Miss Nicola Jane Collins

Independent Living Home Care

Inspection report

31 Kirkgate
Thirsk
North Yorkshire
YO7 1PL

Tel: 07704056194

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Independent Living Home Care is a small domiciliary care agency operating in Thirsk and Sowerby. It provides various services to people living in their own houses and flats. The service supports older adults, younger disabled adults and those living with dementia. Not everyone using the service received a regulated activity, CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection four people were receiving a regulated activity.

The service was run by a single provider in day to day control of the service. It was therefore 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 responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

At the last inspection in August 2015, we rated the service 'Good'. At this inspection, we rated the service 'Requires improvement'. This is the first time the service has been rated Requires Improvement.

We found breaches of two of the fundamental standards of The Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. These related to the systems and processes in place to monitor and improve the quality of the service and not following recruitment procedures to help recruit staff safe for working with vulnerable adults.

The provider had not understood when notifications should be submitted to the Care Quality Commission (CQC). This was a breach of the Care Quality Commission (Registration) Regulations 2009. We directed them to the guidance.

You can see what actions we told the provider to take at the back of the full version of the report.

Record keeping was not consistent and did not give staff clear instructions when people were supported with their medicines. We made a recommendation about the management of medicines.

The Mental Capacity Act (2005) was not consistently understood and applied to ensure people were empowered to make decisions for themselves and consider any risks affecting them. Despite this people told us they were involved in decisions about their care. There were enough staff to provide support and ensure people's needs were met. People received care at their preferred times and knew which care worker would be visiting them.

Staff received training to give them the knowledge and skills needed for their roles. New members of staff received an induction which was adapted to reflect their levels of experience in working in care. Informal

catch- ups and supervisions were arranged to help staff develop their confidence, skills and knowledge in their roles.

People were treated with dignity and respect. Staff knew how to support people in a way that promote their independence whilst recognising their limitations. People were supported to access health services. Emotional support was provided when required, including after hospital appointments, when people needed time to reflect on and come to terms with the information discussed.

People's preferences and life histories were understood. People valued the attention to detail staff gave, understanding their specific requirements and enabling them to pursue their hobbies. People were supported to access the community, reducing their risk of social isolation.

Staff were flexible when providing care to people. When care needs changed or people declined care at a particular time adjustments were made to enable staff to support people.

The service had a clear focus on wanting to remain a small company. This was appreciated by people, relatives and staff alike. Staff understood their responsibilities and felt supported in their roles. This included having opportunities for professional development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Records did not contain sufficient detail to understand details of the risks identified and how to manage them. When specialist equipment was in place, it was not clear who had responsibility for maintaining it.

Pre-employment checks were not being fully completed to help minimise any risk of unsuitable people working with vulnerable adults.

Safe practice to ensure people were taking the correct dose of medication was not always followed.

There were sufficient staff employed to meet people's needs and ensure they received care from consistent members of staff.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs and choices were not always assessed in line with best practice guidance.

The Mental Capacity Act 2005 was not consistently understood and applied to ensure people were supported to make decisions.

Staff received training to support them in their roles. Additional training was arranged when this was required.

People received support to maintain good health and ensure they had enough to eat and drink.

Is the service caring?

Good

The service was caring.

Staff recognised when people needed emotional support and provided it.

People were supported by staff to be involved in decisions about

their care and in other aspects of their lives.

People told us they were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Good

The service was responsive.

People told us staff understood their interests and things that mattered to them.

When changes needed to be made to people's support arrangements they were involved in this and changes were accommodated.

People felt the service was approachable and reactive to their needs.

Is the service well-led?

Requires Improvement

The service was not always well- led.

Policies and procedures were being developed but needed to link to current legislation, guidance and best practice.

Roles and responsibilities within the service were understood.

People, their relatives and staff had opportunities to be involved in making changes to the service.

Independent Living Home Care

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.

We inspected Independent Living Home Care on 21 and 29 May 2018. The inspection was announced on both days. We gave the registered provider four days' notice that we would be visiting to ensure they were available. The inspection team consisted of one inspector on both days.

