

A New Angle Ltd

Independent Home Living (Scarborough)

Inspection report

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Date of inspection visit: 8 and 10 September 2015
Date of publication: 20/01/2016

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 

Overall summary

The inspection took place on the 08 September 2015 and 10 September 2015. It was announced. This means the provider was given 2 days' notice due to it being a domiciliary care provider and we needed to ensure someone was available. We last inspected Independent Home Living Scarborough on 20 August 2013. They met the standards fully at that time.

Independent Home Living (Scarborough) provides personal care and support to people in their own homes in the borough of Scarborough. The office is based on the north side of the town close to good transport links allowing people to call in to the office if they are seeking support.

There was a registered manager in post at the time of the inspection. However we were informed by the

Summary of findings

organisation that the acting manager who is currently responsible for the day to day operational management of the Scarborough branch on behalf of the providers A New Angle Ltd would be seeking registration and the current registered manager would be stepping down.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Staff were recruited safely and there were enough staff to ensure that people's care was delivered as planned.

Risks to people were assessed and managed well. Staff understood how to keep people safe from harm, and report any concerns. The service had systems in place to ensure people received help with their medication when they needed it and the recording of support with medication was good.

Staff had a good range of training to help them provide the care that people needed, and the manager had planned ongoing training for the staff. Staff reported they felt supported by the management team to do their jobs well and received guidance about their work as they needed. People who used their service were consulted and gave their consent to the care offered, and they received the support they needed to lead a healthy lifestyle with good diets.

Staff were introduced to people so that good working relationships could be established at the outset of care being provided. People reported that the staff were caring and did their jobs well. Records showed that people were

involved in their care and various procedures were in place to ensure their views were valued and respected. Care was reviewed in a timely manner. People told us they were treated with dignity and respect, and policies and procedures placed expectations on staff to ensure that they treated people well.

The agency was responsive to people's needs. They had personalised care plans in place that detailed people's wishes in respect of the care they needed. They regularly sought feedback from people who used the service via questionnaires which asked how care was going and what improvements could be made. Care coordinators regularly got in touch with people who used the service and visited them to see how their needs were being met. People were given good information about how to make a complaint if they needed to and they told us they were confident that the organisation would handle any complaint well.

The organisation had a number of policies in place that set out their expectations about how staff should engage with people who used the service and ensure their needs were met. The organisation had policies and procedures that ensured staff knew of their obligations about raising any issues or concerns, and they included mechanisms for staff to report serious concerns outside of the organisation if needed.

There was strong management in place provided by the manager. Staff felt supported by management to perform well in their role and to raise any issues or concerns they had. There were systems in place to audit various functions of the agency to ensure people received good quality consistent care. People using the service, staff and other agencies were consulted about the service provided and how this could be improved.

Summary of findings

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.

The agency was careful to make sure care workers were vetted to ensure they were suitable to work with vulnerable adults.

Staff understood how to keep people safe from abuse and how to report any concerns.

Where people received support with their medicines this was done safely.

Good



Is the service effective?

The service was effective.

Staff had appropriate training to be effective in their work and this was kept up-to-date.

Staff told us they had the support and guidance from management they needed to do their work well.

Staff had been trained in supporting people with healthy eating and people reported they received the support they needed.

Good



Is the service caring?

The service is caring.

People told us staff were caring and considerate to their needs.

People were supported by staff to be involved them in day to day decisions about their care.

People were treated with dignity and respect and their confidentiality was protected.

Good



Is the service responsive?

The service was responsive.

People had assessments of their needs and care plans were drawn up with them to meet identified needs. Care plans were reviewed as needed.

Care plans and the care provided was person-centred and reflected individual preferences

People knew how to make complaints and were confident that the organisation would deal with any issues raised.

Good



Is the service well-led?

The service was well led

The manager and other senior staff ensured that the focus of care provided was person centred and that staff were appropriately supported.

People using the service and staff had confidence in management and felt able to raise issues and were confident these would be addressed.

Systems were in place to ensure that the care provided was safe and of good quality.

Good



Summary of findings

People using the service, staff and other agencies were consulted about the running of the service and how it could be improved.

Independent Home Living (Scarborough)

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.

The provider was given notice that we would attend for an inspection on the 08 September. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be available.

This was a small organisation so the inspection was carried out by a single inspector.

Before our inspection we reviewed all the information we held about the service. We reviewed all of the notifications and safeguarding alerts. We had not requested a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We did receive and examine the results from questionnaires sent out by the Care Quality Commission (CQC) prior to visiting the service. This helped inform the inspection.

