

Empowered Lives Limited

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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?

Good ●

Summary of findings

Overall summary

About the service

Empowered Lives Ltd. is a domiciliary care service providing personal care support to people living in their own homes. 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.

At the time of our inspection there were four people receiving personal care.

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

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. However, some of the provider's documentation relating to people's consent was contradictory, and we have made a recommendation about reviewing how people's consent to their care and treatment was obtained and recorded.

People felt safe using the service. There were enough, safely recruited staff to meet people's needs, and staff had the training and support they needed. Risks associated with people's care were assessed, and plans were in place to show how these risks were managed. The provider had acted to ensure people and staff were aware of what may constitute abuse and how to report any concerns. People had good support with their medicines.

People had good support with eating, drinking and their overall health. The provider ensured people got information in ways and languages they understood.

People told us they had a good relationship with staff, and our observations supported this. People's rights were upheld, and the provider had a good approach to understanding people's diverse needs and how to ensure these were met.

Care plans were person-centred and kept up to date, but there was a lack of information about people's end of life wishes. We have made a recommendation about reviewing this. There were processes in place to manage formal complaints, however people told us they had not made any.

There were effective systems in place to review the quality of the service, and people and staff were consulted in these processes. People told us they had no concerns about their care and staff gave positive feedback about their experience of working for the provider. The provider worked with a number of other health, social care and voluntary organisations to provide care and support.

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

Rating at last inspection

The last rating for this service was good (published 21 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was good.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive section below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Empowered Lives Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by two 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We returned for a second day and told the provider when we were coming.

Inspection activity started on 30 January 2020 and ended on 5 February 2020. We visited the office location on both days, and met with all four people using the service in their homes on 5 February.

What we did before the inspection

Before the inspection we reviewed all the information we held about the provider, including past inspection reports. We contacted people who commission services, the local authority safeguarding team and Healthwatch to ask if they had any relevant information they could share about the provider. 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.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the registered manager and six members of staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We asked the provider to send us additional information which we used in making our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. Comments included, "I feel safe here," and "I am happy and safe here."
- Policies and procedures remained in place to ensure concerns about potential abuse were investigated and reported as needed. This included making staff aware of how they could report concerns to external bodies such as the local authority or CQC.
- The provider was proactive in making sure people understood what abuse meant and how to report any concerns. For example, the provider had held discussion with people and involved them in designing an easy read booklet with pictorial information about safeguarding.
- The provider had arranged for some people to attend a training event about how to avoid social media and doorstep scams which they may be at risk from.
- People told us they were happy with the support they received to manage their money. One person said, "I trust the staff to manage my money." We reviewed records relating to this and did not identify any concerns.

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were recorded identifying the level of risk posed to the individual and detailed care plans showed the action to be taken to minimise the risk.
- Staff understood the risks to people and knew how to manage these safely.

Staffing and recruitment

- Safer recruitment practices remained in place. These included requesting work references and making regular checks to ensure potential staff members were not barred from working with vulnerable people.
- People told us staff knew them well and were always available. One person said, "The staff are very good. There's always someone around if I need them. No problems."

Using medicines safely

- People told us they were happy with the support they received with medicines. One person said, "Staff help me with medicines, I have no concerns."
- People's medicines were stored safely and securely, and staff confirmed they had training and regular checks to ensure they gave people medicines safely.
- Care plans contained information about the medicines people were taking and the ways they liked to take them.
- The registered manager audited medicines administration records monthly.

Preventing and controlling infection

- Staff used gloves and aprons when carrying out personal care or making food and drinks.
- The provider carried out regular checks on infection control practice in the service.

Learning lessons when things go wrong

- The registered manager told us about changes they had made to the service as a result of reflecting on their decisions and the outcomes for people.
- The systems in place to capture lessons learnt were often informal. We discussed with the registered manager the need to make clearer records to show how information about the service was used to make improvements when needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was some information in consent documentation which appeared contradictory. For example, one summary care plans contained statements that the person lacked capacity, however the person had signed consent to some aspects of their support including the management of their finances by the provider.
- We shared this feedback with the registered manager during the inspection. They sent us a detailed response telling us action they would take to ensure documents were clear and up to date.
- Where people had been assessed as lacking in capacity to make specific decisions, for example to agree to have support with medicines, there were appropriate best interests decisions in place. Where needed, information was adapted to enable people to contribute to the process.
- The registered manager told us about people's Court of Protection orders. Copies of the orders and any relevant information were included in people's care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People did not raise any concerns about the content of their care plans. They told us they could look at files if they wished.

- Care plans contained information to help staff understand any health conditions people lived with, and how effective care could be provided.
- The provider made good use of national guidance such as that from the National Institute for Health and Care Excellence (NICE) and contributed feedback to help the on-going development of this information.
- People were supported with their health needs. People told us staff helped them make and get to appointments when necessary. One person said, "Staff sort that out for me."
- Care plans contained information about other health and social care professionals involved in people's care, records of appointments and any relevant advice received.
- There was information in care plans to show what support was needed to maintain or improve people's oral health.
- People were provided with information to help them access independent advocacy services if they needed additional support. This included information about specialised advocacy services for older people and people from the LGBTQ+ communities.

