

## Impacting Lives Care and Support Limited

# Impacting Lives Care and Support

### 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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service

Impacting Lives Care and Support is a supported living service which provides personal care to adults with a range of support needs in their houses and flats. It currently provides a service to adults with learning disabilities or autistic spectrum disorder. At the time of this inspection the service was supporting one person.

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.

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

The provider had systems in place to monitor, assess and improve the quality and safety of the service being provided but this needed development to ensure issues we identified on inspection would be identified by the provider's own systems. People and their relatives were able to give feedback about their care in a variety of ways including care reviews and spot checks monitoring staff performance.

People were protected from abuse and a relative told us their loved one received safe care. People received support from a regular staff team and staff were recruited safely. Where risks to people had been identified, risk assessments were in place. People received their medicines when they needed them.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people.

People's needs were assessed and staff with the right skills helped to meet these. Staff received appropriate training to assist them in their role. There were enough staff to support people's needs. Staff supported people with their eating, drinking and to access healthcare support.

There was an enthusiastic, positive and caring culture amongst staff at the service. Staff had good knowledge of the person they supported and told us they enjoyed working at the service. People's independence was promoted and respected. Staff understood the importance of ensuring people's rights were understood and respected.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were working towards consistently meeting the underpinning principles of Right support, right care, right culture. The person was given choices and the service promoted independence where possible. The staff knew the service user well and person-centred care was being provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 7 December 2018 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Impacting Lives Care and Support

## **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 Care Act 2014.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

This service provides care and support to a person living in their own home, so they can live as independently as possible. The persons care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at personal care and support.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 June 2021 and ended on 16 June 2021. We visited the office location on 8 June 2021.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We asked the provider to submit a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider told us they had not received this request.

#### During the inspection

We spoke with the relative of one person who used the service about their experience of the care provided. We spoke with four members of staff including one of the directors, registered manager and care workers.

We reviewed a range of records. This included one person's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding and understood how to recognise and report abuse.
- Staff told us they would always report any concerns such as, unexplained bruising or change in a person's behaviours. One staff told us, "I would contact safeguarding at the local authority if no action was taken to keep [person] safe."
- Relatives confirmed they felt people received safe care.
- Policies and procedures in relation to safeguarding and whistleblowing were in place.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed, including an assessment of the home environment where care was provided.
- Plans were put in place to minimise risk of harm and to provide safe support. One assessment needed further detail, but staff spoken with were aware of risks and how they were managed. The registered manager told us they would ensure this was addressed.
- Staff were able to tell us how they supported people safely and understood people's risks.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff to support people's needs. Staff spoken with confirmed the person received their allocated care hours.
- A relative told us they had no concerns about staffing as there were always enough staff available.

Preventing and controlling infection

- The provider had systems, procedures and policies in place that helped promote good standards of infection prevention and control (IPC).
- Staff had regular IPC training and updated guidance based on how to manage risks associated with COVID-19, including regular testing for COVID-19.
- Staff confirmed they had enough personal protective equipment (PPE). The provider had systems in place to ensure they used this effectively when in people's homes.
- A relative confirmed that they saw staff wearing appropriate PPE when they visited their family member and that procedures were in place to promote safe visiting arrangements..

- We saw that IPC measures were in place at the office and staff wore the appropriate masks.

#### Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager for trends to reduce the number of accidents and incidents.

#### Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff had received training in administering medicines safely and regular audits of medicine records took place. Improvements were required to evidence that competency checks were completed to ensure staff remained safe in medicine administration.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).



# 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

- The person's needs, and choices were assessed.
- The care and support required from staff had been captured as part of the initial assessment process and was recorded within their care plan. The assessment had involved the person and their relative.
- The service encouraged the person to make choices and supported them to be as independent as possible.

Staff support: induction, training, skills and experience

- Staff we spoke with told us the training was thorough and provided them with the skills to undertake their role and meet the person's needs.
- An induction was in place to support new staff and staff received regular supervision.
- A relative informed us that staff were professional in their approach and "seem to know what they are doing."

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

- Dietary preferences and allergies were recorded. The service supported the person to make choices regarding food and involved in grocery shopping to ensure the person's preferences were taken into account.
- Staff spoken with recognised the importance of promoting a healthy diet.

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

- People were supported by staff who were aware of their healthcare needs. Care plans included information about the person's health conditions. A health action plan had also been completed to help ensure the person's health care needs were met.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed.

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 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

- People's capacity was considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- The person and their relatives had been involved, consulted with and had agreed with the level of care provided.
- Staff were able to describe how they sought the person's consent and offered choices during their care.

# 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

- A relative confirmed that staff were kind and caring in their approach.
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know the person well.
- Staff had received training on equality and diversity issues.
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics. Staff demonstrated an understanding of people's care needs and the importance of respecting diversity.

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

- The person was involved in planning their own care. Care plans were developed with input from the person and their family members.
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible. For example, staff involved the person in day to day tasks, including cooking, laundry and cleaning of their home.
- A relative told us, "Staff listen and are respectful of [person's] dignity, privacy and independence. [Person] spends his time in his bedroom and staff always knock the door before entering because that is where he wants to be".
- One member of staff told us, "Privacy, Dignity and independence is respected and always guided by how the service user wants to live their life".
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

# 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 received care that was person centred and responsive to their needs. One staff told us, "It's their house, we just support them to do what they cannot do for themselves."
- A relative told us, "My [family member] makes his own choices about his care. Staff do support him as he needs it. The staff who support him mainly know him well and his likes and dis-likes".
- People's care records included information about their preferences and wishes to ensure support was provided in the way the person wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information on people's individual methods of communication was included in their care plan.
- The registered manager was aware of the AIS and the service could provide adapted information for people, and information in different formats such as large print if required.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received.
- Relatives told us they felt able to raise any concerns. A relative told us they had raised a complaint in the past which was actioned appropriately and resolved.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life. The management team told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

# 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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems in place to monitor, assess and improve the quality and safety of the service being provided but this needed development to ensure issues we identified on inspection would be identified by the provider's own systems.
- Staff had good knowledge of people's current care needs but some care documents did not consistently reflect this knowledge.
- The provider had introduced numerous measures to protect people and staff in regard to COVID-19 including staff well being checks but had not completed individual written risk assessments for staff. The director informed us they would ensure written assessments were completed.
- Senior staff carried out audits. This included spot checks and observations on staff to monitor staff performance and competency. Improvement was needed to ensure annual medicine competency checks were completed.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

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

- The registered manager and staff were passionate about providing people with a high quality, personalised service. This was evident throughout our inspection and from the positive feedback we received. Through our discussions we determined that they were aware of and acted in line with the duty of candour requirements.

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

- We saw evidence of the provider asking people's and relative's views about the service through care reviews. A relative told us, "The service is run and managed well, I don't have any concerns and would recommend it."
- Staff provided positive feedback about their involvement in the service.
- Staff were encouraged to raise concerns about the care provided, including whistleblowing. Staff told us

that they would feel confident raising any concerns or issues with the management team and that action would be taken to address these.

Working in partnership with others; Continuous learning and improving care

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.