

## Services for Independent Living

# Services for Independent Living

### 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

Service for Independent Living provides a service that enables people to live independent lives in their own homes within their own community.

### People's experience of using this service.

Not all people who used the service received personal care. The Care Quality Commission (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 broader social care provided.

People were supported with their medication when required. Risk assessments were completed, and staff had appropriate training.

Staff told us they felt well-trained and supported in their role.

Staff felt listened to and able to contribute to the running of the service. For example, any ideas that could improve the service for people.

The Managers regularly observed staff practice to ensure people were supported safely and as they chose. People were fully involved in all aspects of their care.

Staff had completed training to identify signs of abuse and escalate concerns as and when required risks to people's health and well-being. Individual risk assessments were completed to ensure staff had the information to support people safely.

Staff identified when people were unwell or needed additional support, and referrals were made to medical professionals as required.

The service employed an HR manager to complete the necessary checks on new staff to ensure that only appropriate staff were employed.

Infection control measures were implemented to reduce the risk of spreading infection.

Incidents and accidents were investigated, information was used to improve, and lessons were learned.

Risk assessments were completed, and the staff had appropriate training.

The managers had an open-door policy that meant staff had the opportunity to speak with the managers if they had any concerns.

Staff had regular supervision, spot checks, and appraisals, which gave the manager and staff the opportunity to address any concerns and progress in the organisation.

Audits were carried out regularly by senior staff to monitor the service provided and assess where improvements were required.

### Preventing and controlling Infection

Control measures were put in place to reduce the risk of infection spreading. Incidents and accidents were investigated, and the provider ensured personal protective equipment was available. This included gloves, aprons, and masks. All staff had completed training in infection control.

People and their relatives gave positive views about the service provided and some areas for improvement.

The managers welcomed feedback and used the information to improve.

Staff were provided with induction and training opportunities to provide them with the skills required to meet people's needs. The registered manager was proactive in sourcing additional training for the staff when required.

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

People were treated with kindness, dignity, and compassion. Staff took the time to get to know people and encouraged them to maintain their hobbies and interests.

People's communication needs were understood, and people told us that they felt comfortable and confident expressing their views and sharing any concerns.

People were supported with their medication when required. Risk assessments were completed, and the staff had appropriate training.

## 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 was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led section below.

Good ●

# Services for Independent Living

## **Detailed findings**

## Background to this inspection

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 met 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.

One inspector completed this inspection.

Service and service type

This service is a domiciliary care agency that provides personal care to people living in their houses and flats. At the time of the inspection, 80 people were using the service.

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, the quality and safety of the care provided, and compliance with regulations. At the time of our inspection, two registered managers were in the post.

Notice of inspection

We gave the service 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 is on 29 November 2023, with a visit to the office address. Following this, we continued to

request information from the management, relatives, and staff. The inspection ended on 30 December 2023

#### What we did before the inspection

We reviewed the information we had received about the service since their inspection, and we sought feedback from the local authority about the provider.

During the inspection, we spoke with two registered managers, the nominated individual and the HR manager (human resources). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 12 people using the service, 8 relatives, and 6 staff.

We reviewed a range of records, including People's care plans, medication records, recruitment, and various documents relating to the management of the service, including quality assurance complaints and safeguarding. We also reviewed accidents.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection, we rated this key question good. At this inspection, this key question remained good. This meant people were safe and protected from avoidable harm.

- We looked at the incidents and accident records in the service. The registered manager told us that incident identifiers were used to identify the type of incident to guide actions to be taken and to prevent recurrence.
- We looked at the incidents that had happened. We noted 28 medication errors. The manager told us that this was because the staff had dropped the medication. We looked at some of the incidents that had occurred to assess the actions that had been taken to reduce further occurrences.

