

A Chance for Life Limited

A chance for life Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

A Chance for Life Ltd is a service for adults and children whose lives have been changed by injury or serious illness. The service provides case management and rehabilitation. It also provides personal care to people living in their own houses and flats in the community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support. At the time of the visit there were 103 people who used the service.

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.

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

People were supported with their medication and staff were trained in this. Some medicines recording was not in line with current guidance. Medication audits were not effective enough to identify those shortfalls. These were addressed with the registered manager at the time of the inspection and were addressed immediately.

People had person-centred care plans in place they had input into. People told us staff were well trained. They also told us they felt very safe. One family member told us, "[Person] is 100% safe with them." Another told us, "I am happy to go out and leave [person] with the carers. I know that if I was unwell [family member] would be very safe with them."

People's feedback of the service was positive. They said the care they received helped improve their quality of life. They told us they were supported by familiar staff and there were no issues with time keeping or missed calls.

Staff were recruited safely, well trained and well supported in their roles by the registered manager. Best practice and good care were encouraged with systems in place to share this conduct across the team. One relative told us, "I have never had any complaints. If there were any problems, I would go to [staff] first and if anything, more serious I would go to [registered manager] and feel very comfortable to do so. I have never been made to feel any call is inconvenient and they are very supportive of me and [family member]."

Risks to people and staff had been assessed with appropriate measures in place to help protect people. The registered manager had processes to monitor the safety of people and staff.

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. One family member told us, "They encourage [family member] to be as independent as

possible all the time." Another told us, "The agency is flexible about [family member's] activities, and they fit the hours around her activities."

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 11 January 2018). At this inspection we found the service remained good.

Why we inspected

We carried out this inspection due to the length of time since the last inspection. This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A Chance for Life Ltd on our website at www.cqc.org.uk.

Recommendations

We made a recommendation around the provider's monitoring of medicines records. At the time of inspection, best practice guidance was not followed, and this was not identified by the provider. The provider took action to amend practices when this was highlighted on inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

A chance for life Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector. As part of the inspection an Expert by Experience also contacted people and families by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people available to speak with us.

Inspection activity started on on 27 March 2023 and ended on 11 April 2023. We visited the location's office on 28 March 2023 and 5 April 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service and sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider not asked to complete a Provider Information Return (PIR) prior to this inspection. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 5 relatives to gather feedback on the care and safety of the service via telephone interviews. We spoke with the clinical director and the registered manager. We looked at care records of 2 people who used the service, training and recruitment records of 3 staff members and records 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall, medicines were managed safely and any unused medications were disposed of correctly.
- People's medicines were administered by staff who had training in medicine management.
- Medicine records were not always clear and did not follow the medicines policy. We found no evidence this had any impact on people using the service. Recording issues were discussed with the registered manager and addressed immediately.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place to protect people from harm.
- The registered manager was aware of their responsibilities and had systems in place to manage and report concerns correctly. Safeguarding training was in place for all staff which included refresher training, when needed. Staff said they felt supported by the management team and were able to contact them at any time. Staff were clear on how to report a concern.
- A relative told us, "They are trained to keep people safe." Another told us, "[Family member] is 100% safe with them."

Assessing risk, safety monitoring and management

- Risks were assessed and actions were put in place to keep people safe.
- Staff and people were confident in reporting concerns to the management team. They had confidence in the registered manager to manage these appropriately and implement change to improve the service and keep people safe.
- Relatives said the continuity of care supported people's safety and well-being. Their comments included, "[Family Member] has consistent carers. Two main carers and that's important to us. They know [Family Member] really well and for example, they know if something is not right."

Staffing and recruitment

- Overall, staff were recruited safely, and checks were completed to make sure new staff were suitable to work with people. These included 2 references and Disclosure and Barring Service (DBS) criminal record checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider acknowledged the challenges in recruiting staff to work for home care agencies. However, there were enough staff to meet the needs of people using the service at the time of this inspection. One family member told us, "The main improvement would be getting more staff."

Preventing and controlling infection

- The provider made sure infection prevention and control systems were in place. The provider had clear, up to date guidance for staff about how to protect against COVID-19 and what to do in the event of an outbreak.
- Staff received training in infection prevention and control and had access to supplies of personal protective equipment (PPE).
- A relative told us, "They do COVID testing, but don't need to wear masks. Everywhere is always immaculate and I pop in whenever I feel like it, I don't tell them I am coming."

Learning lessons when things go wrong

- The provider had a process in place for reporting accidents and incidents.
- The provider reviewed lessons learnt when things went wrong and took action to reduce the risk of recurrence.
- Lessons learnt from incidents were communicated to the staff team through face-to-face meetings and electronic communications.

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 our last inspection we rated this key question good. The rating for 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.

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

- The registered manager understood their regulatory responsibilities and notified CQC of significant events. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- People spoke positively about the management. One family member told us, "I think the manager is very on the ball" and added "[Senior manager] came out to see me just a few weeks ago and is very approachable."
- The provider's audits and checks to monitor the quality and safety of the service did not always identify some recording shortfalls with medication. The registered manager addressed this immediately. Other examples of effective governance across the service were in place, such as supervision and training matrixes.

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 provider understood the duty of candour requirements and their legal responsibility to be open and honest if something went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open and person-centred culture.
- The registered manager promoted an open and inclusive culture, including during the inspection by being candid and supportive of the process.
- Family members told us communication from the service was good. They said, "I have an ongoing dialogue with the managers and good communication. I feel as though I have a voice with them." Another said, "I am very involved in the process of helping [family member] to be independent and I communicate through the case manager and the therapist."

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

- People who used the service, their families and staff were actively engaged by the organisation using a range of communication forms.
- The organisation used various methods of obtaining feedback from people, relatives, staff, and stakeholders. The data from these was then analysed and action plans developed to help improve the

organisations performance. Newsletters were used to communicate organisational information and create a sense of community.

- Staff meetings were taking place on a variety of levels including (but not limited to) clinical meetings, support meeting and administration.
- We found evidence people who used the service and their family members were involved in care planning and asked for feedback about the care they received. They told us, "[Family member] is consulted all the way through. We have input into the care and the plans are there for us to see." Another told us, "When they do staff appraisals, they ask for my opinion about the staff."

Continuous learning and improving care; Working in partnership with others

- The management team were committed to continuous and sustained improvement to the quality of care with a clear strategic plan.
- The service was actively involved with a variety of ways of keeping up to date with best practice including training, research, attending conferences and involved in local networks.
- The organisation had established effective working relationships with other agencies and professionals involved in people's care which were evident in the care plans we reviewed. The provider gave examples where they had worked through problems as part of multi-disciplinary teams, working to good effect.