

Assisted Lives Ltd

# Assisted Lives (Birmingham)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Assisted Lives Birmingham is a domiciliary care service providing personal care to older people, younger people, people with learning disabilities and autism and children. At the time of the inspection there were 22 people receiving support with personal care needs.

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

#### Right Support:

People had not always had all of the risks associated with their care assessed or mitigated. Peoples care plans needed further information about how to reduce risks in their care.

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.

Staff supported people to take part in activities and pursue their interests, where it was part of their care plan. Staff supported people to access health and social care support and people were supported with their medicines safely.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff received training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because they had a

consistent staff team who understood their individual communication needs.

#### Right Culture:

Systems to oversee the quality of the service had not always been effective. We identified care records did not always reflect the knowledge staff had of how to support a person.

The service enabled people and those important to them to work with staff to develop the service.

Staff evaluated the quality of support provided to people. Whilst people told us they had opportunities to review their care, records to support this could be more clearly presented.

Staff placed people's wishes, needs and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 02 July 2021 and this is their first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about the service.

#### Enforcement

We have identified a breach in how the provider monitors the quality of the service. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Assisted Lives (Birmingham)

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be staff at the office to speak with us.

Inspection activity started on 04 July 2023 and ended on 20 July 2023. We visited the location's office on 04 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people or their relatives about their experience of care. We spoke with 7 members of staff including care staff, the operations manager and the registered manager.

We reviewed care records for 3 people who used the service and 3 staff recruitment files. We looked at a range of records in relation to the running of the service. This included auditing systems, complaints systems and call monitoring systems. We continued to validate the evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. 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.

### Assessing risk, safety monitoring and management

- Risk assessments did not always detail the measures in place to mitigate risk to people. Whilst care plans were in place, further guidance was needed for staff, around what measures were in place to manage the risk. For example, 1 person used a piece of equipment to support with their mobility. Whilst the care plan mentioned this equipment, there was no guidance for staff on how to support this person with the equipment. In another example, further guidance was needed around how to recognise different types of epilepsy for a person.
- There was no evidence that any person had been harmed due to the lack of guidance. People were supported by a core staff team. Staff we spoke with understood the risks associated with people's care and could tell us how they supported people with these.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Relatives told us they felt their loved one was safe receiving care. One relative told us about how the staff team had reduced a risk for their loved one by ensuring pressure care was carried out. This had meant the person had not experienced sore skin.

### Systems and processes to safeguard people from the risk of abuse.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff received training on how to recognise and report abuse and they knew how to apply it. One staff member told us safeguarding was, "Ensuing I am protecting service users from abuse and harm. If I go in and suspect any abuse, I make sure I document everything in notes and inform the managers."
- Staff informed us there was an open door policy at the service and that if they had any concerns they felt able to approach the management team at the service. One staff member told us, "If we ever need to talk to managers, they are available. If I had a concern, I'm not shy I can raise it."

### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to be supported how they wished.
- The management team ensured staffing levels and the length of call times were reviewed and increased where people's needs had changed.
- Staff recruitment and induction training processes promoted safety.

### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and administer medicines safely.
- People were supported by staff who had received training and competency checks around safe medicines administration. One staff member told us, "They [management team] come and check us a few times [giving medicines] and do spot checks too." There were audits carried out to ensure oversight of medicine management.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe.
- Staff used personal protective equipment (PPE) appropriately and in line with guidance.
- There were checks in place to monitor infection control practice.

#### Learning lessons when things go wrong

- The registered manager reported there had not been any incidents at the service. The service had systems in place to record and monitor any incidents should they occur.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff completed an assessment of people's physical and mental health needs prior to them receiving the service. This included consideration of people's cultural needs and preferences of support. This assessment was used to formulate a care plan for the person.

Staff support: induction, training, skills and experience

- Relatives told us the staff supporting their loved one had received sufficient training to meet individual needs. One relative informed us of the additional training the service had provided to the staff team supporting their loved one. This training had provided the staff team with additional knowledge in how to support the person.
- Staff were provided with induction and training to aid their knowledge of the people they were supporting. Specific training was provided to staff depending on who they were supporting based on peoples' needs. One staff member told us, "It has been very helpful training. The training has been very good." One staff member told us about how they had shadowed existing staff to learn about the people they would be supporting.
- The different training topics staff completed were not available in an accessible format to enable the registered manager to have clear oversight of training which was due to be completed. The registered manager recognised this and was working on a clearer system to record staff training completion by individual topic.
- Staff received support in the form of supervision and recognition of good practice. The staff team felt well supported in their roles. One staff member spoke about the support they received from the management team and told us, "I can contact them at any time. They are happy to hear us."

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

- People were able to eat and drink in line with their cultural preferences and beliefs. Staff informed us how they offered choice with meals and one staff member told us, "I always ask what food [the person] would like."
- Where people required support with mealtimes this was recorded in their care plans.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. This included where people's mobility needs changed and staff identified re-assessment by an occupational therapist or physiotherapist may be helpful.

- People benefitted from a staff team who consistently worked with them and therefore could recognise changes in health needs more easily and escalate as needed. A relative informed us of the responsive action the staff team had taken when a change in a healthcare need was noted.
- Staff gave examples of collaborative working with other healthcare professionals involved in a person's care such as district nursing teams. This communication supported consistent and safe support for the person's healthcare.