Before the inspection we reviewed all the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We had not received any notifications from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We used this information to plan our inspection. We contacted the local authority commissioning and safeguarding teams for views on the service and received feedback from one safeguarding manager.

At the time of our inspection there were four people who used the service. We spoke to two people and two relatives. We contacted three professionals that were involved with the service. We also spoke with two members of care staff and the provider.

During the inspection we reviewed three people's care records, including their care plans and two people's medication records. We looked at two staff files containing their recruitment and training records. Various policies and procedures relating to the running of the service were viewed.

Requires Improvement

Is the service safe?

Our findings

We looked at the recruitment files for two members of staff. There was no full employment history for both staff members or evidence of references being obtained. The provider advised that they had spoken to the members of staff about their previous employment and had contacted the referees for one member of staff. However, the provider acknowledged these discussions were not documented. For one person there was no recent photograph of them. The provider told us they were awaiting a photograph from the member of staff. On the second day of inspection we saw the provider had amended the application form to include an employment history section when recruiting staff in the future.

This was a breach of regulation 19 fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

People's care plans indicated the type of support they required with taking any medication prescribed. One person was supported to take warfarin and was seen on a weekly basis by the district nurses to review the dosage they required. There was no evidence that staff were checking information from the district nurses to ensure the person was supported to take the correct dose of warfarin. Where people were supported to apply topical creams, this was recorded. However, there was no body map to illustrate where on the person's body the cream should be applied. This meant there was a chance people may not receive a consistent approach to having creams applied. We recommend that the provider refers to current guidance and act to improve their practice accordingly.

People told us staff helped them remember to take their medication. One relative said, "It works well, I've never seen any issues." Staff completed an annual medication refresher training and were observed administering medication as part of the routine spot checks. Staff told us when people refused their medication they recorded this and informed the provider.

People had risk assessments in place identifying any relevant risks affecting them. One person's risk assessment identified that a specific area of their skin was vulnerable to developing sores and required cream to be applied daily. The risk assessment did not contain sufficient detail to identify when the risk may occur, the likelihood of this and control measures to manage the risk to help staff monitor it and identify when to take appropriate action. The provider agreed to take action to review the risk assessments in place.

Some people had equipment in their homes to support them to remain safe. One person had a profiling bed with bed rails in place. The person's care plan detailed that staff were supporting the person to get in and out of bed. There were no details of how the bed rails should be fitted correctly or who supplied and had responsibility for the equipment should there be issues with it. This could have put the person's safety at risk. The provider agreed to find out this information and record it.

A professional told us there had been an occasion when they felt the provider had not kept someone safe when their needs had changed. They agreed to address this with the provider. Staff had completed safeguarding training and knew to speak to their manager if they had concerns about a person. A

professional working with the service told us arrangements had been made for staff to complete safeguarding refresher training in the coming weeks.

Staff told us they knew how to respond if someone they were supporting experienced an accident or incident. One member of staff said, "I would call for help by pressing the person's Lifeline [system for people to request help] or call 999. I'd inform my boss and wait for the ambulance or family member to arrive." Staff understood how to record any accidents or incidents.

When accidents and incidents occurred, these were recorded in people's daily care notes. There were no management systems in place to identify issues that arise from accidents and incidents and to learn from them and make improvements.

A new whistleblowing policy was developed during the inspection. The provider advised this was to be explained to staff at the next staff meeting. They provided evidence that this discussion had been held following the meeting.

We looked at the staffing rotas and could see there was enough staff to provide care and support to people. People told us they received their care visits and said, "They are on time, occasionally they are 10 minutes early but I don't mind." One person said there had been one occasion where their care call had been missed. They had received an apology and explanation for this and were satisfied with this. The registered provider was developing a policy and system for monitoring any missed calls.

People knew which member of staff would be coming to support them. Staff rotas showed people receiving consistent support from the same care workers at people's preferred times of day. When people had hospital appointments or trips out the rotas did not specify an end time for the care visit, allowing flexibly to suit people's needs.

During care visits people felt staff had time to provide them with the support they needed. One person told us, "They spend the right amount of time with me." Staff also felt they had time to give people care and support without feeling rushed. This demonstrated the service was ensuring the length of care visits was sufficient to keep people safe.

