

Lifeways Independent Living Alliance Limited

Independent Living Alliance

Liverpool

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The focused inspection took place on 16 August 2018 and was unannounced.

Independent Living Alliance is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in the community. Independent Living Alliance provides care and support to people with learning disabilities, physical disabilities, mental health conditions and acquired brain injury. At the time of the inspection 10 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and how the service is run.

At the previous comprehensive inspection which took place in November 2016, the registered provider was rated as 'Good' in all five key areas (safe, effective, caring, responsive and well-led).

This focused inspection was carried out due to notifications of concern which CQC received in relation to clinical support people received, particularly in relation to nutrition and hydration risk management.

This focused inspection was carried out to ensure people received effective care and the registered provider was meeting all legal requirements. The team inspected the service against two of the five key questions we always ask: is the service effective and is it well-led?

No risks or concerns were identified in the remaining 'Key Questions' (safe, caring and responsive) through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these 'Key Questions' were included in calculating the overall rating in this inspection.

During this inspection we looked at the care people received in relation to clinical conditions they required support with. We did this in order to assess whether relevant risks had been appropriately assessed. People's health conditions were clearly recorded and staff followed specific care and treatment plans to support their overall health and well-being.

We reviewed clinical support processes that were in place to manage and mitigate risk. These included nutrition and hydration risk assessments, speech and language therapist (SALT) guidance, eating and drinking screening tools, dysphagia, (swallowing difficulties) eating and drinking training and competency assessments.

The day to day support needs of people receiving support from Independent Living Alliance were being met. Staff effectively liaised with healthcare professionals such as social workers, GP's, dieticians, district nurses

and SALT in order to provide effective high-quality care.

Staff received regular supervision and were supported with training, learning and development opportunities. Staff told us they felt supported and were able to develop the necessary skills and competencies to deliver effective care. Relatives also told us that staff were well equipped and trained to provide the care which was expected of them.

Consent to care was obtained in accordance with the principles of the Mental Capacity Act (MCA) 2005. The principles of the MCA were being followed and it was clear to see that people were involved in the decisions which were made in relation to the care they required.

Quality assurance systems were reviewed during the inspection. Audits, checks and tools were in place to assess, monitor and identify areas of improvement and development. Some of the feedback we received during the inspection and satisfaction surveys we reviewed indicated that further developments were required in the area of quality assurance.

The registered provider had a variety of different policies and procedures in place. These contained relevant and up to date information and were accessible to staff. Staff discussed a number of different policies with us during the inspection and understood the importance of complying with such policies.

The registered provider was aware of their responsibilities and had notified CQC of events and incidents that occurred in accordance with their regulatory requirements. The ratings from the previous inspection were on display at the registered address, these were also available on the registered providers website, as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were followed accordingly.

Clinical care was provided and risks were effectively managed.

There was effective working partnerships with healthcare professionals to ensure a holistic level of care was provided to people who needed support.

Staff were supported with training, learning and development opportunities which helped them deliver the care and support required.

People's nutrition and hydration support needs were effectively monitored and assessed.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place and relevant action plans were created.

There was a registered manager in post at the time of the inspection.

There was a variety of different policies and procedures in place and staff understood the importance of complying with these.

Independent Living Alliance Liverpool

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.

The inspection took place on 16 August 2018 and was unannounced.

The inspection was prompted by the notification of an incident whereby a person being supported by the registered provider died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of in relation to clinical support. This inspection examined those risks.

At the time of the inspection we were assured that effective clinical support was being provided, risks were being mitigated and people were receiving effective care.

The inspection team consisted of one adult social care 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 care service.

Before the inspection we reviewed the information which was held on Independent Living Alliance. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who used the service. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) had previously been submitted and reviewed prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted the police and local authority prior to the inspection. We used all of this information to formulate a 'planning tool' and to identify key areas which needed to be focused on during the inspection.

During the inspection we spoke with a support manager (in the absence of the registered manager) seven members of staff, one person who was receiving support from the service, two healthcare professionals and two relatives of people who received support.

We also reviewed specific records and documentation to support the inspection. These included five care records of people who were being supported, staff training records, audits and checks and other records relating to the management of the service.

Is the service effective?

Our findings

We inspected this key question to follow up on concerns which had been raised in relation to effective care people received. We received positive comments about the effective care and support people received. Comments included, "If I feel upset or anxious the staff help me, they are nice to me", "Staff are a great help to me they help me with showering and going out", "I have no concerns about the way [person] is supported, they [staff] are consistent and familiar with their support needs" and "Staff support [person] well, and are familiar with their needs."

People's day to day healthcare needs were effectively managed. People received support from GP's, district nurses, opticians, dentists, dieticians, SALT and occupational therapists. One relative told us, '[Person] is supported with healthcare needs. If unwell they are taken to see the G.P. They are supported to go to the dentist, optician and chiropodist.' This meant that people received a holistic level of support in relation to their overall health and well-being needs.

The registered provider had appropriate risk assessment and clinical tools in place to ensure people's nutrition and hydration support needs were effectively managed. People had effective dysphagia, eating and drinking plans in place which contained information in relation to swallowing difficulties, correct positioning procedures, crockery and cutlery support as well as eating and drinking screening tools and staff competency assessments. Records we checked also contained 'menu planners', 'food preparation', 'food texture' guidance and 'food diaries'. This meant that people received an effective level of support in relation to the tailored care they required.

