A New Angle Ltd

Independent Home Living (York)

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

Summary of findings

Overall summary

Independent Home Living (York) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone who uses the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service is registered to support older people, people living with dementia, learning disabilities or autistic spectrum disorder, mental health needs, physical disability and younger adults.

At our last inspection we rated the service 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.

There was a registered manager in post. People and staff spoke positively about the management of the service.

Risks to people were assessed and action taken to reduce them. Staff were able to explain different types of abuse and were aware of action they should take if they had any concerns. A safeguarding referral had been made appropriately. There were safe systems in place to support people with their medicines.

Appropriate recruitment checks were undertaken before staff started their employment, to ensure they were suitable to work with vulnerable people. There was a system in place to plan care visits and most people told us staff usually arrived on time. Staff received an induction, training and supervision to give them the skills and knowledge they needed to care for people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support with their nutritional needs where required and people were satisfied with the support they received to prepare meals. Staff sought advice from healthcare professionals when they had any concerns about people's health.

Staff treated people with dignity and respect and supported people to maintain their independence. We observed caring interactions between staff and people who used the service. It was evident staff knew people well.

Care plans were in place to give staff the information they needed to support people in line with their preferences and needs. The provider had a policy for responding to any concerns and complaints. People told us they would feel comfortable reporting any concerns and were confident these would be addressed.

There was a quality assurance system in place to monitor the quality of care provided. Feedback from staff indicated there was a positive, person-centred culture within 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.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Independent Home Living (York)

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 comprehensive inspection took place between 23 and 27 July 2018. We gave the service two days' notice of our visit to the office on 23 July 2018 because we needed to be sure someone would be available to assist us with the inspection and organise for us to visit someone who used the service. We visited one person in their own home on 23 July 2018. We made telephone calls to other people who used the service on the 25, 26 and 27 July 2018.

The inspection was carried out by two adult social care inspectors.

Before our inspection, we looked at information we held about the service. The provider sent us a 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 reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit.

During the inspection we spoke with five people who used the service. We spoke with the registered manager, two care co-ordinators and three care staff. We looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality of the service. We visited one person in their own home and observed care staff providing support and interacting with them.

Good

Is the service safe?

Our findings

All the people we spoke with confirmed they felt safe with the care staff that visited them. One told us, "They've never let me down."

The provider assessed any risks to people's safety and took action to minimise these. For instance, one file we viewed outlined how staff should ensure the person was positioned to reduce the risk of aspiration. Another file documented the equipment and action taken by staff to reduce the person's risk of pressure sores developing. The provider also competed risk assessments in relation to the home environment, with key information that staff needed to be aware of.

The provider learned from any issues or incidents that occurred in order to make improvements. Where relevant, this included sharing information across all three of the provider's services about lessons learned and improvements made.

Staff received safeguarding training and were able to describe how they would identify and report any concerns. We viewed records that showed the provider had appropriately reported a concern to the local safeguarding team so it could be considered for investigation.

Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check.

The provider had a system in place to ensure there were sufficient staff to meet people's needs and attend care visits at scheduled times. Staff rotas were planned around care packages organised in 'runs' on a geographical basis. Where there was any staff sickness or unplanned absences other care staff were asked to stand in. The provider had an electronic call monitoring system, which allowed them to monitor planned care visit times against the actual time of each visit. The registered manager told us they only agreed to take on new care packages once they had sufficient staff to do so.

People who used the service told us staff usually arrived on time, although two commented that they did not always get a call from the office if care staff were running late. People confirmed staff stayed the right length of time and nobody we spoke with had experienced staff failing to arrive.

Staff received training about infection prevention and control we observed them using personal protective equipment, such as disposable gloves.

Medicines were appropriately managed and administered. Staff received medication training and their competence was assessed before assisting people with their medicines. We observed staff supporting one person with their medicines; they recorded this appropriately. Medication records were routinely returned to the office so that care co-ordinators could check that medicines had been given in line with people's prescription.

Good

Is the service effective?

Our findings

People we spoke with confirmed they felt staff had the right skills to care for them effectively. People's comments about staff included, "They are good" and "They do what you want them to do."

Staff received an induction and training to prepare them for their role. Staff we spoke with were positive about the training they received and two staff praised the practical elements of their training in particular. For instance, the opportunity to experience for themselves what it was like to be supported in a hoist. They felt this gave them a good insight into people's experience and what to be aware of.