Out of hours there was an on-call system in place. People knew they could call the registered provider should they need to. One person said, "If I need them they're on my phone and help me with anything."

People were protected against the prevention and control of infection by staff having Personal Protective Equipment (PPE), such as disposable gloves available to them. One relative told us, "They wear gloves." We saw staff coming into the office to collect PPE.

Requires Improvement

Is the service effective?

Our findings

When we spoke to staff the Mental Capacity Act 2005 was not consistently understood. 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 the community people can only be deprived of their liberty if it is authorised by the Court of Protection.

One person supported by the service was locked in their home by care staff visiting them. It was not clear that the person's capacity to make this decision and the risks associated with it had been assessed. The provider agreed to seek guidance from the local authority for supporting this particular person. The provider agreed to arrange refresher MCA training to improve staff knowledge and understanding.

People's care and support needs and choices were assessed prior to them receiving care from the service. When people's needs changed re-assessments were not completed. One person had been in hospital and then in respite care. The provider had not completed a re-assessment before the person returned home. The provider told us they had visited the person, spoken to their relative and a professional involved with their care to understand the person's new support needs.

When new members of staff joined the service, inductions were organised to reflect their level of experience working in care. We saw evidence of staff having weekly catch-ups with the registered provider to review their work. One newly recruited member of staff had no prior experience of working in care and had received seven weeks of shadowing colleagues to support them to develop their knowledge and skills.

One member of staff told us, "My training helps me feel confident in providing care." Staff had received training to enable them to deliver effective care and support. Mandatory training included manual handling, slips, trips and falls, safeguarding, medication and health and safety. The health and safety training included basic first aid. All staff had completed the mandatory training.

Staff described how one person had been provided with a stand aid due to a change in their mobility. The member of staff said, "I was worried about using it on my own, we were trained in how to use it, to know what problems there can be and how to stop them." The training had included staff supporting each other to use the stand aid, giving them the opportunity to practice using it and experience how the person receiving support may feel. The care worker felt the training and new equipment had a positive impact for the person; "It's made a huge difference."

Staff received regularly supervisions on a three monthly basis and appraisals to support them in their roles and in delivering effective care and support. The registered provider completed three monthly spot checks to observe staff practice. We saw evidence of spot checks being used to follow up issues raised in

supervision, for example ensuring one member of staff was following a person's care plan.

People spoke positively about the support they received to eat and drink enough and maintain a balanced diet. We saw evidence in people's daily communication records of staff collecting fish and chips for them in line with the person's choice. One person told us, "I have a frozen ready meal at lunch, the carers always give me a choice." If people had set meal preferences, for example, a breakfast they ate each day, staff knew these. When there were concerns about people's food intake and changes needed to their meal time arrangements to provide support these were accommodated by the service. One relative commented in a satisfaction survey on the 'excellent advice on meal options and ability to adapt the current plan to suit changing needs.'

People told us they were supported to attend medical appointments and said, "They [care staff] make transport arrangements and support me." For one person, staff had helped them to find dental services they could access due to their mobility. One person described the carers welcoming them home from hospital, which they appreciated. When people required medical attention, staff accommodated this. One member of staff recalled an incident where they had contacted a GP following a person being unwell and the GP subsequently arranged for an ambulance to attend. The staff member said, "I provided support. I stayed calm and kept the person calm." This showed staff understood when medical treatment was required and ensured people received this.

There were written records detailing where people had consented to aspects of their care, including medication. One person had a consent arrangement to enable staff to enter her property without her present. This was so staff could prepare her property prior to her returning home from appointments.

Good

Is the service caring?

Our findings

People and their relatives gave positive feedback about staff's caring approach. In the most recent satisfaction survey one person had written, 'They are an excellent service, staff always go the extra mile'. Staff valued the time they could spending with people and told us, "We can give time to people and get to know them."

Staff recognised when people needed emotional support and provided it. One person had experienced a significant change in their support needs, they found the loss of their independence difficult to accept. Staff understood the person's life history and values, which enabled them to recognise the impact on the person's wellbeing and said, "It brought up a lot of emotions with [person]."