The registered manager told us that the staff had completed the wrong incident identifier, so the incidents did not match the concern. For example, where information states that a scald had occurred, this was not correct. The registered manager assured us that staff would be informed that the correct incident identifier must be used when reporting incidents, accidents, or concerns to ensure that the appropriate action is taken. The registered manager confirmed that this would be investigated, and the staff was informed to use the incident's identifier. We saw that from 7 December 2022 to 28 November 2023, this had not been picked up by the provider; however, the incident had been investigated at the time, and appropriate action had been taken.

### Staffing and recruitment.

Systems were in place to ensure enough suitably skilled staff were available to keep people safe. The provider operated safe recruitment practices.

There was an HR (Human resources) manager who managed the employment of new staff and completed all the necessary employment checks to ensure that they had the skills required. References with the Disclosure and Barring Services (DBS) were obtained. This information enables the provider to judge if new staff are suitable for work. This also contains information stored on the Police National computer. This helps employers make safer recruitment decisions.

- There were sufficient staff to support people. People we spoke with told us all the staff were kind and considerate. However, people told us they would like the same staff to support them as they currently have different staff daily.
- One person told us, "They (staff) help me with a wash. I would feel so much better if it were just one staff member helping me to wash rather than different staff each day."

### Using Medicines safely

- People were supported by staff when needed to receive their medicines safely. One person told us, "The staff support me because I would get confused, so it is good that they help me."
- All staff received training in managing medicines.
- Staff told us, "If there were any concerns regarding medicines, they would call the on-call service for advice."
- One staff member told us, "I would contact the office if I had any doubts about supporting people."

Systems and processes to safeguard people from the risk of abuse, learning lessons when things go wrong.

- People and relatives told us that they felt safe in the company of staff. Staff knew the signs that may indicate a person was at risk, and appropriate action was taken.
- Staff told us they would report to the manager if in doubt. A staff member told us, "I would report my concerns to the management and social services." All staff had completed safeguarding training in protecting people from harm.
- Staff told us there was a whistle-blowing policy they could also use. Staff felt confident that safeguarding concerns would be investigated appropriately and action taken by management.
- The registered manager told us, "1 safeguarding had been raised, including a multidisciplinary team's review, and a full investigation was completed."

#### Preventing and controlling infection

- The provider had an infection control policy, and staff confirmed that gloves and aprons were available when required. People using the service told us that staff wore aprons and gloves when supporting them.



# 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 the best available evidence.

At the last inspection, this key question was rated as good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with the law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions for 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 the mental capacity to make decisions, any made on their behalf must be in their best interest and at least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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.

•Staff worked within the remit of the (MCA). People were supported in their own homes. Staff understood the importance of gaining consent. One staff member told us, "I always ask what the person needs so they can guide me."

Assessing people's needs in line with standards, guidance, and the law

- People's care needs were assessed in detail before care was provided. A full assessment was completed to ensure the agency could meet the person's care needs. People participated in this assessment to ensure their views were considered.
- One person using the service told us, "I had a lovely lady come to see me about the care that I wanted, and I have been with the agency for a while, and they ensure they listen to what I want".
- The provider sought people's feedback about the care that was provided. Initial assessments included people's cultural, spiritual and communication needs.
- People had regular reviews to ensure care remained appropriate, and issues were dealt with promptly.
- Relevant information was contained in people's care plans, so staff had the knowledge to ensure people's care needs were met as they wanted with their consent.
- Staff provided support to people in line with their assessed needs and demonstrated that they knew people well.
- People mostly received care in a timely, coordinated way, although the staff were not always consistent. People who used the service and relatives told us that they often saw different staff, which meant a lack of consistency in care.
- Most people received the right length of visit from staff; however, this was not always the case. A relative told us, "The staff have other calls to do, so when they finish early, the last 10 minutes could be spent chatting with the person rather than going. Sometimes they rush".

- The registered manager told us their electronic system would identify if a call was missed. The record did not show that staff had left early; it was people using the service who said this had happened. However, the record did not confirm this.

The monitoring system did not show that staff left early, or calls had been missed, as the manager would have been aware.

