

A New Angle Ltd

# Independent Home Living (Beverley)

## Inspection report

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11 July 2018

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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

Independent home living (Beverley) is a domiciliary service providing personal care to people living within their own houses and flats.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems and processes were in place to support people to stay safe. Staff were trained in safeguarding and knew how to recognise and report abuse. Medications were managed in line with company policy. The service provided information to people to support them to remain safe within their homes.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received a thorough induction which included classroom training, shadowing shifts and competency checks. Staff understood the importance of promoting independence to maintain people's wellbeing.

Staff were observed to be kind and caring. Staff understood what was important to people; this was evident throughout the inspection. Staff spent time with people during calls and had meaningful conversations with them; staff treated people with dignity and respect. Care plans were detailed and clearly informed staff of the support people required.

People told us the service was responsive to their changing needs. People and their relatives knew how to raise concerns and were confident these would be dealt with in the appropriate way. We found staffing levels were appropriate to meet people's needs.

Care plans held information of people's wishes for end of life care. Detailed records instructed staff on how to support people in a dignified way, in line with their wishes.

People were confident the service was managed well. There was a clear management structure and staff spoke positively about the management team. The registered manager informed us they were currently recruiting a member of staff to focus on quality assurance and auditing. Feedback was sought from staff, people and their relatives to continuously monitor and improve the service.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Independent Home Living (Beverley)

## **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 was a comprehensive inspection.

This inspection took place on 10 and 11 July 2018 and both days were announced. We gave the service five days' notice of the inspection. This was to enable the registered manager to arrange for staff to be available to speak with us and to gain consent from people to visit them at their home. The inspection was completed by one adult social care inspector.

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

We requested information from the Local Authority, Commissioners and Healthwatch and reviewed statutory notifications we had received. A statutory notification is information about important events which the provider is required to send to us by law.

The inspection site visit started on 10 July 2018. We met the registered manager at the service office location. The registered manager and senior care co-ordinator were available to speak with throughout the day. We spoke with eight members of staff. We reviewed five people's care plans and six staff files. We also looked at documentation that supported the running of the service. On the 11 July 2018, we visited people in their homes. We met with five people and their relatives and observed staff providing support.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person said, "I feel comfortable with them, they make me feel safe when getting ready in a morning ." A relative we spoke with said , "I know mum is safe at home in the morning because the carers are there." Another relative said, "The staff are brilliant, they know exactly what they are doing and [family member] is certainly safe when they visit ."

Staff completed safeguarding training on induction and refreshed this training annually. Staff we spoke with, explained the actions they would take to make sure people were kept safe within their own homes. An up-to-date policy was available to all staff in the office. The staff handbook contained a copy of the safeguarding and whistleblowing policy, which reflected local procedures and included contact information.

Assessments were completed with people to ensure their needs could be met. Information from the local authority was used along with an initial assessment completed by senior staff. This was used to develop detailed risk assessments. Staff understood the support people needed to promote wellbeing and independence whilst minimising the risk.

The service, along with Humberside police had adopted a national scheme called, 'The Herbert protocol'. The Herbert protocol is written information of people living with dementia who can become disorientated when out in the community and can often go missing. Staff explained having details of people and places important to them written down in case of emergency can really help them to be found quickly. This information was kept within people's care plans.

People we spoke with told us staff always attended their calls. One person said, "They are sometimes a little late but they always come." Another person said, "Sometimes they are late, but they do not rush me when they are here." Staff told us , when they are delayed, they contact the office so they can let people know. We found staffing levels were sufficient for people. The on-call system had details of staff to be contacted to cover, when needed.

Staff recruitment files showed procedures had been followed. References had been obtained from previous employment and disclosure and barring checks (DBS) had been completed to ensure staff were suitable to work with vulnerable people.

All staff completed infection control training and could describe safe practice to us in relation to this. We observed staff used personal protective equipment such as gloves and aprons, which minimised the risk of infection to people.

