

Impacting Lives Limited

55 Bowstoke Road

Inspection report

55 Bowstoke Road
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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:

55 Bowstock Road is a Domiciliary Care Service and Supported Living Service that is registered to provide care for people within their own homes. People using the service are younger adults, who may have a learning disability or autism spectrum disorder and they may have physical disabilities or mental health concerns. Twenty people were using the service at the time of the inspection.

People's experience of using this service:

People were supported by staff to remain safe. There were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were recruited in a safe way. People received their medicines as expected.

Staff knew people's needs. Staff received training and had been provided with an induction, and felt able to approach the registered manager with any concerns. Where needed people received the right support to eat and drink. People were supported to maintain their health.

People were supported to have choice and control over their lives and staff understood that they should support people in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

People's care plans reflected their needs and preferences and staff understood the care that people required. Complaints were dealt with appropriately in line with the complaints procedure.

Quality monitoring systems included audits and checks on people's satisfaction with the service they received, using questionnaires. People knew the registered manager and felt they were approachable.

Rating at last inspection: The rating for the service at our last inspection was 'Good' with our last report published on 21 December 2016.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

Enforcement:

No enforcement action was required.

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.

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?

Good ●

The service was 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.

55 Bowstoke Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

55 Bowstock Road is a Domiciliary Care and Supported Living Service that is registered to provide care for people within their own homes. People using the service are younger adults, some with a learning disability or autism. Some have a physical disability or mental health concerns. Twenty people were using the service at the time of the inspection.

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 the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Inspection site visit activity started on 09 May 2019 and ended on 10 May 2019. We visited the office location on 09 May 2019 to see the manager and office staff; and to review care records and policies and procedures. The expert by experience made telephone calls to people using the service on 10 May 2019.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we

sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

We spoke with four people that used the service and six relatives to gather their views on the service being delivered. We also spoke with the registered manager, a senior manager and four staff members. We used this information to form part of our judgement.

We looked at two people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

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

- ☐ Staff recognised the potential signs of abuse that people may encounter and were aware of their responsibility to report concerns quickly to safeguard people. One staff member told us, "We discuss safeguarding continuously. We have a form we can fill in to report any safeguarding concerns and also discuss it in supervision, but we can go to senior staff at any point and report our concerns and they would report it to the local authority using the process in place."
- ☐ One person told us they felt safe using the service and said, "I do feel safe yes. They [staff] are very good to me". A relative told us that they felt their loved one was kept safe and told us, "I think [person] is very safe living there, they [staff] look after [person] well."
- ☐ We saw that safeguarding referrals had been dealt with as required.

Assessing risk, safety monitoring and management

- ☐ Any risks to people were identified, with risk assessments in place that related to people's needs. Risk assessments were reviewed in a timely manner and staff were aware of the information contained within them and how that related to people using the service.
- People's risk assessments considered risks presented by their home environment and possible hazards and any medical diagnosis or healthcare requirement. Risk assessments included but were not limited to; managing self-neglect, activity in the community, managing challenging behaviour, supporting people to use kitchen equipment safely.

Staffing and recruitment

- We found that staff were recruited safely and that all pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks.
- We found that there were enough staff available to people and one person told us, "There are enough staff members." A relative told us, "We have no concerns at all [about staff numbers]." A second relative shared, "We see the same faces [staff] all the time so I don't think they have a high turnover." A staff member told us, "There are enough staff, we have time for quality time and we take them [people] out we aren't restricted by time."
- We found that rotas reflected the amount of staff on duty at the time of the inspection.

Using medicines safely

- ☐ We found that people received their medicines safely. One person told us, "Yes, they [staff] make sure I have my tablets on time." A relative told us, "Yes, they do give [person] their medication, there are no problems with it." Staff told us how they had received training in administering medicine and felt comfortable in doing so.

- Medicine Administration Records (MAR) that we looked at recorded the medicines given to people. We saw that people had been given their medicines as required and in a timely manner. People told us they were happy with how they received medicines.

Preventing and controlling infection

- ☐ We found that staff ensured hygienic practices were in place when assisting people. One person told us, "They [staff] always wear gloves." One relative told us, "The staff are always clean and tidy, I think they keep everything clean". A staff member told us, "We always have access to gloves and aprons and make sure that we work in a hygienic way".

Learning lessons when things go wrong

- ☐ The registered manager told us how they learnt from incidents where outcomes could be improved. The registered manager told us how they had learnt more about notifications during the inspection and would ensure that the appropriate information was shared with external agencies. We saw how incidents dealt with were analysed to ensure that learning was taken from them on how to make 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

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.

