

Lifeways Independent Living Alliance Limited

Independent Living Alliance

Liverpool

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

Independent Living Alliance Liverpool is a service that provides personal care and support to people in their own homes. The service provides support to people who have physical disabilities, sensory impairment, mental health support needs, a learning disability or autism.

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. At the time of our inspection eight people received personal care.

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

People told us that they had positive relationships with the support staff supporting them. Staff knew people well and used respectful humour in their interactions with people. One person told us, "The staff look after me well. I'm safe with them." People told us that the support they received and the approach from staff had helped improve their wellbeing.

People told us that their support staff offered the right level of support, they helped people when they needed it but did not take over. People told us support staff empowered them to take control and make decisions, but also knew when to stand back. We also saw that people's privacy was treated with the upmost respect.

There was a culture of positive risk taking that had benefitted people. Risk assessments had the information staff needed to reduce risks and support people to remain safe. 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 had supported people to achieve their goals as part of support planning. People's care plans and support was reviewed regularly with them, to ensure that it met their needs and wishes.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Senior staff met regularly with the registered manager to discuss the quality of the service provided and to ensure all aspects of the service were being managed appropriately. The registered manager and senior staff had a good knowledge and understanding of the support offered to people, the quality of that support and

areas requiring improvement, the current risks and how these were being reduced.

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 6 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Independent Living Alliance Liverpool

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

This inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's 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 a short period of notice for the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Also, we wanted to gain the consent from some people, to be able to visit them in their homes.

Inspection activity started on 28 June 2019 and ended on 8 July 2019. We inspected the systems at the office location on 28 June 2019.

What we did before the inspection

To plan our inspection, we used the information we had received about the service since our previous inspection as part of our ongoing monitoring. We also used the information the provider sent us in the 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. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who used the service. We also spoke with eight members of staff, including the registered manager, senior staff and support workers. We looked at a sample of records including some people's care files and records relating to the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Support staff had received training in safeguarding people from the risk of abuse, they were knowledgeable about their responsibilities.
- The provider had a system in place to record any allegations of abuse, ensure people were safe, and report any allegations to the appropriate authorities. There was a senior member of staff available to support staff in such situations 24 hours a day.

Assessing risk, safety monitoring and management

- There was a culture of positive risk taking that had benefitted people. Risk assessments had the information staff needed to reduce risks and support people to remain safe.
- Staff respected people's choices, autonomy and freedom. Often support to help people remain safe was agreed with the person beforehand, involving them in their support planning.
- The service used assistive technology to help people stay safe whilst maximising their independence. One person told us about this, "When I use my buzzer, staff are always here to help. It makes me feel secure and safe."

Staffing and recruitment

- The provider had taken steps to ensure that there was enough trained staff with the right skills to meet people's needs.
- New staff had been recruited safely; using an interview process that involved people supported.

Using medicines safely

- Staff received training in administering medication safely and regularly had their competency checked to ensure they used the safest and best practice.
- There was a monthly audit of the systems used for administering medication. These steps helped ensure people received their medication safely.

Preventing and controlling infection

- Staff provided care using protective equipment that reduced the risk of spreading infections.

Learning lessons when things go wrong

- If something went wrong, or very nearly went wrong; this was recorded by support staff as an accident or incident and appropriate action was taken to ensure the person involved was safe.
- Accidents and incidents were discussed as part of learning at meetings of support staff and senior staff.

We also saw records that showed the registered manager analysed accidents and incidents, the immediate response to these and how people were supported to remain safe. They used the information to look for patterns, learning and opportunities to improve the support provided for people.

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 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

- Before people's support started, an experienced staff met with them to assess their support needs and wishes. This helped ensure that support staff were able to meet people's individual needs and provide support that was appropriate for them.
- During the assessment, people's goals and what they wanted to gain from their support was identified; this information was used to put together an agreed care plan. For example, one person's goal was to return home after staying in a nursing home; the assessment helped them to plan what support they needed to achieve this.

Staff support: induction, training, skills and experience

- Staff were enthusiastic about their roles and told us that they received good support that helped them to be effective in supporting people.
- New staff received a thorough induction into their roles; this included meeting the people they may support and shadowing an experienced member of staff. Some people told us that they valued being involved in inducting new support staff.
- Support staff received a range of training to enable them to be effective in their roles. In addition to the providers mandatory training additional courses were provided or staff; for example, experts by experience delivered training for staff on mental health awareness

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

- People received support that was appropriate to their needs. Some people were independent with meal planning and preparation. Other people were supported to plan a menu, shop for food and to prepare their meals at home.

Staff working with other agencies to provide consistent, effective, timely care

- We saw that support staff worked alongside health and social care professionals; such as speech and language teams and occupational therapists, to ensure that people received appropriate day to day care to help keep them healthy.

Adapting service, design, decoration to meet people's needs

- There was no fixed model of support or hours of support provided. Each person's support was adapted to their needs and provided in a manner and at a time that matched their needs and preferences.
- The provider was not responsible for providing accommodation. However, they did support people in finding suitable homes and supporting people if necessary to arrange for adaptations to be made to their

homes. If needed, people were supported in their interactions with their landlord.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed. We saw that if appropriate, staff made a record of any procedures or tests done, their outcome, any changes to people's medication and what support people may need with their health concern. This helped ensure that people received effective care to remain as healthy as possible.
- People were supported to attend an annual check-up with their GP.

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.

The service was working within the principles of the MCA.