We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They told us that they had not received any feedback from the public in respect of this organisation. The local authority did not provide any feedback about the service.

During the inspection, we spoke with four members of staff and the manager. We visited four people who used the service in their homes and spoke to another two by phone.

We examined four staff records and the care records of four people who used the service.

We examined various other records including recruitment details and policies and procedures related to running the organisation.

Is the service safe?

Our findings

People told us they felt safe. One person told us “Yes I feel very safe, the girls are lovely”.

Three people we spoke with told us the staff were reliable and arrived and left when they should. However, one person did comment that “staff come when they are meant to most of the time but occasionally they don’t.” They went on to explain that they understood this tended to happen when they were emergencies, “but I wish they would phone me every time to let me know and they don’t always do that”. We raised that with the member of staff present and they agreed to discuss it with the manager to improve communication when visits were running late.

Records in care files and review of the rotas showed that the service had sufficient staff to meet the needs of people they provided services for. There were no adverse reports of calls being missed.

The organisation had an up to date procedure for the recruitment of staff and records showed these were followed which reduced the risk of people coming to harm. Staff files we examined showed that the agency sought appropriate references. The manager also contacted referees to check on their validity and seek further information where necessary. The agency undertook Enhanced Disclosure and Barring Service (DBS) checks prior to staff commencing work. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people

Staff had been trained in relation to keeping people safe (safeguarding) and during interviews they demonstrated that they understood and acted upon the training they had received. The staff could articulate the principles behind keeping people safe and what action to take if they suspected someone was being harmed. They all said they would act promptly and take immediate steps to prevent further abuse. They also said they would report it and make a record of what they knew.

The service had up to date policies and procedures relating to keeping people safe and these reflected the Local Authorities guidance about safeguarding adults. There were also procedures relating to whistle blowing (where staff were empowered to speak outside of the organisation

about any issue they thought the organisation was not dealing with well) and staff told us that they understood their responsibilities around this and that they felt they would be supported if they needed to take such action.

There were no reports in the records held within the Care Quality Commission (CQC) relating to safeguarding issues since the last inspection. When we spoke to the manager they demonstrated they understood their responsibilities about raising any safeguarding issues with the relevant authority and with CQC but no issues had occurred during this period.

The agency had a policy and procedure in relation to helping people who used the service with their medication where this was needed. It was clear that staff did not administer medicines until they had been trained and judged to be competent to do so. There were staff records that showed that they received training in supporting people with their medicines, and that they were observed doing so to make sure they did it safely.

When we examined people’s records we saw that people’s needs in relation to their medicines had been assessed and details of the assistance required included in plans of care. One person told us “the staff help me to remember to take my pills and they never forget”. Records of medicine administration we examined were completed fully and there were no gaps or errors.

People had personal risk assessments in place. In the files we examined we noted that there were two versions of those assessments. When asked about this, the manager explained that they were switching over to new types of records that they felt would capture the information they needed better. He explained this was an on going process that they hoped would be completed soon.

Both versions of the risk assessments were thorough and captured such details as access to the property, hazards within a person’s home, sensory issues, infection risks, physical health, diet and nutrition, medicines, mobility, mental/emotional state, and details of individual personal care issues.

We explored how well staff were prepared to prevent infections and cross infections. We saw there were policies and procedures in place and that staff had received suitable training. We asked staff about personal protective equipment (PPE). PPE is equipment such as gloves and aprons that is used to protect people from possible cross

Is the service safe?

infection. They all said they went into the office to pick up any supplies they needed and they were encouraged to use them. During our observations of staff in the work place we saw that they used aprons and gloves and hand cleaner as they should have.

The agency had policies and procedures in place for reporting accidents and injuries, and had a system to look at those to see what could be learned to help prevent any future incident. There were no significant injuries recorded.

Is the service effective?

Our findings

Three out of the four people we spoke with said they always received their care at times they wanted them. One person mentioned that occasionally the carer might be late due to some emergency. They went on to say that they usually received a call telling them of delays but that didn't happen always. We explored this further with them and asked if they had ever raised this with the agency, they said no as they didn't think it important enough but that they "find it frustrating when it happens". This was raised with the member of staff present to take it up with the manager to resolve the issue at the time of the inspection.

When we examined the records we did not see any great deviation in the times people wanted their calls and most showed that call times were in line with care plans. One person told us "The girls always come on time when I expect them". Another said "Tuesday and Fridays that's what I want, that's what I get and they come when I want them to". People also told us that any variations they asked for were accommodated by the agency.

