

# Imagine Independence

# Lancaster

## Inspection report

Suite 306, Riverway House  
Morecambe Road  
Lancaster  
LA1 2RX

Tel: 07909255656

Website: [www.imagineindependence.org.uk](http://www.imagineindependence.org.uk)

Date of inspection visit:  
24 April 2019

Date of publication:  
03 June 2019

## 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:

This service is registered as a domiciliary care service providing personal care for people with learning disabilities, mental health issues and older people. At the time of the inspection the service supported 21 people.

People's experience of using this service:

People who used the service told us they were treated well, cared for and encouraged to be as independent as possible.

People's care and support needs had been planned in partnership with them. People felt consulted and listened to about how their care would be delivered in their home.

We found by talking with staff and people who used the service staffing levels matched each person's requirements to maintain continuity of care. People we spoke with confirmed this.

People told us service staffing levels matched each person's requirements to maintain continuity of care.

Care plan information focused on a person-centred method of supporting people.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People received personalised care that was responsive to their needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had been recruited safely, appropriately trained and supported. People told us their visits were well managed and staff who visited them knew and met their care needs.

People were supported to have access to healthcare professionals and their healthcare needs had been met. The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. People told us they had no concerns about their safety whilst in the care of staff supporting them.

The service had a complaints procedure which was made available to people and family members. People told us they were happy with their service.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and visits to people's homes by the management team to seek people's views about the service provided.

Rating at last inspection:

This was the first inspection of the service since they registered with CQC.

Why we inspected:

This was a planned first inspection of the service.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was 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 findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Lancaster

## 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 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.

#### Inspection team:

Consisted of an adult social care inspector.

#### Service and service type:

This domiciliary service provides personal care to people living in their own homes.

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:

The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises and speak with people.

This comprehensive inspection visit took place on 24th April 2019 and was announced. The Inspection site visit activity started on 24 April 2019 and ended on 24 April 2019. We visited the office location on 24 April 2019 to see the registered manager; and to review care records and policies and procedures.

#### What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the

service had been received. We contacted the local contracts commissioning department. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection 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.

During the inspection we spoke with a range of people about the service they included eight people who used the service, four relatives and eight staff members. In addition, we spoke with the registered manager and two members of the management team.

We looked at records related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead the agency in ongoing improvements. We also looked at staffing levels, training records and recruitment procedures for staff.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the care of staff at the agency. One person said, "I have the same people and feel perfectly safe with them."
- The service had safe, effective safeguarding systems and staff members told us they had a good understanding of what to do to make sure people were protected from harm. Staff said they had access to safeguarding training that supported them to understand abuse and signs to look for should people suffer from abuse. A staff member said, "I know who to contact should I need to if I felt someone was not being treated fairly or was being abused."

Assessing risk, safety monitoring and management

- We saw care plans contained explanations of the control measures for staff to follow to keep people safe and reduce the risk of accidents and incidents. Care records included risk assessments. These covered the environment of people's homes, falls and medication.

Information contained details about the person's level of independence and action to support them.

Staffing and recruitment

- We looked at how the service was staffed and saw they had appropriate arrangements to ensure people received a safe service by regular staff. Staffing levels continued to match people's requirements. The service had appropriate arrangements to ensure people received a safe service by regular staff at the correct times planned. Comments from people included, "They are always on time and seem to have enough staff cover." A relative said, "Good arrangements are in place to ensure [relative] as the right care at the right times."
  - Staff told us they were recruited only when all checks had been completed. In addition, they had induction training and shadowing other staff before working independently. A staff member said, "It was a really productive employment system that gave me confidence when out on my own."

Using medicines safely

- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines. Records we saw were correctly documented and people told us they received their medicines on time.
- Medicines records were managed safely. This was due to training and competency testing for staff and regular audits carried out by the registered manager. Documentation and talking with staff confirmed this.

Preventing and controlling infection

- People were protected against the risk of infection. Staff told us, if required personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control would be

issued. People confirmed staff arrived at their home with required equipment they needed. Staff confirmed they had received training in relation to infection control.

#### Learning lessons when things go wrong

- The service had systems for learning lessons when things went wrong. There had been no incidents or accidents However if they occurred any accident or 'near miss' would be reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.



# 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

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 prior to the service commencing. The assessment formed information to develop a care plan. This was updated when more information was learnt about the person. This was to ensure as much information was documented in order to provide quality care. People confirmed they were involved in the assessment process and ensured information was provided to provide the right care required.
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Outcomes were identified, and care and support were reviewed on a regular basis or when people's needs changed. One relative said, "Yes we review the care on a regular basis and make changes where necessary."