- We saw that people's care plans were put together with them. They had a copy of their care plan and had signed them to demonstrate they consented to them. This consent was reviewed with people at least once a year.
- We saw examples of when people had not consented to a support plan being in place; or to a particular part of the support offered. Their decisions had been respected and the support had been adapted so that it was effective and met their wishes.
- Some people used assistive technology to help ensure they were safe. When this support may be considered an invasion of a person's privacy; a support plan was completed with the person to ensure they consented to and understood this support.

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 rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that they had positive relationships with the staff members supporting them. Staff knew people well and used respectful humour in their interactions. One person told us, "The staff look after me well. I'm safe with them." People told us that the support they received and the approach from staff had helped improve their wellbeing.
- The respect and promotion of people's equality and diversity was seen throughout the support they received. This was demonstrated by people having confidence in the care planning process that respected and treated them as individuals; along with support staff helping to ensure that people felt comfortable expressing themselves.

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

- Support staff promoted people expressing their views and making as many decisions as possible for themselves.
- People told us that their support staff offered the right level of support, they helped people when they needed it but did not take over. People told us support staff empowered them to take control and make decisions and knew when to stand back.
- Some people were supported to use their own vehicles. This gave them increased choice and independence. One staff member told us, "With this freedom [person's name] can do what they choose to do on the day."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful towards them, they felt comfortable with them visiting their homes; and their approach meant that they never felt awkward or uncomfortable.
- We saw that people's privacy was treated with the upmost respect. For example, we saw that some people had chosen what personal information could and could not be recorded and shared, which had been respected.

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 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 told us that they had been involved in putting together their care plans; and they met their needs and helped them to have maximum control over their lives. One person said that their support was tailored to them and their needs. They told us that this helped, "Carers maximise my care time."
- Staff had supported people to achieve their goals as part of support planning. For example, one person's goal was to have a holiday abroad and had recently been supported to do this. People's care plans and support was reviewed regularly with them and if appropriate their family members, to ensure it still met their needs and wishes.
- Personalised care and support were offered in a variety of ways. For example, some people received background support that they could access when needed, there was also a drop-in café where people could discuss anything concerning them with an experienced member of staff. This is more informal and flexible support that increases people's control.

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.

- We saw that people were communicated with in a manner that best for enabled them to understand and use that information to make decisions.
- Some people had a support plan for communication and decision-making; this gave staff details of their communication needs and preferences.

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

- People had been supported to maintain relationships and community connections; to keep in contact with friends and make new ones.
- People were supported to engage in a variety of everyday social activities that were meaningful to them. For example, people were supported to socialise and spend time with friends and family, to meet people in local pubs and cafés, express their faith as part of a group, attend art classes and support local sports teams.

Improving care quality in response to complaints or concerns

- People knew who they could raise a complaint or a concern with. They told us that if necessary, they felt

comfortable doing this and the process was simple. Information on making a complaint was in a guide and leaflet provided by the service.

- We saw records that showed that complaints and concerns had been recorded, investigated and responded to appropriately. The provider analysed both complaints and compliments looking for areas of the service provided that may need improving. Any patterns of feedback in questionnaires that people had completed was also looked at to see if this highlighted any concerns.

End of life care and support

- Staff at the service, in partnership with health professionals, had provided personalised end of life care for people who had chosen to receive this support in their own homes. Staff told us that it had been a privilege to support people to plan their end of life support and make as many choices as possible for themselves.
- People were given the opportunity to express their end of life wishes as part of the detailed care planning process.

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

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

- The service had a positive culture that was very person-centred; respected people as individuals and promoted them taking as much control as possible over their lives. This had resulted in positive outcomes for people.
- The provider had been creative in the support offered to people to help ensure that it met their needs in a person-centred way. For example, the drop-in café and increasing people's independence with background support. Also, the provider made sure that people supported and members of the public they interacted with, were signposted to local services that may be of benefit to them.
- Staff spoke positively about the registered manager and other senior staff within the service. One staff member told us, "[Manager's name] helps me a lot. I don't know what I would do without her." Another staff member told us how they had been supported in their personal development; which had helped them learn new skills and improve how they supported 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 had a thorough knowledge of their role and responsibilities. When things went wrong they were open with people supported and people representing them. They also shared information as appropriate with the local authority safeguarding team, CQC and other bodies.

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

- Senior staff met regularly with the registered manager to discuss the quality of the service provided and to ensure all aspects of the service were being managed appropriately. We sat in on part of one of these meetings; the registered manager and senior staff had a good knowledge and understanding of the support offered to people, the quality of that support and areas requiring improvement, the current risks and how these were being reduced.
- Support staff told us that they received training and ongoing support. One staff member said, "I feel totally supported. I am well equipped for my role."

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

- There were examples of co-production with people supported. For example, people were involved in

designing their own support and helping to design and provide the different types of services available for people. Some people supported had received training to enable them to maximise their contribution and control.

- People were regularly consulted on the quality of their support; their views were also sought using questionnaires. People supported were consulted with, and their opinions sought when the provider was making decisions that may affect their support.

Continuous learning and improving care

- The registered manager used information management systems and their relationships and interactions with other senior staff to ensure they had a thorough and up to date knowledge about the quality of the service being provided.
- There was a culture of learning and development within the service. Opportunities for improvement and further development were openly discussed in a positive manner. This had led to the development of staff and their skills and improvements in the systems used.

Working in partnership with others

- The provider worked in partnership with other organisations in providing effective support for people. For example, staff supported people who wanted to be engaged with other organisations and services. This involved working together to ensure that people got the most out of these involvements.