

Mrs Samantha Lisser

S & W Independent Living

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

S & W Independent Living is a domiciliary care agency providing care and support to people in their own homes in the community. The service provides support to predominantly older people.

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, eating and medication. Where they do we also consider any wider social care provided.

On the day of our inspection 66 people were using the service.

People's experience of using this service:

People and relatives we spoke with told us staff were excellent and made them feel safe. Staff understood safeguarding and whistleblowing procedures. We found adequate staff were employed to meet people's needs. The recruitment process was robust to ensure only staff suitable to work with vulnerable adults were employed. The registered manager promoted a focus on openness and transparency. This ensured staff learned when things went wrong. Accidents and incidents were monitored to enable positive risk taking. People were protected by the prevention and control of infection. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed. Documentation to improve systems was being implemented at the time of our inspection.

Staff were extremely knowledgeable about people's needs, people told us the care provided was person-centred and individualised. Staff said training was good and kept their knowledge up to date. Staff were supervised and supported. 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.

People who required support with meals were supported to be able to receive a balanced diet. People had access to health care professionals, staff worked closely with professionals to ensure people's needs were met. Professionals we spoke with told us the care provided was excellent.

When staff engaged with people they were kind and caring and compassionate. People told us the staff were fantastic. People were involved in their care planning to ensure their decisions and choices were reflected. Staff, people who used the service and health care professionals we spoke with told us the communication was good. Staff told us this was one area that had greatly improved. People told us they were listened to and any issues were resolved immediately.

People told us they were supported by the same group of staff, which ensured consistency. People told us staff were flexible and their care was consistently delivered to meet their needs and choices. People received care that was responsive to their needs. Staff understood people's needs, including social, cultural, values

and beliefs. One person said, "The staff are so good, [family member] wouldn't still be at home if it wasn't for the care staff."

People were supported at the end of their life to have a comfortable, dignified and pain free death. The agency worked closely with health care professionals and provided outstanding end of life care. They also worked closely with the local hospice to ensure all aspect of end of life care were identified. The staff ensured people and their families wishes were explored and plans developed so these were met. Staff were extremely passionate to ensure all people's needs were met and wanted to provide the highest possible quality of care including supporting family members.

The service had a management team who conducted a range of audits in areas such as, medicine management, health and safety, care plans and daily records documentation. We found the monitoring was effective. For example, the care coordinator had identified the need to improve documentation in medicine management this was being implemented at the time of our inspection.

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

Rating at last inspection:

At the last inspection the service was rated Good (report published 30 March 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?

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?

Outstanding ☆

The service was exceptionally 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.

S & W Independent Living

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service provides care and support to people living in their own homes so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises; this inspection looked at people's personal care and support.

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

We gave short 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 site visit activity started on 10 October and ended on 16 October 2019.

What we did before the inspection

Prior to the inspection visit we reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection

We visited two people in their homes and spoke with a further five people over the telephone. During the visits we discussed peoples care plans and medication procedures and systems. We also spoke with a health care professional who visited a person while we were at their home. We spoke with four relatives on the telephone and one health care professional, and we received feedback in writing from a further two professionals.

We spoke with nine staff including, a team leader, a senior care worker, care staff, the office manager, care coordinator, deputy manager and the registered manager. We looked at documentation relating to four people who used the service, two staff files and information relating to the management of the service.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person said, "The staff make us feel safe." A relative said, "We are safe, I wouldn't have coped with out the staff, they are amazing."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.
- The provider promoted openness and transparency. Staff we spoke with told us they would not hesitate to report any concerns as they were confident they would be acted on immediately.

Assessing risk, safety monitoring and management

- People were able to take managed risks as part of an independent lifestyle. Care plans contained detailed risk assessments including environmental risks, which were managed to ensure safety.
- People we spoke with told us they were involved in their care planning and understood risks needed to be identified and managed. Relatives we spoke with were very confident risks were managed. One relative said, "Staff manage [relative] extremely well, they are [relative] not easy, yet they are patient and listen. I wouldn't manage without them."
- People we spoke with said staff were very good, supported them appropriately, took their time and respected their decisions.

