

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

We inspected Empowered Lives on 7 September 2017 and the visit was announced. This meant we gave the provider a short amount of notice to make sure the registered manager would be available. This was the first inspection of the service.

Empowered Lives were providing a service to one person in their own home, 24 hours a day and had been providing this since November 2016. Some sections of this report are short as we did not want to include information which could compromise the person's confidentiality.

There was a registered manager in post. 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 responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A consistent team of staff provided care and support. They had received appropriate training and told us how well they worked as a team. Staffing levels were based on the needs of the person to keep them safe.

The registered manager and staff had completed training in respect of the Mental Capacity Act (MCA) 2005 and understood their responsibilities under the Act.

We found detailed care plans were in place and staff followed these to ensure the person who used the service received the right care and support and was kept safe. This included support with daily living, healthcare, nutrition, personal care and making sure they got their medicines at the right times.

The social worker and staff we spoke with told us how the consistent care and support and dedication of staff had improved the life of the person who used the service.

A complaints procedure was in place, but no concerns had been raised.

The registered manager and staff were committed to providing a personalised, individual service. Various audits were in place to make sure standards were maintained.

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.

Care and support was provided by a consistent group of staff.

Staff understood how to keep the person safe and where risks had been identified, action had been taken to mitigate those risks.

Staff made sure medicines were managed safely and kept under review.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant they had the skills and knowledge to meet people's needs.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff supported the person to maintain good health and offered appropriate support with meals.

Is the service caring?

Good ●

The service was caring.

Feedback about the quality of care provided was very positive.

Care and support was provided by regular care workers. This consistency enabled care workers to develop meaningful relationship with the person they supported.

Is the service responsive?

Good ●

The service was responsive.

Detailed care plans were in place, which were kept up to date.

These gave staff clear direction about the care and support they needed to provide.

A complaints procedure was in place; however, no concerns had been raised.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted strong values and a person centred culture, which were shared by other staff members.

There were systems in place to assure quality and identify any potential improvements that could be made.

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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.

This announced inspection took place on 7 September 2017 and was carried out by one social care inspector. The provider was given short notice of the visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us, for example, notifications from the service. We also contacted people who had an interest in the service, for example, the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

We spoke with the registered manager, three care workers and a social worker who had regular contact with the person who used the service. Due to the person who used the service individual needs it was not appropriate for us to speak with them on the telephone or to visit them.

Is the service safe?

Our findings

We reviewed staff files and found safe recruitment procedures were in place to ensure new staff were of suitable character to work with vulnerable people. New staff were required to complete an application form and attend an interview. Interview records were kept which showed staff were asked a range of questions to check their suitability for the role. Successful candidates had to await the results of references and a Disclosure and Baring Service (DBS) check before starting work. We concluded safe recruitment procedures were in place.

Staff support one person in their own home and staffing levels were determined by their needs. During the day from 7am to 11pm they were supported by two care workers and during the night by one member of waking night staff. Care workers we spoke with confirmed these staffing levels were appropriate and always maintained to meet the needs of the individual.

We saw there were safeguarding policies and procedures in place. The registered manager understood the safeguarding process and had made an appropriate referral to the safeguarding team. We spoke with three members of staff about their understanding of safeguarding and what they would do if they thought the person who used the service was at risk. All of them confidently told us they would not hesitate to report any concerns to the registered manager or if they were not available they would speak directly to the safeguarding team. This showed staff understood and followed the correct processes to keep people safe.

Staff we spoke with confirmed they had access to personal protective equipment (PPE), for example, disposable gloves and aprons for use when delivering personal care.

Care records, for the person who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, risk of choking. We saw where risks had been identified; action had been taken to mitigate the risk. This meant staff were identifying risks to the individual and taking action to reduce those risks.

The registered manager told us if an emergency arose in the person's home care workers were empowered to deal with it, for example, contacting the emergency services. Care workers we spoke with confirmed this would be the action they would take. We also saw there was a Personal Emergency Evacuation Plans (PEEPs) in the care file which was up to date. This meant in an emergency staff knew what to do to keep people safe.

We saw there was a medicines management policy in place. We saw in the care file there was information about each medicine, what it was for and any possible side effects. All of the staff had received medicines training and competency checks had been made to make sure they followed the correct procedures. We looked at the medication administration records (MAR) and found they were complete and accurate. The social worker we spoke with told us they had no had no issues in relation to medicines management.

We concluded medicines were managed safely and the person received their medicines as prescribed.

Is the service effective?

Our findings

We saw new staff had completed induction training before starting work with the person who used the service. One care worker told us this training had been very good and had prepared them for their new role.

Staff new to care completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support.

