

Assisted Lives Ltd

Assisted Lives

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

About the service

Assisted Lives is a domiciliary care agency located near to Bradford city centre providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 62 people.

Not everyone who used the service received personal care. 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

People were safe. Staff were recruited safely, and people generally received their care and support from a consistent staff team. Assessments of risk to people's health and safety were completed. We have made a recommendation regarding the management of medicines.

Staff received induction, training and supervision. Where needed, people received support to eat and drink. There were effective systems of communication in place and the service worked alongside other healthcare professionals where required. 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.

Staff were caring and kind. Staff respected people's right to privacy and took steps to maintain people's dignity. People and their relatives were involved in making decisions about their care and support.

Care records provided enough information for staff to provide people's care and support and included information about their communication needs. Staff made an electronic record of the care they had provided. There was a system in place to manage complaints.

The service was well led. The registered manager and staff were clear about their roles and there was a system of audit and governance in place. Feedback from people, relatives and staff was obtained and action taken where shortfalls were identified. The registered provider demonstrated a clear desire to ensure the quality of the service continued to improve.

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

Rating at last inspection

The last rating for this service was good (published 28 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Assisted Lives

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 team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the 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 the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, their personal assistant and two care co-ordinators. We reviewed a range of records. This included five people's care records and four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures..

We also spoke on the telephone with eight staff, four people who used the service and three relatives. We also received feedback from two health care professionals.

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- None of the people we spoke with or their families raised any safeguarding concerns.
- Staff were aware of what may constitute a safeguarding concern and were aware of their responsibility in reporting any issues to a more senior staff member.
- The registered manager understood their responsibilities in keeping people safe from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- A relative told us staff were thorough regarding safety when moving and handling their relative.
- Staff understood the action they should take in the event they could not gain access for a scheduled call or if a person had suffered a fall.
- Care records included a variety of risk assessments. One person required a hoist and staff support to mobilise. We found sufficient information recorded in their care records to ensure this could be done safely.

Staffing and recruitment

- Staff recruitment was safe. This was due to robust and effective processes including pre-employment checks to reduce the risk of employing unsuitable candidates.
- People told us they generally had a consistent team of staff who provided their care and support.
- There had been no incidents where people's calls had been missed. One person and one relative told us staff were occasionally late, but this had not caused any problems for them.
- A health care professional told us, "They are very accommodating when emergencies arise, for example short notice support needed or changes in times/days/arrangements."

Using medicines safely

- At our last inspection we noted the medicines policy did not include the management of 'as required' medicines. We saw this had now been included in the policy.
- Medicine administration records noted the individual medicines people were prescribed. We noted some minor discrepancies from staffs' daily care notes to the medicine administration record regarding the application of people's creams.
- Staff received training in the management of people's medicines, but a formal assessment of their competency was not completed. We discussed this with the registered manager at the time of the inspection and a competency assessment was promptly implemented.

We recommend the registered manager consult current good practice guidance regarding the management of people's medicines in the community and take action to ensure systems and processes are robust.

Preventing and controlling infection

- Staff completed infection prevention and control training.
- Personal protective equipment, for example, aprons and gloves, were provided for staff.
- Two of the people we spoke with told us staff wore gloves and aprons when providing their support.

Learning lessons when things go wrong

- There was no evidence any accidents or incidents had occurred.
- The registered manager demonstrated a clear culture of transparency and recognising the opportunity to learn lessons in the event things went wrong.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed prior the service accepting a new care package. Information gathered during this process was used to develop people's care and support plans.
- Care records were reviewed and updated annually or in the event a person's needs changed.

Staff support: induction, training, skills and experience

- A healthcare professional told us, "They seem to have workers who are very highly skilled in providing care and support to individuals with challenging behaviour."
- New staff received training as well as shadowing and field-based support from more experienced staff.
- Staff received regular training refreshers and were able to access additional training if required. One of the care workers told us, "[The training] was really very helpful and they checked our understanding." Another of the staff told us they had been provided with extra training to ensure they could meet the health needs of a person they were supporting.
- Staff received regular supervision and field-based checks on their performance.

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

- Care records noted where people needed support to eat and drink and their preferences. The care record for one person noted, they liked tea with sweetener and "I am able to inform you of what I would like to eat."
- A relative told us their family member needed their food to be cut for them which the staff always did.

