

Independent Lives (Disability)

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Inspection report

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13 April 2021

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Independent Lives (Disability) is a domiciliary care agency which provides support and enablement for people living in the community. At the time of the inspection 91 people were receiving support with personal care needs including those living with dementia, Parkinson's disease, physical and mental health needs, learning and physical disabilities, and frailty of age.

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

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

Systems were in place to protect people from the risk of abuse and improper treatment. Staff knew how to identify potential harm and report concerns. People told us they felt safe with the care they received. Risks to people's safety had been assessed, monitored and managed. People received support from a skilled and consistent team of staff who knew them well.

People were treated with kindness and compassion and staff were friendly and respectful. People and their relatives spoke positively about staff and the care they received. People were treated with dignity and respect by a kind, caring staff. People and relatives told us they could not praise the service highly enough. Comments included "I would be lost without them", and "truly wonderful, they brighten my day".

There was a strong sense of leadership in the service that was open and inclusive. Systems and process were in place to monitor the quality of the service being provided. The registered manager focused on achieving outcomes for people and their staff. There were high levels of satisfaction amongst people and relatives who used the service. Everyone we spoke with said they would recommend the service to others.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 14 March 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 undertaken by one inspector.

Service and service type

Independent Lives (Disability) is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing across West Sussex.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because Independent Lives (Disability) is a domiciliary care service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 April 2021 and ended on 16 April 2021. We visited the office location on 13 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who use the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, operations manager, recruitment manager, senior care workers and care workers. We reviewed a range of records. This included ten people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek feedback from professionals, staff and people who use the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Staff understood how to report any concerns they had to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Safeguarding training was completed by new staff during induction and there was a system to ensure staff undertook refresher training. Staff knowledge of safeguarding reflected up to date information and guidance.
- People told us they felt safe with the care they received. Feedback from people consistently evidenced care was provided in a safe way and people felt assured by staff skills and practice. Staff were consistently described as trustworthy and honest.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. People were actively involved in discussion about risks posed to them and how these could be mitigated. There was a positive approach to risk taking which supported people's independence.
- Risks to people were assessed, and measures were taken to mitigate these. This included how people moved and any equipment they needed to do this safely. People's care plans provided guidance to staff on how to mitigate known risks. This ensured people received care and support in a consistent and safe way.
- Action was taken promptly when concerns were identified to ensure risks of a further occurrence were mitigated. For example, a person told us staff had raised concerns about their nutritional intake and this had resulted in additional support with meal preparation.

Staffing and recruitment

- There were safe systems and processes in place for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs. People and their relatives told us staff were reliable and stayed for the duration of their call time. People said they received good communication from the office, and they were always contacted in advance if the staff member was delayed.
- People felt staff had enough time to adequately provide their support. Feedback included "They never rush me", and "They always stay for the whole visit time". One person said "They called an ambulance once for my husband and stayed with me until it arrived even though it meant staying later than their allocated time with me. I can't tell you how reassuring it was not to be left on my own".
- People received support from a core team of staff who knew them well. This ensured people received

continuity of care from a familiar team. People constantly told us that staff had become part of their family and they looked forward to their visits. One said, "it's like a ray of sunshine when she walks through the door", another said "I look forward to their visits, they are not just carers they have become friends and part of the family".

Using medicines safely

- People received their medicine safely. New staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff received regular checks and direct observation of their practice to administer medicines. This ensured staff competency to administer medicines safely was regularly assessed.
- Medicines were administered on time and in line with requirements. Administration of medicines was monitored and audited in real time through an electronic recording system. This system alerted the office and out of hours if medicine was not administered at the prescribed time. Senior managers and the registered manager had oversight of this system daily. Processes were in place to monitor and follow up these alerts with care staff within a specified time and we observed this practice during the inspection. This ensured people received their medicines on time.
- People told us they received appropriate support with their medicines. Some people required staff to prompt them to take their medicines and some needed staff to administer them. One person told us how staff supported them to take their tablet by cutting it into smaller pieces because they had difficulty with swallowing. Another told us "If it wasn't for them reminding me, I would never remember to take my tablets". Staff provided appropriate support that promoted people's independence as well as ensuring they received their medicines in line with the prescriber's requirements.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff understood how to prevent and control infection risks. They had received training in infection control and COVID-19. Staff used appropriate personal protective equipment (PPE) and had access to suitable facilities and equipment to help prevent the spread of infection.
- We observed the provider had a good supply of PPE and this was readily available and accessible to staff. We observed office staff following government guidance including social distancing and wearing face coverings. Shared equipment was observed to be sanitised between users.
- People told us they were reassured by the infection and prevention control measures in place. They told us staff wore PPE appropriately and provided examples of staff putting this on and disposing of it appropriately.

