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Independent Living Home Care

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**

Summary of findings

Overall summary

About the service
Independent Living Home Care is a domiciliary care service providing personal care. The service was supporting five people at the time our inspection, including those living with dementia, older people and younger people.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People were at risk of avoidable harm because the provider lacked understanding of their responsibilities and regulatory requirements. They did not have robust systems in place to check safety and quality across the service including with staff training and people's records. The provider had not acted on issues we identified at the last inspection of the service.

Despite the potential for risk, we found evidence of some improvements and the service achieved positive outcomes for people. The provider had a positive approach to risk management, this enabled people to remain independent living in their own homes. People were encouraged to manage their own medicines where possible. The provider was not always aware of best practice guidance for medicines.

People were satisfied with the effective care they received. Staff worked effectively with healthcare professionals, other care providers and relatives to ensure people's care needs were met.

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 did not support this practice.

People were treated with dignity and respect. Staff ensured they were at the centre of decision-making about their care. The thoughtful, caring approach staff used improved people's wellbeing and helped them to take pride in their appearance.

People received a personalised service reflecting their needs and preferences. The provider worked flexibly to provide support. People and their relatives were confident they could raise any issues with the provider and that these would be listened to.

We made recommendations about medicines, the Mental Capacity Act 2005 and end of life care planning.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 27 July 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Independent Living Home Care

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
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service was run by a single provider in day to day control of the service. It was therefore not required to have a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 26 July and ended on 6 August 2019. We visited the office location on 6 August 2019.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority

who works with the service. We 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We looked at four people's care and medication administration records. We looked at one staff recruitment record and two staff training and supervision documents. We viewed a range of records relating to the management of the service including audits and team meeting minutes.

We visited two people who used the service and one relative. We received feedback from two relatives by telephone and email. We spoke with the provider and two care staff.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and the provider's policies and procedures. We spoke with one social care professional who works with the service.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
- Medicines were not always managed safely.
- Staff responsible for administering medicines had not had their competencies in this area assessed.
- Protocols for as and when required medicine were not in place and appropriate action had not been taken when homely remedies were used.
- People were supported to manage their own medicines where possible. Care plans clearly detailed the level of support people required.

We recommend that the provider reviews and follows medicines best practice guidance.

Staffing and recruitment
At our last inspection the provider had failed to complete appropriate pre-employment checks for staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no-longer in breach of this regulation.

- The provider had reviewed their recruitment policy and implemented these changes when recruiting new staff.
- There were enough staff to support people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- At the last inspection we had asked the provider to record how bed rails should be fitted and who was responsible for maintaining these to ensure they remain safe. This information was still not recorded.
- Risk assessments were used to identify where people were at increased risk. Staff used this information to manage and reduce risks.
- Where high level risks were identified, the provider worked with relevant professionals and relatives to keep people safe and review these.
- The provider told us there had not been any accidents or incidents involving people who used the service.

Systems and processes to safeguard people from the risk of abuse
- Staff understood their responsibility to identify and respond to any safeguarding concerns.
- Staff knew how to raise any concerns with the provider and were aware of how to inform external organisations if needed.

● Relatives were satisfied that their family members were safe and that they would be informed of any concerns. This enabled people to live safely and independently in their own homes.

Preventing and controlling infection

● Staff had access to personal protective equipment, such as gloves and aprons and knew when to use these to reduce the risk and spread of infection.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

We checked whether the service was working within the principles of the MCA

- Staff obtained people's verbal consent before supporting them.
- Written consent was not always obtained from the person receiving care. Where people had previously been able to give consent, this was not reviewed when there were changes in their capacity.
- The provider did not always understand and follow the MCA. At the last inspection the provider had not completed a mental capacity assessment for one person. Mental capacity assessment records were not completed to show how people's capacity had been considered. Best interest decisions were not recorded to document how decisions about people's care had been made in their best interests. The provider advised they would put these records in place.

We recommend that the provider update their knowledge of the MCA and ensure appropriate records are implemented.

Staff support: induction, training, skills and experience
- Staff had always not been provided with sufficient training. Practical training had not been provided for emergency first aid.
- Where staff had completed training assessments, no action had been taken to address low scores, which suggested a lack of knowledge.
- The provider did not have processes in place to check staff training was in-line with current best practice.

● New staff completed shadowing opportunities and induction sessions with the provider. This was not always recorded.
● Staff were supported. They received supervisions and an annual appraisal to review their performance and support their development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments were completed prior to people receiving support to ensure the provider understood their needs and could meet these.
● People gave positive feedback about the effective care they had received. One person said, "Without them I wouldn't be here, they make my life extremely comfortable."

