

Welcome Independent Living Ltd.

# Welcome Independent Living Limited

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



## Overall summary

Welcome Independent Living provides home care services in the Calderdale area of West Yorkshire from spacious office premises in Hebden Bridge. At the time of the inspection the service was providing care and support to fifty five people and employed approximately eighty members of staff.

We inspected the main office premises on the 18 March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. Our last inspection of the service took place on the 14 August 2014 and at that time we found the agency was not meeting four out of the five regulations we looked at. These related to staff recruitment and training, record

# Summary of findings

keeping and quality assurance monitoring. We asked the provider to make improvements and following the inspection they sent us an action plan outlining how they intended to address the breaches in regulations.

During this inspection we found significant steps had been taken to improve service delivery although some areas requiring further improvement were identified.

There was a registered manager in post. 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.

We found the organisation's staff recruitment and selection procedures were now robust which helped to ensure people were supported by staff suitable to work in the caring profession. We also saw all staff had received mandatory training and that one to one supervision meetings took place which helped staff to carry out their roles effectively. However, we found the staff disciplinary procedures designed to protect people who used the service from poor work practices were not always being followed.

The care/support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

However, we were concerned about the number of calls the agency had missed. We were also concerned that on at least two occasions only one member of staff had provided people with care and support when two staff should have attended. This potentially put people at risk of not receiving safe care and treatment.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received. The majority of people we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided.

We saw the management of the service was more structured and the provider had started to introduce a more robust quality assurance monitoring system that continually monitored and identified shortfalls in service provision. However, the provider and registered manager were aware that more work was required before the systems in place were fully operational and consistently applied.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 come into force on 1 April 2015. They replace the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not always safe

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

Staff knew how to recognise and respond to allegations of possible abuse correctly and were aware of the organisation's whistleblowing policy.

We had concerns about the number of calls the agency had missed and found that on at least two occasions only one member of staff had provided people with care and support when two staff should have attended. This potentially put people at risk of not receiving safe care and treatment.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

People who used the service and/or their relatives told us the initial assessment process was thorough and staff listened to them regarding how they wanted their care and support to be delivered.

All new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. The service needs to demonstrate a consistent approach to staff training and ensure staff receive the specialist training and support they require to carry out their roles effectively.

Staff respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and always acted in line with their wishes.

**Requires Improvement**



### Is the service caring?

The service was caring.

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

**Good**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received.

People's support plans provided staff with the information they required to make sure people received appropriate care and support.

The provider had a complaints procedure which highlighted how a complaint would be dealt with and by whom.

## Is the service well-led?

The service was not always well led.

The provider had started to implement a quality assurance monitoring system which would continually monitor and identify shortfalls in service provision. However, more work was required before the systems in place were fully operational and consistently applied.

Audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was some evidence that learning from incidents/investigations took place and appropriate changes were implemented.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

The majority of staff we spoke with told us there were clear lines of communication and accountability within the agency.

**Requires Improvement**



# Welcome Independent Living Limited

## 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 carried out 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 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried by two inspectors. On the first day of inspection we visited the office premises and spoke with the registered manager and the nominated individual for the service and other members of the senior staff team. We also looked at four people's support plans and risk

assessments and other records relating to the management of the service such as training records, staff recruitment records, quality assurance audits and policies and procedures.

In a three week period following the inspection we spoke with fifteen people who used the service and thirteen staff by telephone to ask them about their views and opinions of the service provided.

We reviewed the information we held about the service. This included information from the provider and from the local authority contracts and commissioning service in Calderdale.

Before our inspections we usually ask the provider to send us 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 not ask the provider to complete a PIR on this occasion.

# Is the service safe?

## Our findings

At the last two inspections in April and August 2014 we had found the staff recruitment and selection procedures in place were not being followed by the registered manager. This meant people unsuitable to work in the caring profession might be employed.

