

# Lifeways Independent Living Alliance Limited

# Independent Living Alliance

# - St Helens

## Inspection report

Room 4, Beacon Building  
College Street  
St Helens  
Merseyside  
WA10 1TF

Tel: 07341808638  
Website: [www.ila.uk.com](http://www.ila.uk.com)

Date of inspection visit:  
24 August 2018  
31 August 2018  
05 September 2018

Date of publication:  
24 October 2018

## 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

This announced comprehensive inspection took place on 24 and 31 August and 5 September 2018. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Independent Living Alliance is registered to provide personal care to people with mental health issues, physical and learning disabilities. Support is provided either in 24 hour supported living accommodation or as a domiciliary care service where staff visit people in their own homes. At the time of the inspection there were nine people being supported with a regulated activity.

During the previous inspection in September and October 2016 we identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because the registered provider had not always notified us of incidents as required. During this inspection we found improvements had been made and notifications had been sent as required by law.

During the previous inspection staff told us they did not always feel supported by the management team due to the on-call system not being very effective and they did not always feel their views were listened to. Since the previous inspection the registered provider has implemented a new on-call system for staff to contact managers in an emergency. Staff told us they felt more supported since the new registered manager and service manager had been in post and now felt their views were listened to.

The service has had a registered manager in post since September 2016. 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.

People using the service were unable to provide feedback about the support they received due to communication difficulties. Relatives spoke positively about the way the service was managed and the care and support provided to people.

People were assessed prior to receiving support from the service to ensure that person centred care and support was provided. Care records included detailed risk assessment and support plans to help staff appropriately manage people's needs and keep them safe from harm. Care and support plans had been developed with the involvement of family and were reviewed regularly to ensure effective support was being provided at all times.

Staff had received training in relation to safeguarding adults from abuse and understood what actions they should take when concerns are identified. Safeguarding policies were available for staff to access when

needed.

The service continued to use safe recruitment processes to ensure that staff were suitable to work with vulnerable people. Staff had completed a detailed induction program and shadow shifts with experienced staff members before loan working. Staff completed mandatory training as well as additional training specific to people's individual needs. Staff were supported in their role through regular supervision and meetings to ensure they maintained the right skills and knowledge to carry out their role.

Medicines were stored and managed safely by staff who were suitably trained to administer medications to people receiving support. Staff consistently completed medicine administration records (MARs). The registered provider had policies and procedures in place for the safe management of medicines.

Consent was gained in accordance with the Mental Capacity Act 2005; the registered manager, service manager and support staff understood the need to obtain consent from people prior to offering support.

People were supported to access health and social care professionals; care records showed evidence of additional support from GPs, social workers, speech and language therapists and adult learning disability nurses.

Interactions between staff and people being supported were positive and staff showed a good knowledge of the people they supported. People were treated with dignity and respect and staff ensured privacy was maintained at all times. People were encouraged to be as independent as possible and provided choice and control over their day-to-day lives ensuring that the least restrictive support was given where appropriate.

The quality and safety of the service was assessed at monitored regularly and improvements made where required. The management team were open and inclusive and showed a desire to maintain and improve on the quality of the service being provided.

## 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 ●

This service remains safe.

### Is the service effective?

Good ●

This service remains effective.

### Is the service caring?

Good ●

This service remains caring.

### Is the service responsive?

Good ●

This service remains responsive.

### Is the service well-led?

Good ●

This service is well-led.

The current registered manager has been in post since September 2016.

Effective systems were in place to monitor the quality and safety of the service provided.

Relatives of people using the service and staff spoke positively about the registered manager and management team.

# Independent Living Alliance - St Helens

## **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 checked 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.'

This announced comprehensive inspection took place on 24 and 31 August and 5 September 2018. The registered provider was given 24 hours' notice because the location is a small domiciliary care service and we needed to make sure that someone would be at the office to support with the inspection.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. We also accessed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used all of this information to create our 'planning tool' which helps us to decide how the inspection should be conducted and any key information we need to discuss.

During the inspection we visited four people in their own homes and observed the support they received from staff. We spoke with three family members, four members of staff, the service manager and registered manager. We looked at care records for five people, recruitment records for four members of staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

Relatives told us they felt people were safe. Some people being supported often displayed behaviours that may challenge; relatives told us staff were able to manage these situations whilst keeping people safe. Comments included "Yes [person] has been there quite a long time and staff know her very well, they keep her safe especially when she is being physically challenging." and "Yes, they are really good at managing her behaviours".