Learning lessons when things go wrong

- Systems and processes were in place to ensure that all accidents and incidents were recorded and reported appropriately. There was provider oversight and registered manager sign off, of all accidents and incidents records. This ensured outcomes were clearly recorded and acted upon and care plans and risk assessments reflected up to date information.
- Accidents and incidents were audited to identify trends and learning points and drive service improvement. The provider had a process to review and learn from incidents and prevent a reoccurrence. Outcomes were shared with staff so appropriate action could be taken to ensure people's safety and

mitigate further risks.

- One person told us the provider had acted in an open and transparent way following an incident that had occurred whilst their relative was being supported. They said the provider had fully investigated the incident and referred it to the appropriate organisations including local authority safeguarding. They had felt reassured by the providers actions and measures that had been put in place to prevent a reoccurrence. During the inspection the provider was open and transparent about this incident and was able to demonstrate how learning from this had been used to drive improvement.

Is the service effective?

Our findings

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 outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were met by a holistic approach to assessing, planning and delivering care and support. People had comprehensive assessments prior to receiving a service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.
- Assessments and support plan's included detail about people's full range of health and social care needs. Information about people's past was gathered, documented and used to help inform their care plan arrangements. Staff understood how people's past experiences could impact on their current health and well-being and used this knowledge in the planning and delivery of care.
- People told us they had been fully involved in the assessment process and felt they had been listened to. This ensured people's diverse needs were considered and promoted within their care. A person who shared their experiences of the assessment process with us said "They took their time and were thorough and I felt they genuinely wanted to know me and get my care experience right, to date I have not been disappointed".

Staff support: induction, training, skills and experience

- People received care and support from a staff team who were well trained and supported. Staff had the knowledge and skills to meet people's needs. The culture of the service fostered the continuous development of staff skills, competence and knowledge to ensure all staff had the current skills and knowledge to carry out their role.
- New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well.
- Staff told us they were very well supported and had access to very good training and development opportunities. Staff received regular supervision which they said was constructive and conducive to their personal development and wellbeing. Staff felt valued and supported by the registered manager and provider. One staff member told us they felt valued by the provider who had afforded them the opportunity to progress their career within the company.
- People shared their experiences of receiving care and support from staff who were appropriately trained and skilled to meet their needs. People told us staff were professional, competent and confident when delivering care to them. People consistently told us they had no concerns about staff abilities or skills.

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

- People received appropriate support to ensure their nutritional requirements were met. People required varying levels of support to ensure they maintained a balanced diet and support plans identified specific needs. This included support with shopping and preparing food.
- Where support with nutrition was an assessed need, people's daily care notes recorded the nutritional and

hydration support provided. Staff knew how to recognise the signs of dehydration and action required. They were knowledgeable about people's nutritional needs and preferences such as where people preferred to eat their meals and their food choices. One person told us how thrilled they were when staff had taken the time to find her gravy boat to serve her gravy saying " It's the detail like this that makes a difference and I didn't have to ask she just did it".

- Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and microwave meals. People were supported to retain as much independence as possible with meal planning and preparation and ensuring their food was in date and correctly stored.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals when required. This ensured people had access to the health care services they needed.

- People were supported with daily personal care routines as well as attending routine and specialist health care appointments. Support plans showed people had access to health care appointments and professionals, including GP and hospital consultants. Staff ensured guidance provided by health care professionals was reflected in people's care plans.

- The provider worked with the hospital discharge and enablement team to support people to convalesce in their own homes following time in hospital. People received holistic assessments by health and social care professionals such as occupational and physio therapists, dieticians and community mental health services. Information from these assessments were used to design a bespoke package of care for the person. This enabled people to regain their independence and prolonged people's ability to live at home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.

- People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people.

