

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 effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This announced inspection took place over two days the 12 and 16 June 2015. The provider was given 48 hours' notice of the first visit because the location provides support and personal care to people living in their own homes.

A Chance For Life Ltd is a service for adults and children whose lives have been changed by injury or serious illness. Who may have complex health issues requiring collaboration and coordination of services that they need

to access. The service provides case management and rehabilitation. It employs specialised healthcare professionals to help people make informed decisions about their care and support needs.

During our previous inspection visit in December 2013 we found the service met all five of the essential standards we looked at. Since then there had been no incidents or concerns raised that needed investigation.

There was a registered manager in post on the day of our inspection visit. A registered manager is a person who has

Summary of findings

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. In this service the registered manager is also the registered provider.

We found that people who used this service were safe. The staff knew how to protect people from harm. Staff had completed training in the safety of vulnerable adults and knew the signs to look for and how to report any incidents of concern. There were good systems in place to ensure people knew the staff that supported them.

We saw that recruitment procedures were robust this ensured only suitable people worked in the service. We saw that staffing levels were good throughout all areas of the service. Staff training was up to date. We saw that staff were supported by the management team through regular staff supervision and appraisals.

We found that the service worked very well with a variety of external agencies such as social services, other care providers and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

We saw that medicines were administered safely and records were up dated regularly. Staff who were responsible for the administration of medications had completed the appropriate training.

Observations during our inspection evidenced people were given choices about how they wanted to be supported and how to live their lives. Support was given in a manner to people to promote their independence for example supporting them to join in with activities in the community

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged.

People received support from a regular team of staff who they knew and who understood the care and support they required. We saw that people were treated with kindness and respect and they made positive comments about the staff who visited their homes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe.

People told us they felt safe.

Staff knew how to protect people from harm. There were good systems in place to ensure people knew the staff that supported them.

People recruited had all the appropriate checks completed before they commenced working.

Medicines were handled effectively and safely.

Good



Is the service effective?

This service is effective.

There were good systems in place to ensure that people received support from staff that had the right training and skills to provide the care they needed.

Health care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Good



Is the service caring?

The service is caring.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were knowledgeable about the level of support people required and their independence was promoted.

Good



Is the service responsive?

The service is responsive.

Staff took into account the needs and preferences of the people they supported.

People were supported to engage in activities which were important to them.

There was a good system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service is well-led.

People who used the service and the staff knew the registered manager and were confident to raise any concerns with them.

The staff were well supported by the registered manager and other managers in the team.

The service had good systems in place for staff to identify and report incidents or concerns and for these to be investigated and action taken.

Good



Summary of findings

The registered provider had systems in place to monitor the quality of the service provided.	
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A chance for life Ltd

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 was 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 inspection took place on 12th and 16th June 2015. This visit was announced and the provider was given 48 hours' notice because the location provides a domiciliary care service. The second visit was also announced as we visited people who used the service, with their permissions, in their own homes. The inspection was carried out by a lead adult social care inspector.

Before the inspection we reviewed the information we held about the service this included any notifications sent to us by the provider. We asked the provider to complete a Provider Information Return (PIR) before the inspection.

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. They provided this information in good time

The inspector visited the office on the 12 June 2015 to look at records of how people were cared for and supported. We looked at five care plans, five staff recruitment files, spoke to the registered manager, two other managers including the coordinator for the care support part of the agency. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided.

On the 16th June 2015 we visited, where we could, people in their own homes that were supported by this service. We asked people what they thought about the service and checked to see that care records kept in their homes accurately reflected people's needs. We also spoke with three support workers to ask their opinions about the support provided by A Chance for Life Ltd.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service provided. One person said, “Yes, I feel very safe with the support I get. I have the same carers that help me and I feel very safe with them”.

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to the registered manager or any senior staff. Records we looked at confirmed they had received training in the safeguarding of adults. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

We looked at medication records and found these to be up to date and completed correctly. Staff had completed training in safe handling of medicines. We saw that care records for the management of their medications included assessments of people’s required medications and care plan devised on how to manage the medications.

We looked at five care records We saw that risk assessments had been completed covering life in peoples own home and their activities in the community. The provider ensured that positive risk taking was in place and people were supported and encouraged to take part in the activities of their choice. Where relevant we saw records showing that staff had been trained to use equipment in people’s homes. This helped to ensure they had the knowledge to use equipment safely.

Staff we spoke to confirmed they knew the people they supported well as they always worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We looked at the provider’s recruitment procedure and saw that this was both appropriate and robust. We saw that all the checks and information required by law had been obtained before new staff could commence employment in the service. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency’s recruitment policy. Checks with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had also been conducted.

We saw that there was always sufficient support staff on duty to meet the individual needs of the people they supported.

We looked at the records relating accidents and incidents that had occurred. We saw that these were investigated by the care manager and where any actions had been required we saw that these had been taken. We saw where necessary notifications to the appropriate authorities had been made. All the records we looked at showed actions that had been taken in response to these incidents to promote the safety and wellbeing of people who used the service.

Is the service effective?

Our findings

People who used the service we spoke with made very positive comments in relation to the service being effective. One person told us, "The staff are trained, they know what they're doing. I have regular staff and that is important to me." People told us this service supported them to lead full and active lives. They said that they followed the activities of their choice and this supported them to live in and be a part of the local community. During our visit to people in their own homes we saw that they made choices about their lives and that these were respected by the staff that supported them. People were supported to set themselves goals of what they wanted to achieve

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, "We're always having training, we get updates all the time." The care staff we spoke with told us that new employees completed thorough training before working in people's homes. This was confirmed by the induction records we looked at.