Staff support: induction, training, skills and experience

- We saw training schedules continued to demonstrate a comprehensive training programme for all staff. Staff told us access to training was good and courses relevant to their role were available. Staff told us induction training was extensive and useful when they started work at the service. One staff member said, "The best agency for training opportunities I have worked for." Staff spoke positively about training events and the different ways to learn.

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

- People told us they were happy with the support they received with their meal preparation staff provided. One person said, "We go shopping together and I help out with the cooking it's great." Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.

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

- People were supported if required to attend healthcare appointments. Care records contained evidence of visits to healthcare professionals. These included, dentists, GPs and opticians and described what the outcome was and care required.

Adapting service, design, decoration to meet people's needs

- The agency had systems to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. This was so they could adapt the service to ensure they received the best care and support.
- Information was available for other professional social and healthcare professionals if required to ensure

the person received the right care and support.

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 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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

# 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

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 received positive comments about the care people received. A relative said, "The care given to [relative] is very good." Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. People's preferences and information about their backgrounds was documented in care records.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems to ensure people's human rights were upheld.

Respecting and promoting people's privacy, dignity and independence

- The service recognised people's diversity. They had policies that highlighted the importance of treating everyone as individuals. People's diverse needs, such as cultural or religious choices were reflected in their care documentation.
- People's confidentiality was respected and people's care records were kept securely. The office base kept all records and we looked at these when we visited the service.
- People told us staff respected their privacy and dignity. They told us staff encouraged them to be as independent as possible.

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

- We saw records contained evidence the person had been involved with and were at the centre of making decisions about their care package and support planning. This was confirmed by talking with people.
- There was information available about access to advocacy services should people who received a service require their guidance and support. Advocates are an independent body of people who provide support for people who need them. This ensured their interests would be represented and they could access appropriate services.
- Peoples personal records held information about their current needs as well as their wishes and preferences. Care records we saw confirmed this.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they continued to receive a service that was personalised to their needs and promoted their wellbeing and independence. We saw this in people's care planning. They were person centred and designed to promote independence. One person said, "I did not have confidence to do certain things. However, the people who help me have given me that."
- We saw care plans were developed which reflected people's individual needs across a range of areas such as health and social care needs. These were reviewed with the person/relative on a regular basis or in response to changing needs. This ensured they remained up to date and accurate. A relative said, "We go through things to make sure everything is up to date to provide the right support for [relative]."

End of life care and support

- The service is a domiciliary care agency. The aim of the service is to make independent living a reality by supporting people in their own homes with daily living needs. The registered manager told us the service at present does not support people with end of life care.

Improving care quality in response to complaints or concerns

- The service had systems and processes to improve the quality of care in response to complaints or concerns. We saw information was made available to people that described how to make a complaint if they wished and relevant steps to follow. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.

## 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

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, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The service planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed.
- The registered manager talked with us about the care of individuals they supported. They demonstrated a good understanding and awareness of people's needs, health issues and social choices. One person said, "It is good senior staff help out and visit so that we get to know them."
- Comments from staff, relatives and people were all good about the management of the service. Responses included, "It is certainly well organised." Also, a staff member said, "The manager is available and understands the care people need and supports me well."

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

- The service had clear lines of responsibility and accountability. The management team and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- The registered manager had quality assurance systems that were effective and improved the service. Part of the quality assurance checks involved visits to people's homes on a regular basis to ensure the service they received was up to standard and suited the individual.
- The management team and senior staff held formal discussions with staff and relatives. People confirmed this and were happy they had contact with the service. This helped to ensure the service continued to develop and any issues would be addressed.
- The registered manager had notified CQC of any incidents in line with the regulations.

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

- People were asked for their views of the service by completing surveys. In addition, regular visits to people ensured their views were heard and acted upon. People confirmed this and comments included, "Yes they always call round to check everything is ok." A relative said, "Good senior staff that check everything is right."
- Staff told us meetings were held with the registered manager on a regular basis. Staff told us they were useful to discuss the service and make effective changes when necessary. Minutes of meetings were kept so that any action was recorded and acted upon to improve the service.

Continuous learning and improving care

- The registered manager and senior organisation staff continued to complete a range of quality audits to

ensure they provided an efficient service and constantly monitored the service they provided. This demonstrated improvements could be made to continue to develop and provide a good service for people.

#### Working in partnership with others

- The service worked in partnership with other organisations. These included, district nurses and GPs. They did this to ensure they followed current practice, providing a quality service and making sure the people in their care were safe.