- People and their relatives told us they were treated with respect and dignity. They provided examples where staff asked for permission before supporting them with personal care and explained what they were doing at each stage. People consistently told us they received personalised care and their preferences and choices were respected.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the previous inspection in March 2018 people told us the provider did not always promote effective communication. At this inspection the provider was able to demonstrate how they had used this feedback to drive service improvement and improve communication.
- People told us that communication was good and they could always get hold of someone if they wanted to. People received regular updates and newsletters which kept them up to date with news stories, changes and the organisation. During the global pandemic these had been amended to provide activities such as quizzes, crosswords and to keep people connected during periods of national lockdown. People had improved access to rotas and people told us the office were very good at contacting them if staff were running late or to update their care plan and support arrangements.
- Effective communication between the provider and staff team ensured people received their care and support was provided in line with their personal preferences. Personalised care was central to the providers philosophy and staff demonstrated they understood this by telling us how they met people's care and support needs. People and their families told us they were involved in the planning of their care which meant they felt valued. We received consistent feedback reflecting people's experiences of good reliable care by staff who were respectful and compassionate.

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 providers processes promoted transparency and honesty. The registered manager was open and honest throughout the inspection process and had a good understanding of their duty of candour. They openly shared information with people and their relatives when things had gone wrong and were transparent with any learning from this.
- The provider understood their legal duties and sent notifications to CQC as required. Notifications had been sent to us in a timely manner and were completed in line with requirements. The provider understood their responsibility to notify the local safeguarding authority of concerns. Records showed that this had happened appropriately and in line with safeguarding guidance

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

- We received positive feedback in relation to how the service was run, and our own observations supported

this. There was strong, clear leadership and feedback from organisational partners about the management team and responsiveness of staff was positive. One health and social care employee told us the service was responsive and helpful with a friendly staff team. They had received good feedback from people and any concerns were looked in to and dealt with promptly.

- There was a robust governance framework in place and processes to drive quality. Quality assurance checks were undertaken regularly using provider led systems. These included checks on people's medicines, care plans, risk management plans and monitoring the care being delivered. Any issues identified were cascaded to the team and action was taken to address these.
- The staff team worked effectively together and were driven to provide the best care for people through good leadership and mentoring. Care records and feedback of the care and support people received demonstrated this. The registered manager ensured staff had a clear understanding of their roles, responsibilities and contributions to ensuring a truly person-centred service.
- Staff told us they received regular and constructive 1-1 supervision sessions and appraisal which included open and honest feedback which led to improvements in care. Staff were proactively encouraged to develop their skills knowledge and career pathways and processes were in place to support this. For example, some staff had individual lead roles and become champions in areas such as safeguarding. This ensured the service was up to date with best practice legislation.
- The provider was proactive in responding to the wellbeing needs of staff. As a direct result of the global pandemic a member of staff had been trained to become a workplace health champion. Their role focused on improving wellbeing of their colleagues and supported the management and human resource teams to develop wellbeing initiatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- Independent Lives (Disability) is a user led charity whose vision promotes inclusion and participation and provides opportunities for people to fulfil their potential. We observed evidence of equal opportunities and diversity with recruitment practices and staff said they would recommend the provider as a disability and equality friendly employer.
- Staff had received training in equality and diversity and understood their responsibilities to uphold people's human rights. Staff gave us examples of how people had been supported with their equality and diversity needs. This included supporting people who were living with dementia to be as independent as possible by using electronic devices for reminders and prompts within their home.
- Feedback and ideas were regularly sought from the people who used the service. People had the opportunity to complete surveys and participate in meetings. This included consultation with staff and people using the service about the providers visions and values. The information from this feedback was used to drive improvement within the service and the wider organisation
- People had opportunities to be involved in and influence the running of the service. Ideas and feedback were communicated through a process called "You Said, We Did". We viewed examples of where service user voice had been used to drive service improvement. One person had suggested that electronic rotas should be made available to people. This was actioned and meant people, or their nominated representative could access their support rota at any time and be assured that it was live and up to date.
- There was a positive workplace culture. Prior to the global pandemic regular team meetings had taken place. The provider had sought alternative ways to conduct team discussions over the last year to ensure government guidelines on social distancing and meeting in groups were adhered to. This included telephone meetings, the use of private social media accounts and video meetings. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas. Relatives told us their loved ones were respected and listened to and treated as equal partners in their care.
- The provider and registered manager worked in partnership with other professionals and community

groups. Prior to the global pandemic they had attended provider forums and registered manager network groups. This provided the opportunity to share experiences and examples of good practice and provide an opportunity for further service development.