Using medicines safely

- Medicines were managed safely. We looked at medicine management in two people's homes and found they were stored securely, and good detailed records were kept.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines. Staff we spoke with confirmed this.
- Audits of medicines were carried out. These were robust and identified issues were addressed. The audit system had identified that some issues had not been picked up. This was because they were not covered in the audit tool. This was being addressed by the registered manager, a more robust system was being developed.
- People were able to explain to us how staff supported them with their medicines and were very happy with how staff did this.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to

work with vulnerable people. Records we looked at confirmed this. A new member of staff we spoke with was also able to explain the procedure that was followed prior to their offer of a job.

- There were enough staff employed to meet people's needs. Staff we spoke with told us they supported the same group of people and were given adequate time to get to calls. This ensured they were able to meet people's needs.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- People we spoke with confirmed staff wore aprons and gloves when delivering personal care, washed their hands and followed infection, prevention and control practices.
- Personal protective equipment was provided. Staff we spoke with told us they always had a good supply of personal protective equipment, including, gloves and plastic aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- The provider ensured there was an open culture in which staff were empowered to raise concerns as they were valued as integral to driving improvements.

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 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

- People's needs were assessed before any service was provided, this was to ensure their needs could be met. The registered manager told us they would not take any packages of care if they could not meet the needs of the person or did not have the staff to deliver the care and support.
- People's diverse needs were met in all areas of their support and care was delivered following best practice and guidance.

Staff support: induction, training, skills and experience

- Staff were well trained to be able to provide effective care. Staff told us the training was good, the provider was accessing more training for staff at the time of our inspection.
- Staff understood people's needs and delivered care in line with people's care plans. People we spoke with told us the staff supported them well and understood their needs. One person said, "I am very happy with my care, I have the same group of care staff I know them and know who is coming."
- Staff told us they felt very supported. Staff said that the management team were always available at the end of a telephone.

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

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought.

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

- Staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals, including district nurses, GP's and occupational therapists, this ensured people's needs were met. When we visited one person they explained how they required a new chair, staff had followed this up on their behalf to ensure a new chair was arranged so the person was comfortable and was able to remain at home. The district nurse told us, "The staff always identify any changes in people and seek our advice."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.

- We checked whether the service was working within the principles of the MCA. We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered. A new best interest decision tool was being developed at the time of our inspection to ensure all decisions where people lacked capacity were dealt with following appropriate guidance and legislation.
- People we spoke with told us staff respected their decisions. One person said, "Staff always listen, they are very respectful."

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 had remained 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; equality and diversity

- Staff were kind and caring. Staff spoke about people with compassion and respect. Staff spoke passionately and valued people as individuals. There was a strong visible person-centred culture. The management team were passionate to instil this ethos into the care staff. People we spoke with confirmed their care and support was individualised. One person said, "They are always accommodating to my needs and understand how I like to be cared for."
- People we spoke with told us staff were lovely and were always kind.
- Through talking to staff and relatives, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's needs were clearly recorded in their care plans. Staff we spoke with demonstrated an excellent knowledge of people's personalities, individual needs and what was important to them. One staff member said, "[Person] does not go to bed so it is important we make them comfortable in their chair and respect their wishes."
- All staff attended equality and diversity training and understood the importance of understanding people's needs, decisions and choices.
- Relatives we spoke with told us the staff were 'fantastic'. One relative said, "Very good care staff, actually they are excellent."

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

- Staff supported people to make decisions about their care. People and relatives, we spoke with told us the staff asked for their consent before supporting them.
- We saw in care plans people's views were recorded and we observed staff involve people in making decisions.