- ☐ An initial assessment was completed to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, medical diagnosis and care needs.

Staff support: induction, training, skills and experience.

- ☐ People told us they felt staff were knowledgeable and one person said, "Yes, they [staff] all know me now, they are good." A relative told us, "I think they [staff] are well trained. They have the right attitude as well. [Person] is well looked after, kept clean and fed well."
- ☐ We saw that supervisions were completed on a monthly basis and a staff member told us, "I have supervision once every month. It is a time where I can discuss concerns around people being cared for or any staffing issues in general. The management are very accessible and they listen to any issues and take action needed to help".
- ☐ Staff received an induction, which included shadowing longer serving staff members and learning more about the service by familiarising themselves with policies and procedures. One staff member said, "I certainly wasn't just left to it, I was very prepared to do the job and my induction enabled that". A staff member told us that their induction was equivalent to the care certificate. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- ☐ There was a system in place to monitor training and the matrix we were shown gave information on which training staff had completed and what was outstanding or due to be repeated. Staff told us they had completed more than an adequate amount of training and could ask for additional training if required.

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

- ☐ Staff told us how they supported people to prepare their own meals and encouraged them to eat as healthily as possible. One person told us, "I go shopping and choose my food. Staff do help me with the cooking." A relative told us, "[Person] was a bit overweight when they went to live there but with staff support they are eating healthily and has lost some weight."
- ☐ Staff were aware of people who may be at risk of poor nutrition and monitored people's nutritional intake and weight as required. Where there were concerns these were passed to professionals.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ The provider worked with other healthcare professionals to ensure positive outcomes for people.
- ☐ We saw from records that concerns were shared with professionals in a timely manner.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and professionals according to their needs and agreement. One person told us, "The staff take us to appointments, to the dentist and things like that." A relative told us, "Yes they take [person] to the dentist regularly and call the GP straight away if they are concerned about anything."
- Care staff were aware of people's health and medical needs and one staff member said, "People attend medical appointments and I can see how people have improved in their health once they get the care they need. We encourage people to be as healthy as possible".

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 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. We checked whether the service was working within the principles of the MCA and found they were. However, some staff members lacked understanding. We spoke with the registered manager who informed us that a training session would be implemented as soon as possible.
- Capacity assessments were completed where required and where people lacked capacity, best interest decisions had been made in conjunction with family and professionals so that appropriate decisions could be made. Where it was felt some people within supported living lacked capacity Deprivation of Liberty Safeguards [DoLS] applications had been made, but were awaiting approval.
- People were not sure if staff always verbally asked for consent, but we found that staff did not carry out any care that people did not want. A relative told us, "I can't say really [if the staff always ask consent], but they [staff] are very engaging, so I would imagine they do consult with the service users."
- Staff we spoke with had a good working knowledge of how they should gain people's consent when providing personal care or assisting them. A staff member told us, "I always ask people for their consent. Whether I support them is their choice as much as possible. We have word cards and people will point to their answer or some will use Makaton to give their consent or refuse assistance. We also get to know people's body language and their reaction is enough for us to know when to back off".

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

- We saw that there was an environment assessment in place to assess any hazards, such as space constraints and accessibility of the home amongst other considerations. This was to ensure the safety of both the person receiving the service and the staff member. People told us they were able to personalise their homes and if there were any issues with the properties they were dealt with in a timely manner.

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; equality and diversity.

- ☐ People we spoke with were positive about how staff provided personal care and one person told us "They [staff] are lovely. I only have to ask and they will help me." A staff member said, "We know how people want to be cared for and care for them that way."
- ☐ The registered manager and staff were aware of the need to ensure people's diversity was respected and acknowledged. Any cultural and religious needs were acknowledged.

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

- ☐ We found that people were offered choices as far as possible and one person told us, "I make my own choices, it is up to me." A relative said, "The staff do give [person] choices I think, as far as possible."
- ☐ We saw that some people and their relatives had been a part of the person's care plan and one person said, "Yes, I have a care plan." A relative said, "[Person] has a care plan and we [family] were involved in it". Staff shared that care plans were updated in the event of any changes, with one staff member telling us, "We see any changes or needs in people when we support them, so we raise this with the office and the changes are made immediately within the care plan. The care plan always reflects the person's views and related needs".