#### 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 MCA 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.

- People's care records indicated their capacity to make a specific decision around receiving support had been considered. However, where people had been deemed to lack capacity to make the decision, a best interest decision record had not been made. Following this feedback, the registered manager arranged for the electronic care plan system to be amended to enable these decisions to be carried out and recorded.
- Staff empowered people to make their own decisions about their care and support. Staff could tell us how they supported people to make decisions about their care.
- Relatives we spoke with described how staff supported their loved one with choices about their care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were matched with the staff who were supporting them and as a result people told us they were at ease and happy. People received support from a core team of staff. This benefitted people and staff teams as they got to know each other well.
- One person told us the benefit of consistent staff. They said, "They [staff] have got to know me well. They are always pleasant coming in."
- Relatives shared positive feedback about how the consistency in staff teams had benefitted their loved one. One relative told us, "It goes to show how good the carers are. Because it is the same carers they know what [my family member] is like. I have to commend [my family member's] carers." Another relative spoke of the benefit of having consistent staff and how they had asked for certain staff which had been accommodated.
- We also received positive feedback about the caring nature of the staff team. One relative told us, "I can see they care. They love her." Another relative told us, "The staff are doing really well. They are very patient and the management team is very good." They further told us, "Each staff member has qualities that work for [name of person]." A 3rd relative told us, "I can't praise them enough. The [staff] are fabulous. Exceptionally good and very thoughtful and caring."
- Staff enjoyed their role in supporting people and one staff member told us the best thing about their role was, "I love everything about the job. The people I work for are amazing and we have a great team. You want to go to work." Another staff member told us the best part of their role was, "Going out and meeting new service users and encouraging them with their independence." One staff member talked about the person they were supporting and said, "It's all about [name of person] being happy and joyful."

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

- Staff supported people to express their views using their preferred method of communication. People and those important to them took part in making decisions and planning of their care.
- People were empowered to make decisions about their care and felt confident to feedback on their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their role in supporting and respecting peoples' privacy and dignity. Staff gave examples of how they supported this during personal care and also by ensuring people were supported in line with their preferences.
- Staff understood how to promote people's independence. One staff member told us how they encouraged a person to keep mobile to support their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People and those who were important to them were involved in directing and making decisions about their daily care. Relatives felt involved in their loved one's care.
- Staff told us they offered choices tailored to individual people using a communication method appropriate to that person.
- Communication occurred between the staff and managers where people had stated they wanted a change to their care. One relative informed us changes in care were communicated well between staff teams. They told us, "If anything changes the staff know."
- One person told us about the care reviews that occurred. They told us, "They check in with me about my care and whether I am happy with it."
- We noted that whilst reviews with people and their relatives took place, improvements could be made to the questions asked in these reviews to get a more in-depth view of people's view of their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager informed us about visual structures, including photographs and symbols, which helped people understand what was likely to happen during the day and who would be supporting them. We noted detail of these visual aids were not always recorded in people's care plans. Doing this would ensure all staff were aware of the use of aids to support communication.
- Where people may need information in a larger print or easy read, the registered manager informed us this would be available for them. People were able to discuss whether they needed information in different formats during their initial assessment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not always have the provision for activities as part of their care package. Where people were supported with activities, staff understood the activities that people liked to take part in and supported people to do this.
- There was an understanding around how to take incremental steps in supporting people to access the

community where this had not been achieved for a while. The registered manager was able to explain how this would be achieved, considering risk elements, whilst also understanding the need for people to be part of their community.

Improving care quality in response to complaints or concerns

- People and those important to them could raise concerns and complaints. There were systems in place to support this. Relatives felt able to raise any concerns, should they have any, and felt assured that they would be addressed.
- The registered manager reported that there had not been any complaints about the service.

End of life care and support

- Where people wished to discuss their end of life plans, this was recorded in their care plan including where people had made advanced decisions about their care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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

- Systems had not always been effective in identifying where records lacked information about the risks associated with people's care.
- The providers systems to ensure care plans were up to date and contained person-centred information about how people would like to receive care had not been effective. People's care records did not consistently reflect the knowledge staff and the management team had about people's preferences for care.
- Systems to monitor compliance with the Mental Capacity Act had not identified best interest decisions had not been recorded where a person had been deemed as lacking capacity.

Systems were not robust enough to demonstrate effective monitoring of 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.

- Following the inspection, the registered manager informed us of action taken to address these concerns. This included reviewing the initial assessment process and reviewing care records for those people currently being supported by the service to ensure they were accurate and complete.
- There were systems in place to ensure that care calls were attended and monitored. One person told us the staff always attended on time.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff and families had to say.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "I feel I can raise any concerns if I have any."
- Management and staff put people's needs and wishes at the heart of everything they did.
- One relative reflected on previous care they had received and spoke of the difference Assisted lives had made to their loved one's care. They told us, "The difference in the quality of care is brilliant. They have got it to a tee."
- Another relative told us about the progress their loved one had made in an aspect of their life due to the input staff had made. They told us, "[My family member] has made so much progress with the service."

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 registered manager understood their responsibility under duty of candour. They were open throughout the inspection process and demonstrated a willingness to make improvements where identified as a result of this inspection.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- A relative spoke positively about the management team at the service and told us, "The difference is the management team know what they are doing and listen to their staff." Another relative told us, "The managers contact me regularly. They are quick to respond to us."
- Staff felt involved in the service. One staff member told us, "We work as a team and give our ideas and concerns." One staff member told us about the support they received from the management team and told us, "They are really good. They regularly phone me up and ask if there are any concerns. I can't fault them. I am very, very supported. If I am not sure of anything the first point of call is management."

Working in partnership with others

- The service worked well with other health organisations to support peoples wellbeing.

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 had not ensured that effective and robust systems were in place to monitor the quality of the service. Regulation 17 (1)(2)(a)(b)(c).