Medications were managed and administered in line with policies. Staff completed medication training and had their competence checked before they assisted people with medication.

The office location was well-maintained and there were appropriate checks completed on fire and electrical

appliances.

The provider shared information across locations. This helped to identify incidents and concerns, learn lessons and drive improvements across the organisation.

## Is the service effective?

### Our findings

People told us they felt staff had the correct skills to deliver their care. One person told us, "They know what they are doing, staff are respectful and always ask me what I need." A relative told us, "Staff are well-trained, they all know what they are doing and do it well."

Staff received a two-week induction, which included completing training and shadowing shifts with more experienced staff. Within this period, all new staff also completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care service. Staff told us they felt supported in their role and received regular supervision meetings with care coordinators. One member of staff said, "I have regular meetings with the care coordinator and if I have any problems, I contact the office; there is always someone to talk to." Documents showed staff attended team meetings to discuss issues and policies of the service.

The registered manager delivered training to staff. It was clear they had a passion for ensuring all staff were adequately trained to deliver care in line with legislation. The registered manager told us, they liked to complete the induction training with all new staff to ensure they received the correct information and understood company policies. We saw that staff training was monitored well and was up-to-date in all areas.

Assessments were completed by the care coordinator before care was received. Records showed people were involved in creating their own care plans and consent to care had been sought. Care plans were regularly reviewed and reflected people's current needs. For example, one person's care plan stated their bed faced the patio doors so they could look out on to the garden. Upon visiting this person, the bed was facing the patio doors with the curtains open so the garden could be seen.

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.

We checked whether the service was working within the principles of the MCA and found that they were. Staff had understood the importance of giving people choice and one person told us, "They ask me every morning what I want for my breakfast, even though I have the same thing every day."

Some people who used the service received support at mealtimes. People told us that staff were helpful when preparing meals. One person said, "They ask me what I would like for my breakfast and how I would like it." Care plans contained information for staff to identify people's dietary needs. This included their likes and dislikes, preferred drinks and any other assistance the person may need on a meal time call.

# Is the service caring?

## Our findings

People spoke positively about the support they received. Comments included, "They [staff] are brilliant" "They [staff] are amazing" and "I would not cope without them [staff]." Relatives comments included, "We are very happy with the company. All staff that visit are kind and caring" and "The staff are so thoughtful and take their time with my mum."

We observed staff treated people in a kind and considerate manner. When staff arrived at the person's home, they asked them how they were feeling and engaged in meaningful conversation with them before giving any support. It was clear staff had developed positive relationships with people and their relatives. People were happy to see staff and staff were friendly and patient. One person told us, "They do not rush me, they make me comfortable and I look forward to them coming."

People we spoke with told us they felt staff knew them well and treated them with kindness and respect. One person told us, "They know me so well, they are all so lovely." All people we spoke with said staff always made time for a chat when they visited. We observed staff had meaningful conversations with people about their interests and life.

Staff understood the importance of maintaining people's privacy and dignity. Staff described the different ways this was achieved, which included knocking on doors before entering, closing curtains and asking for consent before completing any support or task. People we spoke with confirmed they were treated in a respectful way. One person said, "They know my routine, but they always ask me what I want."

Staff spoke passionately about their role. Staff explained that talking to people and their relatives, along with reading the care plans, helped them to get to know people's individual's needs. Staff had good knowledge of people's needs and understood the importance of promoting and maintaining independence. People told us, "They encourage me to do things for myself, but also help me if I need it."

Equality and diversity was promoted by the management team. Staff had supported people who used the service to write down things that were important to them and this was displayed as a dignity tree within the office location. This showed the service cared about people's beliefs and wishes and promoted staff recognition of difference.

Observations throughout the inspection showed us the management team cared about the service. This had a ripple effect as everyone we spoke to within the staff team, cared about each other's needs and wellbeing. This ensured people received care from staff who were cared about.