Risks that people faced were assessed and managed appropriately. Care files included risk assessments and support plans with guidance for staff on how to reduce the risks and keep people safe from harm. Plans were reviewed regularly and updated when required so that staff had current information and guidance about how to keep people safe.

Accidents and incidents were completed and reviewed on a regular basis by the registered manager and provider to identify any trends or patterns. This helped to ensure that, where required, people were receiving the right support in line with any identified changes.

Staff had received training in relation to safeguarding and showed a good understanding of how to recognise and report abuse. Staff had access to policies and procedures in relation to safeguarding and relevant guidance to assist them in reporting incidents both internally and externally if required.

Staff had completed medication training and regular checks were in place to ensure that correct procedures were being followed in relation to safe administration of medication and documentation. People's medication was stored securely in locked cabinets that only trained staff had access to. Medication administration records (MARs) were correctly completed when required. PRN (as required) protocols were in place for people who only required medications to be administered when needed; each PRN protocol contained clear guidance for staff to follow when administering medications to ensure that people were only receiving medication if was necessary.

There were sufficient numbers of suitably qualified staff to safely meet the needs of people who used the service. Where there was a shortage of permanent staff the registered manager had authorised the use of agency staff to ensure people's needs were met. Some staff told us that due to sickness, staffing levels had reduced which meant they were having to cover the shortage. We saw no evidence of this impacting on the care and support being provided to people. The registered manager was aware of the current staffing issues and was making attempts to rectify this by recruiting new staff.

Since the previous inspection the registered manager had implemented a new on-call service for staff to be able to access support in emergency situations during out of office hours. This was a three tier system that clearly indicated what level of management support was required for differing levels of incidents. A clear, detailed rota had been completed which the registered manager told us was provided for each location within the service. Most staff we spoke with were aware of the new system but had not any need to use it. One staff member told us they had used it and felt that it worked well, the information and guidance was

clear and were supported throughout the whole incident.

Safe recruitment processes were being followed in line with the provider's recruitment policy and procedures. This included obtaining information about applicants' previous work history, qualifications, experience and checks on their criminal background.

Staff had completed training in area such as health and safety, first aid, fire safety and infection control. Regular safety checks were completed to ensure that individual homes remained safe. Checks were completed on the environment and systems used within people's homes; this included gas safety checks, electrical systems and appliances checks, fire safety equipment and emergency systems such as fire alarms and emergency lighting.

# Is the service effective?

## Our findings

People's needs had been assessed prior to Independent Living Alliance providing support. This ensured that people received support that was effective and appropriate to their needs. Care records clearly documented the support that people required and included guidance for staff on how to provide this.

Relatives spoke positively about the skills and knowledge of the staff supporting people. Comments included "Yes [staff] have the right skills, they know exactly how to handle him" and "Yes, they are excellent, that have been on loads of courses, I can't fault them".

Staff were required to complete a detailed induction on commencement of their employment at Independent Living Alliance and received on-going regular training appropriate to their roles and the people they supported. The induction included a period of shadowing experienced members of staff. Training was completed in areas such as fire awareness, basic life support, food hygiene, health and safety, infection control, manual handling, Mental Capacity Act and Deprivation of Liberty Safeguards and adult safeguarding. Where necessary staff had received training in relation to physical intervention and behaviours that may challenge. The training provided was specific to the needs and behaviours of the people being supported.

People were supported with their nutritional needs and were provided with a healthy balanced diet suitable to their needs, likes and dislikes. Staff had knowledge of those people with specific dietary requirements and those who required their food intake to be monitored.

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 make particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. Consent for care was obtained in accordance with the principals of the MCA. Staff had received training around MCA and understood the importance of gaining consent from people before offering care and support; this was observed during the inspection. Where people lacked the capacity to make particular decisions, best interest decisions had been appropriately made and documented with the relevant people and professionals being involved in the decision made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In community settings restrictions placed upon people's liberties require authorisation by the Court of Protection (CoP). At the time of our inspection there was no-one subject to an authorisation by the CoP however the manager showed a good understanding of the MCA and those situations where people would require a referral to the CoP.