When people were supported by staff to attend medical appointments there was no end time specified on the rotas, allowing staff to spend time with people. The registered provider explained that this was to offer emotional support. For one person such appointments were often upsetting. The person valued having time to speak to staff to process information given to them at the appointment and talk about other things. The person told us, "They help me understand my appointments. They're very caring and have got some passion, which I think makes a difference."

Relatives noticed the positive caring interactions staff had with their family members. One relative said, "They are constantly speaking to mum, there's a lot of interaction." This meant the person felt reassured by the care workers and responded well to their approach.

Staff supported people to be involved in decisions about their care and in other aspects of their lives. One person had experienced some issues with their benefits. They had been supported by staff to seek independent advice to resolve this issue. The person appreciated this and said, "They understand the way I work." This demonstrated that this person was being proactively supported to express their views and to address their financial difficulties.

People felt the service respected and promoted their dignity. One person had written in a questionnaire 'it is a good service and gives me confidence to live on my own at home'. Another person told us of the importance of the difference the service made to his independence and choice to remain at home. The person said, "I couldn't do without them. If I didn't have them I'd be in hospital." For that person being at home was pivotal to their wellbeing and independence.

Staff understood how to promote people's independence. One care worker said, "I encourage people to do things for themselves and challenge them if I need to. You have to know the boundary you can cross to avoid taking over." To support people with their independence staff described assisting people at their own pace. A member of staff described support one person who has difficulty using their hands, impacting on their ability to attend to their personal care. The care worker understood the person was embarrassed by this and supported them in a way that did not make them feel uncomfortable. The member of staff said, "I treat everyone with dignity and respect and make them feel how I'd want to be treated." The staff knew that

having provided this support the person was then able to be more independent with other aspects of their life such as eating and drinking.

Good

Is the service responsive?

Our findings

We could see person centred care was being provided to people, but this was not reflected in people's records. Care files did not always describe the support being provided to people in person centred terms. For example, one care file instructed staff to use a standing aid to help a person transfer on to their bed. It did not include how the person themselves wanted to be supported. Communication sheets, documenting the support provided during care visits used language such as 'jobs done on list'. Recording care visits in this way meant staff followed a list of jobs rather than documenting how they were tailoring care to each individual.

Despite the language used in care records, feedback from staff and people described support being given according to each individual. People's care and support needs were assessed prior to them receiving support. People identified with the service the support they needed and their preferences.

People told us they had confidence that the care workers knew them and their needs. One person said, "They do know me [name of member of staff] knows exactly what's going on." Staff demonstrated an in-depth knowledge of people's personal preferences. One person described how feeding the birds was important to them. A care worker had bought fat balls, enabling the person to feed the birds and watch them from their window. The person said, "Little things like that mean an awful lot." People told us staff understood their interests and things that mattered to them. For one person, crosswords were a hobby they enjoyed. They had really enjoyed a specific crossword book. The member of staff had noticed this and purchased two crossword books by the same publisher. The person said, "They look after me extremely well. The best thing about them is their attention to detail." A professional commented on staff's responsiveness and ability to understand what matters to do, telling us, "They make sure people have a good quality of life and wellbeing."

Staff told us when people's needs changed they ensured the person was involved in reviewing their care. One care worker said "We had to give [person's name] the opportunity to change their plan together. We discussed the best way to help."

When people required their care visits at different times the provider accommodated this. One relative told us their family member's mood changed during the day, which could affect their acceptance of any care. On occasions the person chose not to have care at a visit. The person's relative said, "The carers will flex their schedule, [person's name] will then accept the support." This showed the service's ability to respond to people's preferences and adapt to this.

The service was not providing any end of life care at the time of inspection. The provider understood people may have particular preferences if they needed this type of care. The provider recognised if someone needed end of life care there may be aspects of care the service was not able to meet, such as if someone required the use of a hoist for their mobility needs.

A compliments, comments and complains procedure was in place. The service had not received any written

complaints. When people and their relatives contacted the service to make changes to support arrangements or raise minor issues people described receiving an immediate response from the provider. One person told us, "I particularly like the fact I can reach [registered provider] at any time and a response is immediate." This meant people knew the service was approachable and reactive to their needs.

