

Independent Living Caring For You At Home Ltd

Independent Living Caring For You At Home

Inspection report

Shardlow Hall
London Road, Shardlow
Derby
DE72 2GP

Tel: 01332799292
Website: www.independentliving-care.co.uk

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Independent Living Caring For You At Home provides personal care for people in their own homes. 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. At the time of inspection there were 4 people receiving personal care from the service at the time of our inspection.

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

Staff were recruited safely, however records were not always maintained to demonstrate this. There was enough staff to meet the needs of the people using the service. Staff received regular training and supervision to perform their roles.

There were systems in place to protect people from the risk of abuse. Staff understood safeguarding procedures and were aware of how to raise a concern. Risks to people were regularly assessed and appropriate measures were in place to minimise risk.

People received their prescribed medication safely. An infection prevention and control policy was in place and staff followed correct guidance to minimise risks in relation to the spread of infection.

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.

Care and support plans were person-centred and included holistic detail for staff to support people to achieve good outcomes. Risks to people were identified and risk assessments and care plans were reviewed and updated accordingly.

The provider focused on providing a unique service, offering a minimum one-hour call; this meant people's needs were met and allowed time for meaningful interaction between people and staff to support inclusion and good wellbeing.

Staff were kind and caring and we received positive feedback from people using the service and their relatives. People had access to external healthcare professionals and services as part of their planned care.

The provider completed regular audits to monitor the quality of the service. Feedback was sought from people using the service and relatives; this was used to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 September 2021 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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.

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.

Independent Living Caring For You At Home

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

Two inspectors carried out this inspection.

Service and service type

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

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 a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. 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 used all this information to plan our inspection.

During the inspection

We spoke with the provider who is also the registered manager, 1 person who uses the service, 1 staff member and 1 relative. We reviewed a range of records. This included people's care records, medication records, risk assessments and two staff files in relation to recruitment. We also looked at a variety of 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was system in place to ensure staff were safely recruited, however records were not always maintained to demonstrate this.
- Recruitment records did not always include staff members employment history.
- Records showed a Disclosure Barring Service (DBS) were undertaken prior to staff starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.
- There were enough staff to support people using the service. People and relatives told us care staff were reliable. A relative told us, "They've never let us down."

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to protect people from the risk of abuse.
- There was a safeguarding policy in place and staff understood how to raise a concern.
- Staff received training in safeguarding and understood their responsibilities in relation to safeguarding, one staff member told us, "If I had concerns, I would definitely report it and [registered manager] would be my first point of call."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. Staff were provided with guidance about how to support people safely.
- Risk assessments were reviewed regularly and updated where there was a change in their needs.
- Environmental risk assessments were carried out in people's homes. These reviewed any potential hazards within the environment that may have restricted access or posed a risk.
- There were procedures in place to assist people in the event of an emergency, for example, in the event of a fire.

Using medicines safely

- Medicines were managed safely and there was a medication policy in place.
- Staff received medicines training and regular competency checks, this meant staff had the right knowledge and skills to administer medication safely.
- Systems were in place to oversee the safety of medicines. For example, the provider completed regular medication audits of medication administration records (MAR's). When concerns were identified, effective action was taken, for example, this was discussed with staff in one to one or team meetings.

Preventing and controlling infection

- People were protected from the risk of infection. There was an up to date infection prevention control policy in place.
- Staff received training in infection control. People using the service had the opportunity to complete a questionnaire to confirm that staff used the correct personal protective equipment.

Learning lessons when things go wrong

- The provider had a system in place to have oversight of any accidents or incidents.
- Learning was shared with staff. For example, where issues were identified in relation to medicine administration, the provider acted upon this by refreshing staff knowledge.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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;
Supporting people to eat and drink enough to maintain a balanced diet

- Full assessments of people's needs and choices were carried out prior to using the service.
- People were involved in creating their own detailed support plans; this meant care was person-centred.
- Care and support plans provided detailed information for staff to support people in the way they preferred. For example, in one person's support plan we saw information for staff on how to arrange household items in a specific way to promote their independence and wellbeing.
- People's nutritional needs were met and their support plans included specific details for staff to prepare people's meals.