Staff told us they received supervision and felt supported. Staff meetings had not been held frequently in 2018, but staff confirmed they received direct communications from the office about any information they needed to know. The registered manager told us they intended to conduct refresher training at the end of staff meetings moving forward. We discussed ensuring staff meetings were held more regularly, so the provider could be sure that training would be completed in a timely way.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). In the community, applications must be made to the Court of Protection. We were advised that nobody who used the service at the time of our inspection was deprived of their liberty. Some staff were overdue for their MCA refresher training and the registered manager confirmed this training was planned.

People's consent to their care was recorded in their care plan. Where people had a Lasting Power of Attorney (LPA) for health and welfare decisions or for finances the provider retained evidence of this. We noted one example where a relative who had LPA for finances only had signed their relative's care plan. The registered manager told us they were signing to confirm they had been involved in developing the care plan, not to give their legal consent to the care plan. The registered manager agreed to amend the wording of the care plan consent paperwork to make this clearer. Staff understood the importance of seeking people's consent and respecting their views. This was confirmed by the comments of all people we spoke with. For instance, one told us, "They don't start anything without checking with you first."

Systems were in place to assess people's needs and choices in line with legislation and best practice. The provider conducted an assessment prior to people receiving a service, to ensure they could meet the person's needs. This covered a range of information including mobility, personal care and social, religious and cultural needs. There was some information about people medical conditions but in one file we viewed this lacked detail. There was additional information in the social care assessment provided by the local authority, which had not been included in the provider's care plan. The registered manager agreed to ensure all information available about people's medical conditions, and associated risks, were consistently recorded.

Although some files would benefit from more information about people's health conditions, care records confirmed that people had access to a range of services and professionals. It was evident that people

received support with their healthcare needs and the provider worked alongside other agencies to support people with their health needs where required.

Where it was part of someone's care package, staff provided support with meals and drinks. Information about nutritional needs was recorded in people's care files, and staff made a record of what people had eaten in the daily log book. People we spoke with were satisfied with the support they received in this area. We observed staff preparing lunch for one person; the person was offered a choice and confirmed they had enjoyed the food staff had prepared for them.

Good

Is the service caring?

Our findings

We received positive feedback about how caring and friendly staff were. When describing staff, people told us, "They are all very nice," "They are nice, I like them" and "The girls are very nice. They sometimes get new ones, but usually it's the same carers who visit regularly." Another commented, "They are all different but there are some that I find particularly nice and look forward to them coming for a nice chat. But they are all fine; there is nobody I don't like."

People told us they were involved in decisions about their care. One person said, "They do whatever things I ask them to do, like some shopping or posting a letter for me. They're only small things but they're important to me. They offer choice and do whatever I ask them." Another confirmed, "They (staff) do what you want them to and you can ask them if you want them to do something else for you." One person told us how much they had appreciated that a staff member had gone to the pharmacy for them that morning, when the person had realised that one of their medicines had not arrived with the rest of their prescription.

The interactions we observed between staff and a person who used the service were warm and friendly. It was apparent that they had a positive relationship and knew each other well. Staff talked to the person about a forthcoming visit from their family. Staff also demonstrated consideration of the person's comfort. For instance, advising the person they had closed their bedroom curtains in the afternoon so that the sun did not make the room too hot for them, when they went to bed later.

People's privacy and dignity was respected and promoted. Staff knocked on people's doors and announced their arrival before entering. Staff provided us with examples to illustrate how they maintained people's dignity when providing them with personal care. This was confirmed by people we spoke with. One person told us, "They maintain my dignity yes. They support me with a shower and are good at this. The carer I have has restored my confidence with stepping into the shower, she encourages me."

Staff encouraged people to do things for themselves where they were able to and tailored their support according to people's needs. People we spoke with confirmed the care they received helped them continue living independently in their own home.

Staff completed equality and diversity training and information about people's diversity needs was recorded in care files, such as any equipment people needed due to a physical impairment. Staff respected people's faiths. One person we spoke with told us the service was very flexible in enabling them to arrange their care visits at times which meant they could go to church when they wanted.

Care files and information related to people who used the service were stored securely in the office. Relevant information was also available to staff in people's home.

Good

Is the service responsive?

Our findings

People who used the service indicated the service was responsive to their needs and told us they had choice and control of the support they received.