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the dietician. We found that where people required their fluids or food intake monitoring to ensure they maintained good health records had been made. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

The care staff we spoke with told us that they had regular meetings and could contact the care manager to discuss their practice. Staff said that they knew how they could contact the managers of the agency if they needed advice about a person they were supporting. They told us, "We know we can call the office or on call person if we have any concerns." Records showed that staff were supervised every six weeks.

We saw that consent to care and treatment in care records had been signed by relevant others and where required the registered provider had evidence to confirm that those people were the legal decision makers where people lacked capacity. The registered manager and senior staff demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged. This meant that people's rights were protected.

We spoke to management and staff about the training and support provided and we learned that not only did staff receive basic training but that they received training that was specific to the individual needs of the people they cared for and in line with their roles and responsibilities. One member of staff told us they had a, "Brilliant induction" and "Felt competent before going to work with people who had complex needs."

Is the service caring?

Our findings

People who used the service we spoke with gave very positive comments in relation to the service being caring. People told us that they liked the staff that visited their homes and said they provided a high quality of care. One person told us, "I couldn't manage without them. I'm happy with the service and the carers are fabulous."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. People told us that they had been included in planning and agreeing to the support they received. They said the staff knew them well and knew how they wanted their care to be provided. Where it was relevant we saw that people's treatment wishes had been made clear in their records about what their end of life preferences were.

People told us and we saw that care plans were reviewed regularly and people had been asked for their opinion on the services they received. The registered manager and senior care staff had held meetings with people where they

had been asked if they were happy with their care and if there were any changes they wanted made to the support they received. The people we visited confirmed that the staff listened to them and included them in decisions about their care and lives.

The staff team was extensive in their skills and clinical expertise. This meant that people who used the service could be sure that the most appropriate care and support for their complex needs could be put in place. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their homes and their needs. People told us that they valued the support they received from the staff that visited.

Where necessary people had advocacy arrangements in place. An advocate is a person who is independent of the service and who supports a person to share their views and wishes. This ensured that people had access to independent advice and information.

Is the service responsive?

Our findings

People who used the service gave positive comments in relation to the service being responsive. One person told us, “If I did have a problem I would phone the office and let them know about it.”

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. However we observed that people with concerns could contact the registered manager directly. The registered manager told us that she preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint by directly calling head office

We looked at the care records for five people. We saw that information for staff about how to support individuals was very detailed. One person told us that their care package was reviewed on a three monthly basis and that a team of professionals both from the service and where necessary external agencies always attended. We were also told that the service always arranged these reviews in a timely manner to ensure the right people attended. The service had good links with local and national professional bodies and support groups that people who used the service could access for advice, guidance and support.

We saw that where people had reviews of their care they were asked for their views about the support they received. People had been asked what support they wanted the service to provide and records showed that they had been included in planning their own care. We also saw that

where people had specific or specialised care needs these had been planned for and recorded appropriately within their care records. For example the staff team included occupational therapists and physiotherapists who were responsible for providing a source of expertise. They could also complete mobility assessments and gave advice and practical demonstrations in more complex moving and handling techniques. They also advised people on the suitability of individualised equipment and provided guidance and technical support on the use of specialised equipment to staff and where applicable to relatives.

Care plans we looked at had been reviewed to make sure they held up to date information for staff to refer to. We also saw that where changes to the support needed for some people this had been recorded to accurately reflect the support they required. Care staff told us that they were also involved in the reviews of the people that they supported.

We saw from the care records that people’s health and support needs were clearly documented in their care plans along with personal information and histories aimed at reducing their risk of becoming socially isolated. We could see that where relevant people’s families had been involved in gathering personal information and life stories. Staff had a good understanding of people’s backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them difficulties.

We saw that the service provided to individuals was focussed on supporting them to achieve positive outcomes depending on their needs and their abilities.

Is the service well-led?

Our findings

The service had a registered manager who was available to people who used the service, their relatives and staff. People we spoke with said they could speak with the registered manager whenever they required.

The registered manager told us they spoke to people and their family members often. This provided people with an opportunity to discuss their experience of the service in an informal manner. One person we spoke with told us, “They sort out everything I ask about.” We saw during our inspection that the registered manager was accessible to people by telephone and engaged in a positive and open way with them.

Staff we spoke with said they got on well with the registered manager and they felt supported to carry out their roles. There were several case managers and a care manager in place and staff said they felt confident to raise any concerns or discuss people’s care at any time as well as at formal supervision meetings.

The service worked in partnership with other professionals to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people’s care and levels of support required.

There was regular monitoring of the quality of the service. People who used the service were given opportunities to share their views about the care and support they received. There were a number of audits in place that checked on the

safety and quality of the service. The company’s website had an online form that people could complete about their experiences of the services. There were systems in place to also monitor the safety of the service and facilities provided. The managers completed audits of the systems and practice to assess the quality of the service. The registered manager and whole team met twice a year and took the opportunity to discuss how and if they could make improvements to the services.

The provider and managers had established good working relationships with its stakeholders and were proactive in sharing any information and seeking guidance from other professionals.

Comments we received from staff about the management of the service were all very positive. We saw that staff supervision was completed regularly and gave the staff opportunities to discuss their training needs and discuss the running of the service. The staff we spoke to said that they would be confident to speak to a senior person in the organisation if they had any concerns about the conduct of any other staff members. They told us that they were confident the registered manager would listen to any concerns and that action would be taken.

The registered manager of the service told us that the quality of the care provided was paramount to their aims for the service along with being able to provide an extensive range of expertise. She also expressed that the service provided was to ensure that people received the best care and support for their individual cases.