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

- People's nutritional needs were assessed, and when they needed additional support this was clearly documented in their care plan. Staff we spoke with were aware of people's nutritional needs and additional steps they needed to take in order to meet these.
- People told us they could make choices about what they ate and drank, and said staff supported them well. Some people said staff included them in shopping and making meals, others told us they were happy for staff to do this for them. One person told us, "Staff make my meals, I could ask to help if I wanted to."
- There was good information in care plans to show staff how to support people with diabetes. Signs of low and high blood sugar were described, along with any action they could take. Where people may need additional sugar quickly there was guidance in place to show what staff could give the person and the amount of each food or drink the person would need.

Staff support: induction, training, skills and experience

- People told us they felt staff were knowledgeable about their care needs and how to meet them. One person told us, "Staff know what they are doing."
- People were asked for feedback about staff who supported them. This contributed to formal supervision meetings held with staff to help be effective in their roles.
- There was appropriate training in place to equip staff with the knowledge they needed to be effective in their roles. Staff we spoke with said they got good formal and informal support from the provider.
- Training was in place for specific aspects of people's care needs, for example diabetes and epilepsy. One staff member told us the pharmacy who supplied people's medicines also provided training.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they got on well with staff, and described them using words such as "good" and "nice".
- We saw people and staff were relaxed in each others presence, and staff spoke about people in a caring manner.
- The provider treated people equally and ensured their rights were protected. People were supported to practise their faith if they wished.

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

- People we spoke with told us they were consulted and involved in decisions about their care. When people did not speak English as a first language they had support from staff who could speak to them in their preferred language to ensure their views could be sought.
- Staff offered people choices and respected their decisions.
- Care plans contained information about people's preferred routines and interests.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff and their privacy and dignity was maintained. For example, staff were polite and calm with people and listened to what they had to say.
- Staff supported people to maintain their independence. One person told us about staff encouraging them to take part in meal preparation which they enjoyed.
- The registered manager told people we were inspecting and obtained people's consent for us to talk with them about their experience of the provider. People were free to speak with us without staff present if they wished. One person needed support to understand our questions and staff provided this.
- Information about people in their care plans was documented respectfully, Important dates and celebrations relating to people's faith or culture were planned for.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- There was very limited information to show how people's wishes for this aspect of their care had been discussed. There was information relating to important funeral rituals connected with people's faith needs, however more individual detail was needed. For example, whether people would prefer to remain at home or be cared for in a hospital or hospice.

We recommended the provider review this aspect of their care documentation and put a process in place to ensure people were given opportunities to explore and express their wishes for end of life care.

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

- People's care records were very personalised and focussed on people's strengths and abilities as well as the support they required from staff. Files were kept under review to ensure the information in care plans remained up to date.
- Where people experienced behaviours that challenged them and others there were clear plans in place showing how staff could act in order to minimise the number or impact of any incidents. These included information about accessing the community and travelling in vehicles. The information was individualised to each person. Staff understood the risks and what they needed to do to keep people safe.
- People's likes, dislikes and preferences were recorded and taken into account in care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were included in their care plans.
- The provider ensured information was made available to people in formats accessible to them. Information was translated for people whose first language was not English, and provided with pictorial support where this helped people to understand.
- Care plans included phrases staff could use to help them communicate with people whose first language was not English. Staff had guidance to help them pronounce and recognise word, and told us words and phrases they had learnt whilst spending time with the person.
- People were supported by staff who could speak people's first language, and translate for them when needed.

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

- People's life histories and any interests or hobbies were documented in their care plans. Staff knew people well and helped them maintain or develop interests.
- Staff supported people to take part in activities and trips into the community. People told us they made choices about when and where they went.

Improving care quality in response to complaints or concerns

- People told us they had not made complaints. One person said, "I have never had any cause to complain." People told us they knew the registered manager and would be happy to raise concerns with them.
- The registered manager told us they took action when people raised informal concerns, however did not document these. We discussed this with the registered manager and they agreed to start keeping these records.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were happy with the service. One person said, "I haven't got any complaints. I can't think of anything I would change."
- People and staff were involved in discussions about the service, including being asked for feedback about their experiences of care. Pictorial information was used to help people communicate their opinions when needed.
- The provider produced a newsletter to keep people and staff updated about developments in the service.
- Information about the service and people's rights was available in a variety of languages.
- Some people had participated in a community workshop to increase understanding of the needs and experiences of people living with increased support needs.
- People who used the service said they knew the registered manager and would be able to speak with them if they needed to. Staff told us they enjoyed working for the provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 rating for the service was displayed in the office. Although the provider's website contained a link to the last inspection report on the CQC website, the rating was not included. We discussed this with the registered manager and they told us they would update their website to meet the full requirements of the relevant regulation.
- There were effective systems in place to enable the provider to monitor the quality of the service. Audits were carried out regularly covering areas such as medicines and care records.
- Although there were no concerns identified with the management of people's money, we discussed the lack of records confirming how financial transactions had been reviewed and matched with receipts. The registered manager told us they would document this more clearly in future.
- The registered manager understood regulatory requirements and their responsibilities under the duty of candour.

Continuous learning and improving care

- The provider supported people to complete surveys, and completed a report which showed what actions they were going to take as a result of this feedback.

- The registered manager told us they read our published reports about other services to help them identify further good practice.

Working in partnership with others

- The provider worked with a range of healthcare professionals, community groups and education providers to arrange activities, volunteering opportunities and short courses for people.