Staff records showed that they received the training and support they needed to carry out their duties effectively. Staff received training in a range of areas such as health and safety, mobilising people, moving and handling, fire safety, first aid, recording, confidentiality, keeping people safe (safeguarding) and supporting people with medicines. We saw records that showed that staff had also received one to one supervision (personal one to one guidance) from the manager or other senior workers within the organisation to support them in their role.

Staff also told us that managers observed their work whilst in people's homes. Records showed this happened twice yearly and staff were assessed on various aspects of their work. This included the way they greeted and supported people who used the service.

We saw that some staff had received training in respect of understanding the principles behind the Mental Capacity Act 2005. Staff we spoke with could articulate those principles and spoke of how they applied them practically in the work they delivered. They understood the need to ensure that people were empowered to make their own decisions within their capacity to do so. There were records that showed full assessments of people's mental capacity were undertaken with the local authority as needed.

Staff also understood that where people's capacity to make some decisions themselves was in question, key people involved in the person's life would collaboratively make a decision in the person's best interests. Records showed that where concerns were raised by the organisation key decisions had been made during best interest meetings that involved professionals, family members, the person involved and other key people involved in that person's care.

The service was keen to develop its quality of care for people living with dementia. They had made contact with local voluntary services and staff were all Dementia Friends. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action.

Staff received the on call support they needed when at work. All staff we spoke with told us that there was always a manager or care coordinator at the end of the phone and that importantly, as one member of staff told us, "They give us guidance that actually helps us with the difficulty we are having". The manager explained that senior support was provided from the office during working hours.

People told us that they received the help that they needed and as was agreed within the care plan. One person said "I am very happy with the work they do, the help me wash my hair, do the ironing and general chores". When we examined the care records we saw that people were involved in drawing up the plans for their care and had signed care plans and risk assessments to show that they were involved and agreed with what was put in place.

People also told us that they were involved in their assessments and in reviews of their care undertaken.

Assessments were undertaken to ensure people received the nutrition they needed to maintain a healthy lifestyle and any support they needed was recorded in care plans. People told us that the staff prepared meals in accordance with their needs and wishes. One member of staff told us "if I need to I will sit with someone to encourage them to eat all of their meal". Staff records showed that they had received training in providing support for people in respect of their nutritional needs.

The plans we examined showed that the organisation supported people to access health services that they needed such as occupational therapy and community nursing.

Is the service caring?

Our findings

People told us they felt well cared for. One person told us “the girls are lovely”. Another said “the staff are always polite and do what I want”. They went on to explain that “the staff will do little jobs for me that are not on the care plan, but need doing, for example putting my bin out for me”.

The manager told us that they tried to introduce staff who were to be directly involved in people’s care at the point where they were assessing people’s needs. They said this was intended to establish an early relationship between people using the service and the staff who would support them. People we spoke with confirmed this in as far as that they were introduced to most of the staff who visited them.

Staff spoke about their work with enthusiasm. They knew the people they cared for well and understood their individual likes and dislikes and how they preferred their care to be delivered. There was also evidence that they would take time with people and ensured they worked at a pace people were comfortable with. We observed positive and respectful interactions between staff and people using the service.

The care plans we examined were person centred and detailed people’s likes and dislikes. People’s personal aims and objectives were recorded, setting their goals in relation

to the care they needed. Staff were aware of this detail within plans and understood the need to support people in ways which encouraged their autonomy and independence and were seen to offer people choices.

When people were assessed in respect of their needs they were given information packs that provided information about the services they would receive. These included important information about such things as making complaints, how their right to choice would be upheld, contractual agreements and rights under the contract.

Records showed that people’s care was reviewed regularly. They included feedback from people who used the service about the care they received and what they wanted in future. The service also conducted surveys where people completed questionnaires about the care they received.

People told us that staff were careful to ensure that their dignity and privacy was respected. People were provided with information about how their dignity and privacy would be protected at the start of care being provided and staff had access to guidance about how to ensure this. Twenty-two staff were trained as Dignity Champions, (Dignity Champions are part of a nationwide movement, working individually and collectively, to ensure people have a good experience of care when they need it).

Staff received guidance about ensuring any information about people was treated confidentially and the organisation had policies and procedures about maintaining confidentiality

Is the service responsive?

Our findings

The service was responsive to people's needs. People were involved in their initial assessments and any review of the care they received.