Staff support: training, skills, and experience

- All staff had ongoing training to ensure they had the skills to support people. Staff received an induction to ensure they were prepared with the right skills to support people.

- All staff members spoke with us and told us that the training was very good and enabled them to support people safely.

- One staff member told us, "We have refresher training if needed, and we can always ask for further training if required. The training is good and in-depth. I have completed training before in previous organisations. We can ask if we feel that we need an update."

- Staff told us they received regular supervision and felt supported by the registered managers.

- The registered managers told us, "All staff must undertake and attend mandatory training before commencing employment. The training officer oversees all training requirements/refresher and employment. At the time of the inspection, 3 support workers were undertaking higher diplomas in Health and Social Care (Level 3 and Level 5)."

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

- People were supported with their nutrition and hydration needs if required, and this was part of their care.

- One staff member told us, "I just make sure that the person has had a meal of their choice, which I will prepare for them and ensure that when I leave, the person has had enough to eat."

- A relative told us that their relative always has a meal that the staff help to prepare or support the person preparing their meals.

- One relative told us a neighbour informed them their relative had no breakfast as a staff member left before their time. We raised this with the registered managers to review as an incident.

- Staff work with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives and access healthcare services support.

- The provider also provides a service where staff stays with the person for a few days to support them.

- Staff gave us examples of when they would seek help and support from other healthcare agencies, including mental health crisis intervention teams.

- The manager told us, "We have a duty of care and proactively make referrals as required. For example, a recently raised safeguarding concern led to multidisciplinary case management."

# Is the service caring?

## Our findings

Caring means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection, we rated this key question as Good. At this inspection, the rating remains the same. This meant people were supported, treated with dignity and respect, and involved as partners in their care.

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

- People and their relatives describe the staff as friendly, well-presented, kind, caring, helpful and polite.
- A relative said they (care staff) are professionals. I am more than happy with them and would recommend the service to others.

Staff spoken with were knowledgeable about people's preferences, personalities, and things that were important to them. An example of support provided by staff is that one person using the service had a significant birthday, and staff arranged a birthday party for them.

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

The management actively sought feedback from people about their care and used the information to improve the service.

- People told us they could express their views, including preferences about receiving support from female or male care staff.

- People told us they were happy with the care and support they received from the service.

There were numerous thank you cards at the office. People told us they would like the same staff if possible. One person told us I would like the same staff, if possible, although all the staff are very friendly. It means that I would get to know the staff better. "

- Staff told us there was enough time to engage with people and make sure they were comfortable before they left

Respecting and promoting people's privacy, dignity, and independence

- A staff member told us, "We respect people's diversity and support people the way they choose. We are guided by what people want us to do for them. It is always what they want
- Staff recognised the importance of people's independence. One staff member told us, "I feel it is important for people to keep their independence as long as possible." Another staff member told us, "I always try and make sure they do something for themselves, even if it's just combing their hair."
- One person told us staff they do so much for me."
- People's personal information was kept secure, and confidentiality was maintained
- Staff describe ways of protecting people's privacy and dignity, such as knocking on doors and closing the curtains.
- The provider enabled people using the service to attend events provided by the service, and family members could attend. For example, coffee mornings, fares, and activities.

Another example of this is when they change the care provision to include Sunday visits to enable a person

to attend the church of their choice. As a result of this, the support worker accompanying the service user to church has now found faith and is being baptised.

# Is the service responsive?

## Our findings

At the last inspection, this key question was rated Good. At this inspection, this key question remained the same: Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care ensures people have choice and control and meets their needs and preferences.

- People participated in the planning of their care. For example, all care records advised that people had been consulted about how they wished to be supported.
- People's care and their needs and preferences were planned and supported.
- Staff spoken with were aware of what care people needed. Staff told us about people's needs, reflected in their care records, such as people's routines around their care and how they started their day.
- Care plans seen were person-centred and written to show people's personalities, life histories and how they want to be supported.