Each person had a care plan, which described their needs in a variety of key areas. This included personal support, dietary requirements, continence, medication and cultural needs. There was also information about people's routines, with a description of what the person wanted at each call visit and the 'outcome focussed aim' of the support to be provided. Files contained personalised information to help guide staff on how to provide care in line with the person's preferences. For instance, in one file we saw instruction about the person's night time routine which included ensuring their radio was switched on and bedside lamp was within reach. There was also some information about people's life history to help inform the care plan.

The provider identified people's communication needs or any sensory loss and recorded this in the person's care plan. This helped to meet the requirements of the Accessible Information Standard (AIS). The AIS is a legal requirement for all providers who receive any public or NHS funding.

We found some minor anomalies in care files, where information in different parts of the file was slightly contradictory or would benefit from more clarity. For instance, the medication support requirements in one file and the communication needs in another file. However, overall care files were person centred and contained all the key information staff needed. Care plans were reviewed, involving the person and their family where appropriate. Updates were made to people's care plans when their needs changed.

Staff recorded the support they provided at each care visit in a daily log, and these logs were regularly returned to the office. This enabled the provider to monitor that the care provided was in line with the person's care plan. A visit record we viewed was consistent with the care we observed being delivered. Care co-ordinators also rang people periodically to seek feedback on the service and check people were happy with the care they received.

The service was not providing end of life care to anyone at the time of our inspection. We were advised how the provider would work alongside other professionals involved in the person's care, should this situation arise.

People were given a copy of the provider's 'client handbook' when they started to receive a service. This included information about the standards people could expect, as well as key policies and procedures, such as confidentiality and equal opportunities. There was also information about the provider's complaints policy and procedure; this explained how people could expect any concerns or complaints to be investigated and responded to.

No formal complaints had been received in the year prior to our inspection but people we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so. People felt confident any complaints would be addressed. One person told us that when they had raised an informal concern

about an individual staff member this had been promptly resolved to their satisfaction.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with CQC since May 2017. They were also the registered manager for the provider's Beverley and Scarborough branches, so they split their time between the three services. The registered manager was supported by two care co-ordinators, one of whom also spent part of their week delivering care.

Not all the people we spoke with knew the name of the registered manager, but everyone told us they believed the service was well-managed because they were happy with their care and experienced few problems with the service. They told us they could speak to any staff in the office, who would be able to help them or resolve any queries. Staff spoke positively about the registered manager and care co-ordinators and told us they were well supported. Their comments included, "[Registered manager] is very good; a very fair person" and "All the management are lovely. It's easy to ask for help, I can always ring to say if I've got a problem."

Feedback from staff showed there was a positive culture within the organisation. Staff told us, "I feel supported and love my job," "I have definitely felt welcomed to the team. It's nice to be here and it's a nice environment. I absolutely love my job" and "We have a lovely set of clients. There is a pretty regular set of carer and things tick along nicely." When asked to describe the vision and values of the organisation, one staff member told us, "Making sure people are at home for as long as they can be, in their own environment. Making sure they are looked after well and happy in their own homes."

The registered manager demonstrated a commitment to providing high quality care. In the PIR, the provider told us they kept up to date with best practice by being a member of the local Independent Care Group and the UK Home Care Association, from whom they received regular email updates. Staff also attended seminars and provider meetings and best practice was shared across the provider's three branches.

We received a notification retrospectively in relation to one safeguarding allegation (which was not related to the care provided by the service) and discussed this with the registered manager. Shortly after the inspection the registered manager advised us of the action they had taken following our feedback to ensure all notifications were submitted promptly. This matter has been addressed outside the inspection process.

The provider worked in partnership with other organisations and built links within the community. This included healthcare partners and local libraries. For example, staff shared information with people about local events and activities taking place, in order promote people's wellbeing.

The provider had a quality assurance policy and procedure and completed checks to monitor the care provided. This included checks of care visit log books and medication records, plus seeking feedback from people about the care they received. We viewed the findings of the most recent questionnaire, conducted in January 2018, which showed a good level of satisfaction with the service. The provider also conducted a branch quality audit to look other aspects of the service's operations. We found some actions were identified from this but we discussed with the registered manager that the audit would benefit from more

detail in parts, in relation to the records analysed and responsive action taken. The registered manager noted this feedback and advised us they were recruiting a staff member to focus on audits.