We reviewed one particular nutritional risk assessment where the person required specialist eating and drinking support. We saw that staff had completed the relevant dysphagia, eating and drinking training, staff followed the relevant guidance from SALT and had their competency regularly assessed in this area of care. Care records were regularly updated and provided effective guidance and instructions for staff to follow. For example, records we checked contained information such as, '[Person] must always be supported and never left alone', 'staff need to observe me when I am having meals and follow my dysphagia eating and drinking plan at all times', '[Person] has some difficulties chewing different textured foods' and '[Persons] food to be cut up into bite sized pieces, foods that are chewy, dry or flakey should be avoided.'

Staff were familiar with the different specialist dietary requirements and told us they had their competency regularly assessed. There was also an up to date nutritional support and eating and drinking policy in place. This contained relevant guidance, advice and support in relation to the specialist care that needed to be provided. This meant that the registered provider was committed to providing an effective level of support people needed and supported staff with the appropriate level of guidance.

People were encouraged to make healthy choices in relation to their food and drink options. Records were tailored around the persons support needs and contained information about the person's likes, dislikes and preferences. For example, care record stated '[Person] has a well-balanced diet, is able to eat independently', '[Person] has a list of food that they like/dislike' and '[Person] will choose foods [they] like,

staff to encourage to make safe choices.' One relative said, "[Person] is supported with nutrition, is on a low cholesterol diet, it's fine they are managing it well.

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 people 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.

People's capacity was appropriately assessed in conjunction with families and professionals and the relevant best interest decisions were clearly documented in records we checked. We also saw evidence of people's 'consent' being established and them being involved in the care provided.

Staff told us that they were supported with training, learning and development opportunities. Staff received supervisions and annual appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Staff were Expected to complete a number of different mandatory training course such as fire awareness, basic life support, food hygiene, health and safety, infection control, manual handling, MCA and Deprivation of Liberty Safeguards (DoLS) safeguarding and medication administration. Training percentages were steadily improving. For example, in April 2018 70 per cent of staff had completed all mandatory training and in July 2018, 74 per cent had completed mandatory training. This was an area of improvement that was being focused upon month by month.

Staff were also supported with specialist training to support their knowledge and understanding in specialist areas of care. For example, staff received training in dysphagia (swallowing difficulty) awareness as well as regularly receiving competency based assessments to determine their competency and abilities.

New staff who did not have the relevant National Vocational Qualification (NVQ) in Health and Social Care were enrolled on to the 'Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. One relative said, "The staff seem well trained and competent."

Is the service well-led?

Our findings

We inspected this key question to follow up the concerns raised in relation to the clinical support people received. We reviewed quality assurance and governance systems as to ensure people received safe, compassionate and effective care.

We reviewed the feedback regarding the overall quality and safety of care people received during the inspection. We received mixed feedback, which included "I am quite happy with the service and I trust them to look after [person]", "Communication is good the staff call me if there are any concerns", "Staff are caring and kind", "All the staff I have seen with her are friendly and helpful, they seem caring", "I am not happy with the overall quality of the service, there is no motivation for staff", "I have never met the new manager even though [they] have been there quite a while", "one of the carers keeps us up to date, the company does not", "There are no regular reviews."

The registered provider circulated annual satisfaction surveys to establish the views of people receiving support and their relatives. We reviewed the results of that the most recent satisfaction surveys and it was apparent that there were areas of improvement to be made. For example, 42 per cent of people/relatives said they didn't know how to make a complaint, 20 per cent said they were not involved in the care planning process, 10 per cent of people/relatives did not know who to contact regarding their care and support and only 70 per cent strongly agreed/agreed that health and well-being was supported.

An action plan had been devised following the inspection and measures were in place to improve the quality and provision of care people received. For example, a new pamphlet had been designed which contained the relevant contact details for staff and managers as well as information relating to the complaints process.

There was a registered manager in post. They had been registered with CQC since July 2015 and were aware of their responsibilities in relation to regulatory requirements. The registered provider had notified CQC of events and incidents that occurred in relation to the quality and safety of care. This meant that CQC were able to monitor information and risks that were occurring in the service.

Staff told us that they were supported in their roles and felt that the team leaders and managers were all open, transparent and approachable. Comments we received included, "I feel fully supported, I can speak to managers as and when I need to", "Support is provided by [manager] when we need it", "Staff receive as much support as they need", "I love working here" and "I have a really good rapport with the managers, can speak to [manger] about anything."

There were good communication systems in place. There was a variety of different meetings taking place and staff informed us that they felt involved in different aspects of service provision. We saw evidence of team meetings, team leader meetings and managers meetings. A variety of different topics were discussed such as, individual people receiving support, accident and incidents, safeguarding, health and safety, satisfaction surveys, company updates, recruitment, training and finances. One staff member said, "Team

meetings take place, we're able to discuss things as a team which is good."

We checked how the quality and safety of care people received was monitored. Audits, checks and reviews were completed to monitor and assess the provision of care people received. Registered managers, senior manager and team leaders were all responsible for monitoring the quality of care provided and devising the appropriate action plans to make improvements. Audits, checks and reviews were completed in relation to care plans, risk assessment, medication, safeguarding's, staff competencies and annual quality reviews.

Quality reviews assessed if people received safe, effective, caring, responsive and well-led care. Areas of focus included, assessment and support plans, mental capacity, health and well-being, medication, health and safety and involvement in care. The outcome of the annual reviews were shared with people receiving support and (where appropriate) their relatives. This meant that the quality and standards of care being provided was being monitored and reviewed.

The registered provider had a variety of different policies and procedures in place. Policies provide guidance to staff when dealing with issues which could be of critical importance. Policies we reviewed included infection control, supervision, safeguarding, whistleblowing, dignity and respect, equality and diversity, general data protection regulation (GDPR) and complaint. Staff were able to explain their understanding of specific policies when they were asked during the inspection.