People were supported with access to health and social care professionals; Care records showed evidence of people being supported with routine health appointments where needed. Staff and management were



proactive in referring people for appropriate support from external health and social care professionals and care records detailed any action required.

# Is the service caring?

## Our findings

Relatives were really positive about the care and support being provided by staff. Relatives told us staff clearly knew people well and had built positive relationships with them. Comments included "Yes definitely, [staff] have a fantastic relationship with [person], they are more like friends that carers they are amazing with her" and "Oh yes, [staff] are amazing with [person]".

It was clear from observations and conversations with staff that they knew the people they supported well and had good positive relationships with them. Staff knew people's likes, dislikes, wishes, preferences and behaviours. People were supported to maintain relationships which were important to them such as with family and friends. One relative told us "Each week [staff] bring [person] over to where I live for me to see them, we go out for lunch and then [staff] bring [person] back to my house and we get to spend quality time together".

Staff supported people to be as independent as possible in day-to-day tasks and offered choices about the care and support they provided. Where people appeared to be struggling staff offered their support. This helped people to develop and maintain important day-to-day skills.

Relatives told us and observations confirmed, that staff maintained people's privacy and dignity. Staff were able to clearly explain the actions they took to ensure that people's dignity and privacy were maintained at all times, especially whilst providing personal care.

There were systems in place to support effective communication between people and staff. Care records contained information around people's communication needs so that staff were aware of the most effective ways of communicating with them.

The registered manager showed a good understanding of the need for advocacy services for people receiving support. At the time of our inspection no-one was receiving advocacy support.

## Is the service responsive?

### Our findings

Independent Living Alliance ensured that people received personalised care that met their needs; each person's care file contained a detailed assessment and support plans which were reviewed regularly and updated when required. Care records contained detailed information to help staff provide care and support that reflected people's individual needs. Care records also included information to help staff get to know people they were supporting, such as people's life histories, likes and dislikes, and information regarding their family.

Staff maintained a daily record of the support they had provided to people during the day and night. This included any important developments or updates relating to people's care needs. Communication books were maintained by staff as a way of informing each other about any changes in people's needs, tasks that needed to be completed or followed up on and other important information about a person's day. This ensured that staff had access to the most up-to-date and recent information about people's needs.

Relatives told us that staff regularly took people out to participate in activities. One relative told us "[Staff] have just taken [person] on holiday and I think they all loved it, the staff just as much as [person]". People were supported to take part in activities of their choice. These included trips to the local park, art classes, local community groups, shopping, the local pub and trips away.

The registered provider had a complaints procedure which was made available to people and their relatives when they first started using the service. This outlined how people could make a complaint and who they should contact to do so. A record was kept of any complaints made and how they were dealt with. The complaints that had been received had been dealt with effectively and within the appropriate time scale.

## Is the service well-led?

### Our findings

The registered provider is required by law to notify the Care Quality Commission (CQC) of specific events which occur within the service. When we conducted a previous inspection on September 2016 we found the registered provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because they had not always notified us of incidents as required by law. During this inspection we found improvements had been made and they were no longer in breach of this regulation.

There was a registered manager who had been in post since September 2016. They were also responsible for additional services, which meant they were not always located at this service. We saw evidence that this did not affect the management of the service as they were supported by a service manager, team leaders and senior support workers who were available on a daily basis. During the inspection, the registered manager and service manager were very responsive and able to provide information on request. They worked well to ensure they delivered a quality service to people and showed a clear desire to improve.

Staff and relatives spoke positively about the service manager and the support provided. Some staff and relatives told us they had not had much contact from the registered manager but if they had any issues or concerns they would contact the service manager. They did however tell us that they knew who the registered manager was and should they need to they would contact them directly.

The quality and safety of the service was regularly checked. Checks were carried out on a regular basis on all aspects of the service such as care plans, health and safety of the environment and equipment, medication management and staff performance. Action plans were created following any audits to identify areas for development and improvement.

Regular staff meetings were held in order to discuss any issues, concerns or updates about the service and people being supported. Support staff told us, and records confirmed, that regular meetings were held at each service location which allowed staff to discuss any concerns or updates specific to the people they supported. In addition, the registered manager told us that team leaders and senior support staff held regular meetings to discuss any updates within the service.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 20A.