistance if needed.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care, this was evidenced in their care plans, people were actively encouraged to express their preferences and choices.
- Staff showed a good understanding of person-centred care, one staff member described a person who made unwise choices about their healthcare, this had been implemented into their care plan and staff were aware of how this may affect them.

Respecting and promoting people's privacy, dignity and independence

- The provider had processes in place to ensure privacy and dignity was maintained. Relatives shared positive experiences of staff practice and their consideration to people's own homes. A relative said, "Staff have enough time to complete [relative] care, they [staff] are considerate and respect dignity, they do not rush [relative]. I'm really lucky to have a good company, good managers, good morale's with staff, they are my guardian angels."
- People told us staff promote their independence and encourage them to do as much as they can.
- Relatives told us staff had contacted healthcare services to get equipment to promote peoples independence. For example, walking aids and more appropriate continence wear.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed before they started receiving a service. Care plans had been reviewed and risks had been identified through regular monitoring.
- The provider and team leader had visited people's homes to introduce themselves and gather information about people before providing a care package.
- People and relatives told us they were involved in the planning of their care packages and felt confident to put forward any changes that may need to be made.
- Staff told us about people's care needs and preferences and this was evidenced when we spoke with people using the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider used an electronic system for all documentation of people's care needs. This can be seen by staff, relatives and people using the service. The system can be reviewed and updated according to a person's changing needs.
- Care plans reflected people's communication needs. For example, 1 care plan stated a person needed staff to dial numbers on the telephone to make calls independently.
- Relatives told us they found the electronic system to be useful as they could access their relatives' records and this kept them well informed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain contact with families and people who were important to them to avoid social isolation.
- People told us they were encouraged to maintain independence and were supported to take walks and complete daily exercises.
- Relatives were complimentary about the support staff gave to people to promote their relatives' independence.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and relatives told us they knew how to raise concerns and were assured that these would be listened to and acted upon.
- There were no complaints about the service, the provider had received a number of compliment cards in the office from relatives and people using the service.

End of life care and support

- At the time of our inspection there was no one receiving end of life care.
- Staff understood how to support people receiving end of life care, a staff member shared a past experience of how she had worked with the person and their family to ensure their last wishes had been respected.
- Care plans did not include end of life wishes and preferences for people using the service. This was raised with the provider who told us they would start discussions with people and their relatives to enable people's wishes to be identified and recorded if they or their relatives wished.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had audits and systems in place to ensure people received good quality care.
- We discussed developing staff medicines competency checks to ensure the provider was working within current guidance. The provider had appropriate documentation, but these were not in use. The registered manager told us they would reinstate without delay .
- The provider at the time of inspection had not developed end of life care plans for people using the service, whilst they could demonstrate staff were following peoples last wishes these had not been documented. When we discussed this with the registered manager told us they will implement these.
- The registered manager completed monthly audits and any actions had been reviewed and acted upon. For example, falls assessments showed external agencies had been contacted where additional equipment had been required.
- Staff were clear about their roles and responsibilities and received regular supervisions. Staff told us the office has an open door policy and they could speak with managers at any time.
- The registered manager held monthly conference meetings for staff, this gave them the opportunity to raise any concerns, ensure consistency, share good work practice and update each other on current care packages.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a person centred, open and inclusive culture that had positive outcomes for people.
- People spoke positively about the service they received and were aware of who the registered manager and team leader staff were. They felt reassured that they could raise any concerns and they would be listened to.
- Relatives told us the registered manager and team leader were approachable and shared good communication.
- Staff spoke fondly of the management team and said they were extremely supportive and cared for their staff. One staff member said, "I love it. I love the management, it's a lovely environment to work in, they call us to check we are ok, they trust us, the support is second to none."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us what their responsibilities were when being open and transparent with people and how information should be shared when something goes wrong.
- The provider understood their responsibilities for notifying the CQC for events such as DoLS authorisations, change of location/manager and abuse and neglect.
- The provider had an alert system to continually monitor medicine administration to highlight any missed signatures. This meant any missed signatures could be addressed in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked with external health and social care professionals such as GP's, physiotherapists and district nurses to ensure the best outcomes for people.

Working in partnership with others

- The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.