Staff told us they received a variety of training on key topics such as safeguarding, Mental Capacity Act (MCA), challenging behaviour and dementia. This was confirmed by training records we reviewed. Some training was face to face and some was completed on-line. A system was in place to make sure staff training was kept up to date. This demonstrated that the service took staff training very seriously. Staff's feedback about training was very positive and they told us they had the opportunity to identify any additional courses they wanted to attend through their supervisions and appraisal. One care worker told us, "The training was perfect." Another said, "I have found a course to learn Polish, I have asked [name of registered manager] who has said I can do this."

The registered manager told us care workers received supervision on a monthly basis and care workers confirmed this. These sessions gave staff the opportunity to discuss any concerns or extra training requirements. Staff told us they felt supported by the registered manager and said there was a good staff team.

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. In the case of Domiciliary Care applications must be made to the Court of Protection.

The registered manager explained the Court of Protection were involved regarding where the person should live.

We saw a multi-disciplinary meeting had been held before the service started offering care and support to decide it was in the person's best interest for Empowered Lives to be the care provider. We also saw the best interest process had been followed regarding the administration of medicines. The registered manager, GP and pharmacist had all been involved in deciding it was in the person's best interest for staff to administer their medicines.

The care plan contained information about the type of diet the person who used the service required. The registered manager and care workers told us the person went to the supermarket and choose their own meals.

We saw from the care file the person who used the service had been seen by a range of healthcare professionals. After any visits full details of any treatment or advice had been documented in the care records.

Is the service caring?

Our findings

We spoke to the social worker for the person who was using the service. They told us staff had a good relationship with the person they were supporting and got on really well with them.

We found the service was very person centred and it was very clear from speaking with staff they valued the person they were caring for. One care worker said, "[Name] is amazing." Another said, "Such a rewarding job making [Name] feel valued and seeing them develop."

We saw staff were reminded in the care plan to protect the person's confidentiality and their privacy. One care worker told us everyone was respectful and the person who used the service was able to make staff understand what they wanted to do.

The registered manager had produced detailed information about the person's life history, likes and dislikes. There was also a 'Guide to Poland' which gave staff information about the culture, currency, family etiquette and customs. For example, how to greet someone, "A firm handshake with a smile, direct eye contact and the correct greeting depending on what part of the day it is should always be used." Care workers we spoke with told us the person spoke both Polish and English. Some staff spoke fluent Polish and other knew key words to enable them to communicate effectively.

The registered manager told us care workers encouraged the person who used the service to help with washing up and the household chores and to be as independent as possible. Care workers told us the person who used the service selected their own food when they went to the supermarket and choose their own clothing.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

Is the service responsive?

Our findings

A full assessment of the person's needs was completed before the service commenced to make sure care workers had the right skills to meet their needs.

We saw detailed care plans were in place which gave staff clear information about what support they needed to offer and how this needed to be done. When we spoke with care workers it was clear they knew the person well and how to respond appropriately to meet their needs.

We saw a photograph of the person at home on their birthday, they had cards and balloons in their lounge and they were smiling. This showed us staff had supported them to celebrate their birthday.

The social worker and care workers told us how much improvement the person who used the service had made since being supported by Empowered Lives. They said there had been a huge improvement in their communication and a positive improvement in their life. The social worker told us, "Out of all of the placements [Name] has had this has been the most positive experience of care and the longest time they have been out of hospital."

We saw there was a complaints procedure in place and there was a suggestions box at the office base. The social worker told us they would be able to raise any concerns with the registered manager.

Care workers also supported the person using the service to participate in the local community. For example, going out shopping and going to a coffee morning once a month at a Polish club. We saw pictures in their care file of them enjoying a variety of activities.

Is the service well-led?

Our findings

We found the registered manager was passionate about providing a quality, individualised service and this was echoed by staff we spoke with. Although they were only providing a service to one person at the time of the inspection, they explained there were plans to expand the business.

We asked staff about the registered manager and these were some of the things they said. "[Name] is really good, he is approachable and I am comfortable with him." "[Name] is amazing any issue is dealt with straight away. I have a good work/life balance." "Great person to work for, we are all happy to come to work."

There was a very open and transparent culture in the service. Staff were upbeat, happy and able to confidently answer our questions. One person told us, "I am really pleased with where I'm working it feels safe and the staff are amazing."

All of the staff we spoke with told us they would recommend the service to people to use and also as a company to work for.

We saw there were a range of audits taking place. These included audits of care plans, the first aid kit and medicines. We saw where any issues had been identified action had been taken to rectify them. We were assured the provider had effective systems in place to underpin the expansion of the business.

The company had only started to provide personal care to the person who used the service in November 2016 and had not yet got any formal feedback from professionals involved in their on-going support. However, informal feedback at care reviews had been positive.

Staff told us they met with the registered manager every month. We saw from the minutes of these meetings discussions took place regarding the person who used the service, any issues staff had and content of various policies.

The registered manager told us following a training session on safeguarding they had taken the staff who had attended out for lunch. Staff told us communication was good and they felt valued.