Supporting people to eat and drink enough to maintain a balanced diet
● People were encouraged to have a balanced diet whilst enjoying the food and drink of their choice. One relative said, "[Care worker] is thoughtful in dealing with how Mum likes her food."
● Staff left out fruit, snacks and drinks for people to access between care visits. This ensured people had enough to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked effectively with other care services and relatives. This ensured people received seamless coordinated care.
● People received support from a consistent staff team and knew which care workers would be supporting them and when their visits would be.

Supporting people to live healthier lives, access healthcare services and support
● Staff recognised how fluctuations in people's health impacted on them. One person said, "The staff understand how it affects me, it can change just like that."
● Staff supported people to attend health appointments and understand advice given by medical professionals.
● Advice from healthcare staff was followed.

Good

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 the same. 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 valued how their supported was provided, promoting their quality of life. One person told us, "My care is more than just coming through the door; I'm looked after extremely well."
- People felt respected and treated with dignity by staff. One person said, "They are respectful and gentle in how they talk to me." This enabled people to form trusting, caring relationships with their care workers.
- Limited information about the lives and personal histories of people living with dementia was recorded. This is a recognised way of building relationships with people living with dementia. The provider agreed to review this.
- Staff provided emotional support to people when needed, improving their wellbeing. A relative said, "The way the care workers speak to [person] calms them."

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

- People were at the centre of decision-making about their care, including how this was provided and which staff supported them.
- Staff supported people to make day to day decisions about their support. One person told us, "Each morning I choose what I want to wear."
- Staff supported people to make changes to their lives and improve their independence and quality of life. For example, they helped one person to move house. The person said, "The move went smoothly, they go that extra mile."

Respecting and promoting people's privacy, dignity and independence

- People's personal care needs were met; staff supported people in a dignified way to take pride in their appearance and dress according to their preferences.
- Staff looked at ways to improve people's comfort and wellbeing. One person said, "I'm so pleased with everything they do; they do care with such nicety."
- Staff were aware of people's religious beliefs and supported them to attend local services relevant to these.
- Staff balanced encouraging people to be independent with recognising when additional support may be needed. One relative told us, "They are quite careful to make sure my relative does as much as they can for themselves; they allow my relative to be independent."

Good

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 the same. 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

- Details of people's likes, dislikes and preferences were known by staff. They used this information to care for people in the way they wanted. On relative had written, 'Our experience is that the provider offers a tailored personal service that fully meets the person's needs.'
- Work had been done to improve how person-centred care was recorded and the impact this had on people.
- Reviews were carried out with people and their relatives to check their care continued to meet their needs and preferences.
- Staff worked flexibly to meet people's care and support needs, adapting the length of their care visits and returning should people decline care. One professional had written, 'Independent Living Home Care have demonstrated skilled understanding of working with people with dementia and have always been flexible in the support required. Without their flexible approach, [person] would now be in 24-hour care.'
- People were supported to pursue their interests. For example, a care worker took a newspaper to a person each day, enabling them to keep up to date with current affairs.

End of life care and support

- People's end of life wishes had not been discussed or recorded. This meant the provider was not prepared with how to respond should people require end of life care or pass away unexpectedly.

We recommend the provider reviews and implements best practice guidance on end of life care.

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.

- Staff understood people's communication needs and how best to share information in a way they would understand.
- The provider had started to develop and implement an AIS policy and procedure.

Improving care quality in response to complaints or concerns

- People and relatives felt able to raise any concerns. They were confident this information would be acted on appropriately and promptly by the provider. One relative wrote, 'Any issues are fully listened to and where appropriate acted on.'

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to establish systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this regulation.

- People were at increased risk of harm as audits were not effective in identifying the shortcomings we found with records including medicines, equipment, first aid training and mental capacity assessments.
- Systems and policies were out of date and based on old guidance. They were not sufficient to drive and sustain improvements.
- The provider did not always have a clear understanding of good practice guidance and regulatory requirements. They lacked knowledge of their responsibilities and had not developed systems to protect people.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for 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 provider was open to receiving feedback and committed to providing personalised care for people.
- Staff wellbeing was promoted by the provider, supporting staff to work effectively in their role. This contributed to high levels of staff retention and satisfaction.
- The provider understood their responsibility to apologise to people and give feedback if things went wrong.

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

● The service had a positive and open culture. People, relatives and staff were in regular contact with the provider to reflect on what was working well and areas for improvement with their service.
● An annual survey was used to seek the views of people using the service and their relatives. Consistently positive feedback had been received.
● Staff were encouraged to suggest changes that would improve people's care and the service. A care worker told us, "We have our ideas listened to by the provider."

Working in partnership with others
● The service had good links with the local community and key professionals. Staff were aware of community events and shared this information with people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. (1)(2)(a)