On this inspection we found significant improvements had been made to the recruitment process and the correct procedures were now being followed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two satisfactory written references were obtained before new employees started work. In addition, we saw the registered manager was now exploring any gaps in people's employment history, ensuring they provided proof of identity and were of good character. We spoke with three recently employed members of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. However, during the course of the inspection we identified two instances where the registered manager should have considered using the procedure to protect people but had not done so. This was discussed with the registered manager who acknowledged they needed to be more pro-active when dealing with allegations of possible poor practice.

The registered manager told us that sufficient care staff were employed for operational purposes and staff recruitment was on going. However, when we looked at the missed call log we found between 5 February 2015 and the 16 March 2015 there were thirteen missed calls recorded which potentially put people's safety at risk. The registered manager confirmed that the calls had not been missed because of the shortage of staff but for a number of other reasons including rota errors, staff forgetting the call was on their list and transport breakdowns. They told us once they had realised the calls had been missed people had been contacted or staff had attended the call late. However, they accepted this was an unacceptable number of calls to be missed over a relatively short period of time.

We also found evidence to show that on at least two occasions only one member of staff had provided care and

support to people when the care package indicated two staff should be present. On one occasion a family member had assisted the member of staff on the second occasion the member of staff had provided care and support alone. This was discussed with the registered manager who told us on one occasion staff had forgotten they had to make the visit and on the second occasion staff had failed to follow procedure and inform the office they were unable to attend. This meant that people had been put at risk of receiving unsafe care and support.

We found that the registered person had not protected people against the risk of not receiving safe care and treatment. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority people who used the service told us they were supported by a regular carer or team. However, other people we spoke with felt that this was not the case and they did not always receive continuity of care. For example one person told us, "I like to see regular faces but that does not always happen." Another person said, "It would be much better if you had the same staff on a regular basis but that unfortunately this is not always the case and you are never quite sure who is going to turn up. I think this is one area of the service which could be improved." However, both people told us they were still pleased with the quality and standard of care provided. This was discussed with the registered manager who told us the service tried hard to provide people with continuity of care but acknowledged this was not always possible due to staff sickness and leave and the operational needs of the service.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern and the registered manager told us they operated an open door policy and people could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy

## Is the service safe?

and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. Risk assessments were also in place where areas of potential risks to people's general health and welfare had been identified. These included assessments relating to people's mobility, nutrition, medication and the environment. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

The people we spoke with told us they felt confident that the staff were trustworthy and had no concerns about their safety. One person said, "I am confident the manager would not employ people who should not be in the caring profession and I very pleased with the care and support I receive" Another person told us "All the staff are lovely and make you feel at ease and safe."

People also told us they had a telephone number for the service which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. The policy we looked at made it clear to staff they must seek people's consent before they assisted them to take their medicines. The registered manager told us staff were not allowed to assist people with their medicines until they had completed appropriate training and only assisted people to take their medicines from a monitored dosage system. However, one member of staff we spoke with told us they had not received medication training but gave medication to people on a regular basis. This was discussed with the registered manager who confirmed they would address this matter.

# Is the service effective?

## Our findings

At the last two inspections carried out in April and August 2014 we found staff did not receive the training and support they required to carry out their roles effectively. Following the last inspection the provider sent us an action plan which outlined the improvements they intended to make.

On this inspection we found more focus had been placed on staff training and support. We saw since the last inspection the provider had moved to more spacious office premises with two designated training rooms which were used by staff for more practical training sessions. For example, one room was equipped with a hospital bed, hoist, slings, zimmer frame and a commode. The agency also had catheter bags, stoma bags, incontinence pads and personal protective equipment which staff were able to familiarise themselves with during training.

We saw documentary evidence that showed all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. We looked at the staff rota and saw two recently employed staff had been through this process.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. However, one staff we spoke with who had been employed by the service about twelve months told us they had not a supervision meeting with their line manager since taking up employment. Two other members of staff said supervision meetings were a little “hit and miss” and not always held in a timely manner. This was discussed with the registered manager who confirmed they would address this matter immediately.