## Is the service responsive?

### Our findings

People told us they received personalised care, which was responsive to their needs. Where people's needs changed, the staff worked in a proactive way to ensure these changes were communicated across the team and recorded. For example, communication records showed staff contacted the on-call system to request changes to planned care. Where possible, the service accommodated these requests, which meant people were able to go out for the day with family.

Relatives told us staff were helpful. One relative told us, "If it wasn't for the staff, we would not have known about the different services available for support. They gave us information about occupational therapists to obtain equipment to support [relative name]. If it hadn't been for the staff, we wouldn't have known what to do. It has made the whole process so much easier."

People and their relatives told us the service was flexible and would always act on any changes to support needs. One person told us, "Some days I don't want to get dressed and the staff say okay." One relative told us that when they contacted the office to increase calls, this was implemented the next day. Staff we spoke with understood how people's needs could change daily. One member of staff said, "Any changes, I contact the office straight away."

Care plans were detailed and reviewed on a regular basis. Information about people's needs and beliefs was recorded alongside their preferred routines. This supported staff to deliver person-centred care. People told us they were fully involved in the review of their care plans and where changes were needed, the service acted promptly to address them. For example, one person's care needs had increased and this had been reflected in the care plan; this was communicated to all staff that supported this person the same day. Relatives told us the service kept them informed of any changes and communicated well with them to discuss any needs or changes in care.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. We found the service had met this standard. We saw people had communication care plans, which detailed the most effective ways to support the person to communicate.

People were aware of how to make a complaint to the service. People we spoke with and their relatives all stated they knew how to make a complaint and felt confident the appropriate action would be taken by the care co-ordinator. People were given a 'client handbook' at the start of using a service. This contained information about how to make a complaint and the action that would be taken in the event of a complaint being made. Complaints were dealt with by the care coordinator. These were documented and actions taken were completed in line with the company policy.

Care plans we looked at contained information on end of life care. People's needs were written in detail and contained information for staff to ensure people received a dignified, comfortable and pain free end of life care.

# Is the service well-led?

## Our findings

All the people and relatives we spoke with felt the service was managed well. One person told us, "I am so lucky, it's a brilliant service." Another said, "They [management] are organised and know what I like. Everyone is so helpful." Relatives told us, "We would be lost without them" and "They [management] are so helpful, nothing is too much trouble."

The service had a registered manager in place. 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 about how the service is run.

There was a clear management structure in place. The registered manager was supported by an assistant manager who managed two other branches. A senior care coordinator was responsible for the day-to-day running of the service. The registered manager visited the Beverley branch two days a week and had daily contact with the senior care coordinator to ensure oversight of the service.

It was clear the management team worked well together and had good communication systems in place. People we spoke with spoke positively about the management team and were aware of who they were. Comments included, "[Name of senior care coordinator] is fantastic, always happy to discuss any problems" and "She [senior care coordinator] is brilliant, so helpful and makes everything ok."

The service's most recent rating by CQC was prominently displayed within the office location in line with legislation. The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly. The registered manager told us they attended local provider meetings and was a member of the local independent care group.

People benefited from a service where staff were motivated and happy in their work. Comments from staff included, "I love working here", "They [management] care about us carers", "They ring to check I am ok, they are a fantastic support to me" and "I feel valued, which is important to me."

Feedback from people was sought in the form of home visits, speaking on the telephone and surveys. This supported the service to monitor the quality of care provided and to complete action plans to drive improvements. The service informed people of up and coming events within the community which they could access if they wished.

Quality assurance was monitored by both the registered manager and the senior care coordinator. The care coordinator monitored the day-to-day running of the service and completed a weekly report summary for the registered manager. The registered manager was present in the office two days a week and had daily communication with the senior care coordinator. Documentation showed the assistant manager had completed branch audits monthly, although there had been no audits completed for three months prior to

the inspection visit. The registered manager informed us they were currently recruiting a member of staff to focus on quality assurance and auditing.