Staff support: induction, training, skills and experience

- Staff were suitably trained to perform their role and new staff completed an induction.
- A staff member told us, "Training is effective and done online and the [registered manager] comes to observe our practice."
- The provider completed regular training refreshers on mandatory topics for all staff at team meetings. This meant staff kept up to date with relevant guidance to support people effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured people had access to a wide range of healthcare professionals and appropriate referrals were made. For example, a referral to the occupational therapist was made for someone who required specialist equipment.
- Where people had specific health conditions, the provider knew the impact this had on people's lifestyle and took action to promote people's independence and wellbeing. The information in people's care and support plans supported this.

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 MCA 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The service worked within the principles of the MCA. People were involved in decisions about their care and consent was always sought before care was delivered.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. One person told us, "The people they have are very good, I can't fault them at all."
- The provider knew people well and focused on providing meaningful interaction for people when care was delivered. A relative told us, "[Person] sees them more as friends, I am very happy, we've had other care companies and we can see the difference."
- Care and support plans were written respectfully to promote people's diverse needs, for example, one person wrote their own support plan which ensured their preferences were known and promoted their independence.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were consulted about their care and detailed support plans were formulated accordingly to promote their dignity and independence.
- Staff supported people to express their views using their preferred method of communication. For example, one person who had a hearing difficulty chose to email staff their preferences.
- People and their relatives were involved in decisions about their care. Care records reflected this.
- A strong focus of the service was placed on building a rapport with the person, which helped people to feel comfortable to express their views on their care freely. One person told us, "The service is very good; I have a good rapport with carers that come."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were identified, including diverse needs; their choices and preferences and how these are met were regularly reviewed.
- Staff kept up to date with people's changing needs using specialised care planning software on mobile devices between calls. One staff member told us, "We certainly have all the information we need."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibility to provide information in all accessible formats. For example, large print or easy read.
- People had their communication needs fully assessed by staff and information on how to support people's different communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships that mattered to them, such as family, community and other social links. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged. People's emotional support needs were detailed in their support plans.
- People's care plans included information about their interests and how they enjoyed spending their time. For example, one person's care plan detailed their preference to always have their pet with them in their home.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy.
- People knew how to raise issues or make a complaint and felt confident that any issues raised would be addressed.

End of life care and support

- At the time of inspection, no one using the service was considered to be reaching the end of their lives.
- The provider had an end of life care policy in place and staff received end of life care training and staff were aware of the need to consider people's wishes with end of life care planning.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People achieved good outcomes from their care. There were systems in place to monitor the quality of the service.
- The provider focused on providing a unique service with a minimum one-hour call to ensure staff could engage with people to promote inclusion and create positive relationships. A relative told us, "They always stay the time as the [registered manager] does a minimum one hour, and they keep the person company."
- The provider worked as the registered manager of the service and understood their responsibilities of their registration with us.

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

- The provider maintained oversight of people's care and carried out quality assurance checks.
- Staff understood their roles and responsibilities and felt supported by the registered manager. One staff member told us, "I am definitely well supported, very happy in my role and it is very professionally run."
- The provider completed monthly audits of care records to ensure people were receiving the right support and achieving good outcomes.
- The registered manager assessed and monitored staff performance through regular meetings and supervisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were consulted to give feedback on the service, for example, the provider sent out feedback forms regularly to people using the service and relatives.
- There was a positive approach to continuous learning and development.
- The provider shared a positive person-centred culture with staff, we saw visions and values of the service clearly displayed on a noticeboard in the office.

Working in partnership with others

- The provider worked in partnership with other professionals to ensure people received the care and support they needed.