We saw since the last inspection the agency had appointed a designated training co-ordinator who had responsibility for ensuring all mandatory training was up to date. The majority of staff we spoke with told us the training provided by the service was good and provided them with the skills, knowledge and understanding to carry out their roles

effectively. Staff told us they were also able to request specific training to be provided if they required it to meet a person’s needs. One care worker told us, “I have worked in the caring profession for a number of years and can honestly say the training provided by the agency is as good if not better than other places I have worked. Another care worker said, “Having a fully equipped training room is excellent and provides people who have never done the job before with the opportunity to use specialist equipment and aids before being starting work.”

However, two members of staff told us they felt they were at times asked to provide care and support to people without receiving appropriate training. For example, one member of staff told us they supported a person living with dementia but had not received dementia care or challenging behaviour training which they felt they needed to carry carried out their role effectively. This was discussed with the registered manager who told us they would pass the information on to the training co-ordinator for them to deal with.

The staff we spoke with told us they sometimes prepared meals for people and depending on the time allocated always tried to provide a varied diet. The staff confirmed that if the commissioned call was only fifteen minutes all they could realistically provide was a microwave meal or a sandwich. We saw care plans gave staff guidance on people’s dietary needs and indicated if people required specific assistance to eat their food. For example, the care plan for one person showed they needed to have their food cut up into small pieces for them to eat and described their likes and dislikes.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked people’s consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people’s right to refuse care and support and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

There was evidence within the care documentation we looked at which showed where people were unable to consent to care and treatment their preferences were



## Is the service effective?

discussed and reviewed and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's wishes.

The relatives we spoke with told us the staff were very pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. One person told us, "On more than

one occasion the staff have contacted a GP for my relative because they appeared unwell when they visited. This helps the family a great deal as we can only offer limited support during the day and constantly worry about them being alone." This showed to us that the policies and procedures in place to support people in such emergencies were effective and the service and staff acted in people's best interest .

# Is the service caring?

## Our findings

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their support plan. People told us that the staff were always pleasant and cheerful when they visited and always made sure they were comfortable and safe before they left.

One person said, "All the staff are brilliant, they do whatever I ask and more besides. I cannot fault the service or the attitude of staff at all." The relative of another person said of the staff, "They are caring people in a caring profession. I am over the moon with the service; they cannot do enough to help you."

People told us that based on their own experience the agency had a flexible approach to providing care and support and had acted on their request to change their support package at short notice. One person told us, "I have on more than one occasion asked for my care package to be changed at short notice and the manager and staff could not have been helpful which I really appreciate." Another person told us, "My relative has benefited so much from the support provided by the agency and is slowly regaining their confidence and independence. I am sure this down to the way their care and support is being delivered."

People told us staff usually arrived on time but generally accepted that there were times when due to unforeseen circumstances they did arrive late. In the majority of cases people said they were kept informed if staff were running late. However, some people told us they had to contact the office to enquire what time staff would be arriving which they found a little inconvenient. One person said, "Surely it

should be the responsibility of the agency to contact me if staff are running late not the other way around." Another person said, "I don't mind staff being a little late but sometimes I do start to worry if I have been forgotten." This was discussed with the registered manager who confirmed the matter would be put on the agenda for the next senior management meeting.

At the time of the inspection the service did not have a system in place which ensured staff had reached their destination on time and had to rely on people contacting them if staff did not arrive. However, the registered manager confirmed that they were looking at the feasibility of introducing a call monitoring system which would identify if staff had been held up and were running late. This information would then be used to keep people better informed.

People told us that staff never discussed confidential information about other people who used the service with them. They said that maintaining confidentiality at all times was very important part of establishing a trusting relationship with staff.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan. One member of staff made the following comment; "You are always mindful that you are working in someone's home and as such you are respectful of their wishes and treat people with the respect they deserve." Another member of staff told us, "I treat everyone as I would like to be treated if I were in their position."

# Is the service responsive?

## Our findings

The registered manager told us when a person was initially referred to the agency they were always visited by the registered manager or a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had.