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

- There were effective systems of communication within the staff team. Information was shared verbally and through electronic systems.
- Care records noted people's medical and health related histories.
- Both health care professionals told us the registered provider worked with them to ensure people had safe and appropriate care.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection the service was not supporting anyone who had a deprivation of liberty authorisation in place.
- Care records included a record of people's consent to the care and support they were being provided with.
- Staff were able to tell us how they enabled people to make decisions about the care and support they received.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were caring and kind. Comments included; "They're brilliant when they come... the girls that come now can't do enough for me" and "They are always very, very helpful... [name of person] has really gelled with the carer coming in the morning". Another person described how one care worker went "above and beyond" by taking the time to talk to them. They told us how this had a positive impact on their day.
- One relative described both the management and staff as compassionate and caring. They also told us they were culturally appropriate, communicating with their relative in their first language.
- The registered manager, office-based staff and the staff we spoke with, spoke about the people they supported in a respectful manner.

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

- Three of the relatives we spoke with described being very involved in care plans. One of the relatives told us how well the service had communicated during the process of reviewing their relation's needs.
- The registered manager was aware of how to access the advocacy service if required.
- Staff told us how they supported people to make decisions. For example, what clothes to wear and the meals they wished to eat.

Respecting and promoting people's privacy, dignity and independence

- Two people told us staff respected their dignity and were sensitive when carrying out personal tasks. One of the people described the staff as, "Smashing".
- Staff were able to describe the actions they took to preserve people's dignity and privacy. This included asking family members to leave the room when personal care was being undertaken.
- Care records included the tasks people were able to manage themselves or with some support from staff.
- Confidential personal information was stored securely and not shared inappropriately.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care records were person centred and provided sufficient information to enable staff to meet people's needs. Care records were reviewed and updated at least annually.
- Staff recorded the care and support provided at each call on an application on their mobile phone. We reviewed a sample of records and saw these provided a summary of the care provided.
- People and their families were not always clear if they had a copy of their care plan in their home. However, staff confirmed care plans were kept in people's homes.

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.

- People's care records included information about the support they needed to communicate.
- Care records included an easy read section which provided basic information about the individual's care and support needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. This detailed timeframes for the service to respond to complaints and details of where the complainant could go if they were unhappy with the outcome of the investigation into their complaint.
- Relative said, "They [the service] do listen when there is an issue and they get back to me very quickly." A healthcare professional we spoke with told us, "They listen... and they take on any suggestions and they are really good at implementing them."
- The service had not received any recent complaints regarding people's personal care and support.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- The registered manager was aware of how to access additional advice and support in the event a person required end of life care.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our previous inspection we identified the need for the registered manager to expand their range of audits. At this inspection we found regular audits were undertaken on a range of aspects of care delivery. This included people's daily care and medicine administration records. Quality monitoring also included monitoring of people's call times, recruitment processes, staff training, and people's care records.
- There was a clear staffing structure in the office. Staff were clear about their role and responsibilities, but it was evident office-based staff were able to support each other and take on tasks if required to ensure people received consistent quality of service.
- The registered manager clearly understood their responsibility in being open with people in the event things went wrong.

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

- People and their relatives were very positive about the registered manager and staff. Comments included; "We felt quite lucky that we were given them as a company", "I'm quite impressed with the manager... he is quite on the ball... it's a rare treat these days for someone to care so much rather than it just being a business" and "Exceptional service... I would like to extend my gratitude and thanks to Assisted Lives." One of the healthcare professionals said, "They have always gone above and beyond in my experience."
- A member of the office-based staff said, "I have never had a day when I don't want to be here. [Registered manager] and [personal assistant] are very approachable, they get involved. [Registered manager] gets things done." Other staff we spoke were equally positive about the registered manager and the organisation.

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

- The registered manager spoke highly of his staff and his commitment to them and their development.
- Staff meetings were held at intervals throughout the year. We saw evidence of agendas and names of attendees but a record of the meeting minutes were not routinely taken. The registered manager told us a record of meetings would be retained in future.
- The annual survey was due to be sent to people and their relatives. We reviewed the survey responses from 2018, all of which were positive regarding their care, support and the staff who visited them.

Continuous learning and improving care

- The registered manager and office-based staff expressed a clear desire to want to continually improve the quality of the service people received. New technology was being used in the office to aid communication between office-based staff.
- At the last quality survey in 2018, some people had raised concerns about invoicing for peoples care and support. The registered manager told us changes has been made to the invoicing system following this feedback.

Working in partnership with others

- The registered manager worked in partnership with other agencies to ensure positive outcomes for people.