Respecting and promoting people's privacy, dignity and independence

- All people told us staff respected their privacy and dignity.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a caring way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- People were supported at the end of their life to have a comfortable and dignified death. The service had a contract with health commissioners to provide care and support to people leaving hospital who specifically need end of life care to enable them to die at home. There was an end of life champion who was extremely passionate about ensuring people had comfortable, peaceful pain free death surrounded by their loved ones. A professional told us, "End of life care is fantastic they have just won tender for package of end of life, which was a lot of work for them to evidence they could meet people's needs."
- People's needs were considered as part of the end of life care. A detailed care plan was in place. This was developed involving the person and their family or close friends, all people's needs were identified including any religious or cultural needs to ensure these were respected and followed by staff. One person had wanted to be clean shaven but were worried as they had always had a very large moustache, their relative told us, "The staff did a wonderful job he looked like my [relatives name] when they had finished, with his lovely moustache."
- People and their families felt consulted and empowered to be able to ensure their wishes were met. One person's relative told us, "The staff were lovely and warm-hearted they made [relatives] final days comfortable and bearable. They [the staff] showed such humanity towards me and [relative]. Words are not enough to thank the staff."
- Professionals we spoke with praised the staff. One said, "It is the best agency I have worked with, they are so passionate, and the end of life care is second to none."
- Families we spoke with told us the staff didn't just consider the needs of the person they were supporting but also understood the needs of the person's family. One professional told us, "It is not only their hands-on care that is brilliant but the support provided to families with a relative at end of life is exceptional."
- The agency also provided practical assistance. For example, information required at the end of a loved one's life. The provider had developed an information document that gave practical information to people's families. This included who to contact at end of life, how to register the death and details of some funeral directors or where to find the information. People told us this had been very helpful.
- Staff had received end of life training. This enabled staff to understand how to provide care and support to people at end of life and the support required for families. Staff supported people with empathy and understanding. The provider also ensured staff were appropriately supported when caring for people at the end of their lives. Including peer support and any counselling required. The provider acknowledged the job could be, 'emotionally draining'. Staff we spoke with all said the support they received was excellent.

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

- People received exceptionally personalised care to ensure they made choices and had control to ensure their needs and preferences were met. People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the involvement of the person. The plans identified who was important to them. The provider told us how important it was to ensure the people they supported were empowered and valued developing their care plans and ensuring these were reviewed as people's needs changed.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs. Professionals we spoke with all praised the staff and told us the support was person-centred and focused on achieving exceptional results to ensure people could remain in their home and were safe.
- The provider was committed to ensure people were not isolated. They ensured any requirements were raised with the local authority and proactively advocated for people who lived alone or did not know who to contact. One health care professional told us, "The provider is very assertive they do not hesitate to make social care or health aware of any worries or concerns they have relating to their clients. I personally appreciate this approach as it puts the wellbeing of the client in the centre."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People were involved in regular reviews of how the service could improve. Any concerns were investigated comprehensively, and feedback was given and lessons learnt. One person we spoke with explained how they had raised a concern. They told us, "The issue was dealt with immediately and resolved. I am extremely happy with how it was actioned."
- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service.

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.

- The provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files. Relatives we spoke with told us staff were very good at understanding people, listening and communicating effectively.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager told us the ethos of the service was to ensure people received high quality care delivered by the same small group of staff. From speaking with people and their relatives it was clear people were supported by the same group of staff and had formed meaningful and healthy relationships. One person said, "I always have the same group of care staff, who turn up on time, they are excellent."
- The registered manager complied with their duty of candour responsibilities. Relatives we spoke with told us staff and management kept them informed of any issues and concerns and were open and honest. Regular communication was sent out to people to keep them informed and up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager who was also the provider they were supported by a team of staff.
- The quality assurance systems which were in place to monitor the service were effective. Where issues were identified action plans were in place and followed to ensure continuous improvements. The audits were being reviewed at the time of our inspection to ensure they were more robust to further improve systems.
- The service was well run. There was a management team in place, a care coordinator, team leader, senior staff and office management to support the registered manager. They were committed to providing high quality, person-centred care.
- Staff were extremely happy in their role and felt supported. All the staff we spoke with were passionate about providing high quality care, there was a consistent approach to ensure all staff were supported and well led.

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

- People who used the service were involved in day to day decision about their support. We saw this form feedback that had been received.
- The provider sent out quality monitoring questionnaires. People and their relatives we spoke with told us they had completed surveys. This ensured people's views were sought and acted on. Results of the surveys were sent to people so they were aware of what action had been taken in response to their feedback.
- Staff meetings were held to get their views and to share information. Some staff told us meetings were held regularly and were effective.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager and management team demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. Feedback we received from the four professionals we spoke with was all extremely positive and they praised the agency and the support they provided. One told us, "They are absolutely brilliant."