People who used the service and/or their relatives told us the assessment process was thorough and the registered manager listened to them regarding how they wanted their care and support to be delivered. People told us they were encouraged to ask questions during the initial assessment visit and this had helped them to make an informed decision about whether or not the agency could meet their needs. They also told us they were provided with information about the agency and the care and support it could provide.

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received. One relative said, "I was involved in the initial assessment process and I have also been involved with the on-going care plan reviews." Another person said, "I have been fully involved in all aspects of my care and support and I am very happy with the care I receive." This demonstrated to us that people had been involved in the care planning process and their support plan had been discussed and explained to them.

We looked at four support plans and found they provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were reviewed on a regular basis. We were told a copy of the support plan was kept both in the home of the person who used the service and agency's main office. The staff we spoke with told us they used the

support plans as working documents and had sufficient time to read them during their visit. Staff told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the management team. Staff had differing views about how quickly issues were resolved but the majority felt they were well supported by the senior management team.

Staff told us a manager was always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies. People who used the service and/or their relatives confirmed that staff always read the care documentation when they visited and completed the daily report sheets.

The provider had a complaints procedure in place and the registered manager told us all complaints were acknowledged and responded to within set timescales and a thorough investigation was always carried out.

The registered manager told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose. They also told us that as part of the annual review of the care package people who used the service and/or their relatives were always asked if they felt any part of the service provision was not working for the individual. This gave people the opportunity to discuss any concerns they might have without having to raise the matter as a formal complaint.

We spoke with fifteen people who used the service and/or their relatives and they told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided. One person said, "I know how to make a complaint but thankfully I have never to." Another person told us, "I am aware of the complaint procedure and would not hesitate to use it if I had any concerns."

# Is the service well-led?

## Our findings

At the last two inspections in April and August 2014 we found the quality assurance monitoring systems in place were not robust. Following the last inspection the provider sent us an action plan which outlined the improvements they intended to make.

On this inspection we found the registered manager had significantly improved their management skills and appeared more confident in their role. In addition, we saw an external consultancy had been employed to advise and assist the registered manager and to ensure the quality assurance processes in place were robust and fit for purpose.

In addition, we saw the provider and registered manager had increased the number of management staff and had employed a customer relations manager, a rota manager, a training co-ordinator and six field care supervisors. We spoke with the customer relationship manager who told us their role was to speak with people and ask their opinion about how the service could be improved. They told us the information they gathered was submitted to the registered manager for their consideration.

We saw the registered manager audited people's support plans and risk assessments, the complaints records and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was some evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The registered manager told us senior staff also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. The registered manager confirmed the frequency of the spot checks were

determined by several factors including the complexity of the service provided, potential issues with the working environment and people not having ready access to family or advocate support. The registered manager also told us the senior care assistants worked alongside the staff on a regular basis. This meant they were able to talk with people who used the service and/or their relatives and observe the standard of care and support being provided.

We saw that senior management meetings were held on a weekly basis and regular staff meetings were held. The registered manager told us this was to ensure staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received.

The majority of staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.

However, two members of staff felt there was at times a lack of communication between the office staff and front line staff which resulted in information not always being passed on in a timely manner. One care worker said, "We nearly have as many senior staff in the office as we do field work staff but communication within the senior staff team is not always good resulting in a number of calls being missed or staff arriving very late." Another care worker told us, "I don't always think things get passed on in the office which can lead to mistakes being made, it is not a major problem but one which management need to sort out." This was discussed with the registered manager who confirmed it would be a topic for discussion at the next senior staff meeting.

People who used the service told us they were contacted by the registered manager or a senior member of staff on a regular basis and some confirmed they had taken part in the last quality assurance survey conducted by the service.

We spoke at length with the registered manager about the governance of the service and it was apparent that they were committed to having a robust quality assurance monitoring system. However, they acknowledged more work was required before the systems in place were fully operational and consistently applied.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have suitable arrangements in place to protect people from receiving unsafe care and treatment.</p>