To help people access the community and reduce their risk of social isolation and loneliness we saw evidence of people being supported to go to places of interest to them. The provider told us about one person, who enjoyed visiting local villages from their past and had requested support to attend church with a family member. A professional told us, "People choose what they want to do and where they want to go. People tell me they've really enjoyed themselves. I do believe they do a good job."

The provider arranged events for people using the service, including regular meals out and charity events, such as a sponsored walk. The registered provider felt these opportunities were beneficial to people and helped staff understand people's lives better. The provider said, "at the events we get to learn more about people, they open up and talk about what's gone on." This showed the service was trying to develop a holistic understanding of people, whilst proactively giving them the opportunity to form relationships and participate in the local community.

The provider had recently developed an accessible information policy but had yet to implement it to identify people's preferred communication needs and meet these.

Requires Improvement

Is the service well-led?

Our findings

During the inspection many policies were in the process of being developed. For example, the supervision and spot check policy. The provider was using spot checks to observe staff providing care. However, this information was not analysed to identify any patterns across the service. We saw the provider had developed a quality assurance policy and planned to review the service overall.

A whistleblowing procedure was being implemented and had yet to be explained to staff. Prior to this being in place staff may not have known how to raise and escalate any issues should they identify concerns in relation to people and practice.

The provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the Care Quality Commission (CQC) of certain events affecting people and the running of the service. At the time of inspection, the provider had not raised any safeguarding or submitted any notifications to CQC. A member of staff told us of an incident where a person had fallen and sustained a fractured hip. No notification was sent to us following this incident. The manager was directed to the notification guidance and asked to submit a notification. This was actioned.

This was a breach of the Care Quality Commission (Registration) Regulations 2009 and is being addressed outside of the inspection process.

The provider had a safeguarding policy in place, however, this did not refer to the current legislation underpinning safeguarding, the Care Act 2014. As no safeguarding or notifications had been raised and there were issues with the safeguarding policy we could not be sure staff understood how to raise any concerns for people if needed. We saw no evidence of any other incidents requiring a statutory notification to be submitted.

This was a breach of regulation 17 good governance under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a clear vision of remaining a small company focused on providing person-centred care. Staff understood this vision of the service and told us they were happy in their roles, one staff member said, "It is a good little company to work for." People were also clear about the service's vision and felt it was reflected in its work. One relative commented in a satisfaction survey that the service was 'a great care company providing a bespoke service to enable client needs and wants'.

Responsibilities in the service were understood. Staff told us they knew when to contact the registered provider, including if a person was unwell or their needs had changed. Staff knew that should they need support from the provider support was available, one care worker said, "We can always pop into the office if we want to." Staff felt supported in their roles. One member of staff had found a training course challenging and sought assistance from the provider. The member of staff described the sense of achievement from this, they said, "I did it, I thought wow!"

An annual satisfaction survey was sent to people and their relatives to seek their views on the service.

Staff meetings were held on a one to two monthly basis to aid staff development. We saw evidence of the meetings being used to discuss changes in people's needs and wishes and to update staff on any changes to the service. The meeting records showed staff were given the opportunity to identify any training needs.

Staff told us the provider gave them opportunities to develop in their role. One member of staff told us, "I've always wanted to do my diploma [level 3 health and social care , I've had opportunities here I didn't think I'd achieve." A level 3 qualification in health and social care is a more advanced vocational qualification for those working in care settings. Enabling staff to access such learning opportunities shows the provider recognised the importance of staff's continuing professional development.

The provider told us they would involve other professionals should people's needs change and additional support be required. When one person needed equipment due to their mobility needs this had been requested from the local authority. Staff members told us they contacted the district nurses when people were developing pressure sores. The service worked alongside staff in sheltered housing. One professional had worked alongside the service when a person had become unwell, they told us, "They have always responded if I've had questions about people or any issues. They are professional."

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 17 HSCA RA Regulations 2014 Good governance The registered provider did not have established systems in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not applied rigorously to ensure the safe recruitment of staff, reducing the likelihood of unsuitable candidates working with vulnerable adults. Regulation 19 (1) (b) (2) (3) (a)