The organisation offered specialist care commissioned through the local care commissioning group for people who needed twenty-four hour care. In those cases the agency put together specialist dedicated teams with their own senior care worker. Not only did this ensure that specific staff worked solely with those people but it meant that specialist training was provided and person centred recruitment to those roles was undertaken. People who used the service were actively involved in approving the staff that worked with them.

Care plans were person centred and written in the first person to emphasise that the needs expressed were individual to the person concerned. The plans included key personal information such as who their GP was, people who were important to them, and any special services involved in their care. They also contained details about people's personal histories, interests, friends and historical achievements.

There was specific detail about times of visits length of visits and the tasks that needed to be done. The plans gave greater details about what outcomes people wanted from the services provided. They were in the form of specific and individual aims such as "what I want to achieve at meal times", and "support during morning, day time and evening routines". There were records that showed detailed information about personal care people needed to support their independence and help them remain living at home.

The service was careful to capture information about any mental health issues and set out how the service intended to support people with any assessed needs related to this. The agency was working closely with the Scarborough Dementia Action Alliance, to improve the care staff

provided in this area. The Alliance's aim is to bring individuals and organisations together to reduce stigma and raise understanding of dementia; to enable people living with dementia to continue doing the things that they enjoy within their own community for longer. And the provider was also developing awareness within the office in order to offer signposting to people who could drop in to ask about community based services for help with dealing with dementia.

People told us and records showed that senior staff within the service kept in regular touch with people who received services from them. Notes on care records in the homes of people we visited had notes made by care coordinators when they visited to check how the care was going and how the service was continuing to meet people's needs. People also said that those visits were backed up by regular phone contact "from the office" to check how things were going.

The service regularly sought feedback from people who used the service. They sent out a form called "Client Evaluation Form" where they requested information about how well they were meeting people's needs asking about how day to day arrangements were working and if their needs were being met in accordance with requirements and plans. They also requested information about what aspects of the service were important to them and if they could suggest any areas that need improving.

People we spoke with told us they knew how to complain. One person told us that they "sorted things out" directly with the carers. People received guidance about making complaints at the start of services commencing. We saw that all home files had guidance about making complaints. We also saw that the client evaluation form asked if people wanted someone from the organisation to get in touch to discuss any concerns they may have had. We examined the complaints records and found no significant complaints had been received since the last inspection.

Is the service well-led?

Our findings

The service was well led. We were told that the current registered manager was stepping down. The person currently running the day to day operations of the service was the office manager. They said that they intended to register as the manager and would continue to be the acting manager until they were registered.

When we spoke with staff they were enthusiastic about their work. We spoke to the team leader in charge of the special teams providing care for people who needed twenty four hour care. They were proud and enthusiastic about their work and felt that they had been able to support people in their own homes who would have otherwise needed residential care due to their needs. Staff reported that they were well supported by managers and that they received guidance and advice to as they needed it to help them ensure they provided good quality care. They also felt able to raise any issues or concerns

People who used the service said they could always get in touch with someone from the office and speak to a care coordinator or the manger if they needed to. One person told us "I have never had any trouble getting through to someone at the office".

There was a positive culture within the organisation. Managers monitored care delivered closely and ensured that it remained person-centred and was responsive to people's needs. There was a strong focus with the organisation relating to understanding dementia and supporting people's dignity.

A combination of hard copy files and electronic records relating to staff and people who used the service were kept. The care coordinators and manager used the electronic

system to record day to day information in regard to people's care. They showed that the organisation captured significant wellbeing information about peoples care and significant events in their lives. It also showed where the organisation offered extra support for people. For example there was one case where the care coordinator had offered to attend a person's home when the family did when a person returned from hospital to ensure that they had a full understanding of any changes to care needs.

Policies and procedures were up to date and comprehensive. Several documents, including the statement of purpose, client handbook and staff handbook, promoted the values of the service, such as valuing individuality, expectations about upholding dignity and respect, and recognising rights for people to meaningful programmes designed around their personal needs.

The manager was experienced and aware of their responsibilities once they took over the registered manager's role. They and the care coordinators undertook regular file audits and used that information to satisfy themselves that the service was safe and of good quality and to improve the services they provided.

Surveys were undertaken with people who used the service, staff and people the service interacted with externally to obtain views about the service provided. The manager showed us how information from these was used to further develop the services they offered.

The manager was aware of the need to notify CQC of important events within the service. We examined the notifications we had received from the provider since the last inspection. There were no concerns raised in relation to the running of the agency.