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 how to help ensure people with a disability or sensory loss. In some circumstances, their carers get information in a way they can understand. It also says that people should contact the support they need about communication.

- The provider was meeting the accessible information standards. People's communication needs were met. Care plans detail people's communication needs and how staff should communicate with them.
- Communication passports were completed for all people using the service.
- The company provided information in a relevant and suitable format to meet individuals' needs.
- Care plans could be recorded on audio, and copies can be given to people using the service and their relatives. Staff could access alternative documents, including those with pictures to support understanding. Easy-to-read documents were also available for policies and procedures if required.
- The manager told us, "We take every step to ensure they receive information in their preferred format. For example, a different language and different font sizes via email."
- At the time of the inspection, the service supported 4 people with visual impairment. Staff used text-to-speech technology to promote better communication.
- The service worked in partnership with local learning disability and speech and language therapy (SALT) teams to develop communication plans.

Supporting people in developing and maintaining relationships to avoid social isolation, supporting them in following their interests, and taking part in activities that are socially and culturally relevant to them.

- People were supported in maintaining relationships, avoiding isolation, and accessing activities of their choice.
- Care plans provide information about how people like to spend their time, activities they like to do, and any goals and aspirations they have.
- Staff accompanied people on holiday to make sure people had a holiday of their choice.

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Improving care quality in response to complaints or concerns: people's concerns and complaints were listened to, responded to, and used to improve the quality of care.

- The manager told us and sent documentation to support how the systems were used to provide the service to people considering their care needs, preferences, and choices.
- People had access to information and guidance about how to report concerns. Some people raised complaints with the management and others with staff.
- All complaints were fully investigated, and lessons were learnt.

For example, a staff member did not attend a call. There was no alert system in place. The provider then arranged for a system that would alert the office. that staff had not attended or was early or late.

# Is the service well-led?

## Our findings

Our findings - Is the service well-led

Well-led 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 our last inspection, we rated this key question good. At this inspection, the rating has remained the same good.

Continuous learning and improvement.

- Audits were carried out regularly by senior staff to monitor the service provided and assess where improvements were required. However, not all issues were captured through this process.
- For example, managers were not aware that staff had used the correct incident identifier for a person whose records stated that they had a scald. action was taken at the time and re-rated to a rash. We raised this during the inspection with the registered manager, who took steps to rectify this.

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

- People received personalised care and were supported to achieve good outcomes. People were at the centre of their care, and care plans were created collaboratively between staff, the people who used the service and their relatives where appropriate.
- People were encouraged and supported to be involved in the running of the service.
- Staff we spoke with enjoyed working for the service and spoke fondly of the people they supported.
- Staff were nominated for awards for the work that they had done. There was also a Care Support Worker of the Year award by people using the service. The provider has been nominated as the best place to work for two consecutive years. Numerous members of staff have been nominated and won different awards

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

- The manager engaged with other service providers to encourage networking and the opportunity to share information and best practices. For example, they attended provider meetings that invited guest speakers.
- Managers ensured that both staff and people using the service were able to access and understand information in an accessible way. For example, a board report was adapted to ensure a trustee could text the speech app on a mobile phone to read the document in preparation for a board meeting.
- People were encouraged and supported to be involved in running the service. This gave people the opportunity to be involved in the improvements people received.
- The management team provided a yearbook that contained activities that people completed and the future vision of the service. Macmillan coffee mornings take place, and summer barbecues
- There was a book of compliments made by people using the service.

How does the provider understand and act on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong?

- The management team understood the duty of candour, and we saw that management was open and honest with people and their relatives when things went wrong.
- The manager told us the organisation works with a no-blame culture and ensures that concerns are identified, managed, and resolved.

Working in partnership with others, continuous learning and improving care

- The management and staff team worked with other appropriate services to ensure people received care that met their needs. For example, in local councils and community groups, the registered managers were also members of the registration managers forums and kept themselves up to date with current practices.