Respecting and promoting people's privacy, dignity and independence

- ☐ One person told us, "They [staff] all treat me very well and keep my dignity." A relative told us, "They [staff] respect [person's] privacy, for example if they want to spend time alone. They are patient too, they never rush [person]. A staff member told us, "I always consider privacy and dignity when doing personal care. I keep the doors and curtains closed so nobody can see and I keep them covered up".
- ☐ People told us their independence was encouraged, with one person saying, "The staff encourage me to do things, like cook my own dinner". A relative told us, "They [staff] encourage [person] to do as much as possible for themselves, such as showering, but are there to support them." A staff member told us, "If a person can do things for themselves we encourage it, for example choosing their own menu and preparing and cooking it, with assistance where they may need it".

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.

- ☐ Care plans were in place and these included, but were not limited to; health, personal care needs and support required, medicine and diagnosis and accessing the community. Care plans were reviewed in a timely manner.
- People told us that they received care in line with their needs and at times that suited them.
- ☐ We found that care plans held a person's life history and gave an insight into their likes, dislikes, hobbies and interests.
- ☐ Staff spoke of people's care needs in a knowledgeable manner.
- ☐ We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People told us that they had access to their records.

Improving care quality in response to complaints or concerns

- ☐ We found that people knew how to complain and would do so if they needed to. One person told us, "We don't have any problems at all. We just talk to the staff if we need something sorting out." A relative told us, "I would complain if necessary, but any concerns are sorted straight away by the staff."
- ☐ The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people in formats related to their needs and abilities.
- ☐ We saw that complaints were dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.

End of life care and support

- ☐ The registered manager told us that end of life plans were not currently required, but if they were they would be put in place.

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; and how the provider understands and acts on duty of candour responsibility

- ☐ We saw that the provider had submitted notifications since the last inspection in 2016 but on two occasions we had not received a notification to inform us that an incident had occurred. This meant that we could not see how the provider had reacted to such incidents and how people were supported. The two notifications were submitted retrospectively and we saw that they had been dealt with appropriately. The registered manager told us notifications would be sent in future.
- ☐ People told us they were happy with the service received and one person said, "We are all fine here." A relative told us, "I think it is very well run and the staff are all happy go lucky, which shows they are happy working there too". A second relative shared, "I like the fact they see residents as people and not just a business venture. It is all about them." A staff member told us, "I would recommend this service to anyone looking for something similar. If a family member needed support I would be happy for them to receive it here".

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

- ☐ We found that whilst people using the service were not always familiar with the registered manager, their relatives had regular contact with them and knew them well. One relative told us, "Yes we have met the manager, they are very good and helpful." A second relative told us, "I know the registered manager very well, we communicate by emails or messages if there are any problems."
- ☐ We found that staff were supported by the registered manager and the provider and told us, "I am happy working for the company, I would leave if wasn't. I like what they stand for and the support the registered manager gives to staff. The manager is very responsive and addresses any concerns immediately".
- ☐ We saw that the previous CQC inspection rating was displayed at the office and on the provider's website.
- ☐ Staff told us that they understood the whistle-blowing policy and would use it if they felt the need. A whistle-blower exposes any information or activity deemed not correct within an organisation.
- ☐ The service had a range of quality monitoring arrangements in place. These included but were not limited to audits of staffing and training, medication, accidents and incidents, daily log sheets and care plans. We saw that actions were taken in relation to audits, such as referrals to professionals.

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

- ☐ We saw that questionnaires requesting feedback on the service had been sent out, but the response rate to these was very low. As an alternative measure to gauge opinions on the service the registered manager

kept in weekly email contact with relatives for most people using the service. The registered manager showed us examples of correspondence from relatives detailing their satisfaction with the service.

- Staff told us that they didn't attend 'whole team' meetings due to conflicting staff working patterns and availability, but that senior staff travelled to staff members workplace and completed meetings with smaller groups of staff. Staff members told us that they were kept 'in the loop' via text messages and emails and that they were kept informed with any important information or changes within the service.

Continuous learning and improving care

- We were told by the staff members how they could request training which they felt would assist them in their job role. The registered manager told us of how training would be implemented to ensure that staff had a clear understanding of mental capacity and related needs.
- The registered manager told us how they were always learning from people's changing needs and would continue to improve as much as possible.

Working in partnership with others

- The registered manager told us of how they worked with professionals to share required information to ensure people's wellbeing and we saw that contact with professionals was recorded, for example where people received specific healthcare.