

Community Independent Living Ltd

Community Independent Living

Inspection report

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22 June 2021

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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

About the service

Community Independent Living is a domiciliary care agency that provides personal care to people in their own homes. At the time of the inspection eight people were using the service.

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

People confirmed they received their medications and calls on time and that care and support provided was good. One person commented, "I think they (staff) care. They always ask how I am and are very attentive."

Staff knew how to report safeguarding concerns and staff were recruited safely. People told us they felt safe receiving care from Community Independent Living. There were comprehensive risk assessments in place which were tailored to reflect each person's needs.

People were supported to eat and drink where needed, and staff were trained, supervised and appraised in line with the policy of the organisation.

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.

People confirmed they were involved in choices and decisions regarding their care and support, including a choice of which staff would support them. People's diverse needs were catered for. Staff treated people with kindness, compassion and dignity. Comments made included, "They treat me like a friend and make me feel alright. I enjoy them coming" and "Yes, they (staff) do care about me."

Care plans were person centred and reflected the needs of each person. A relative confirmed communication from staff was good, and staff supported people to make healthcare appointments where needed.

The registered manager understood their role and responsibilities and understood the requirement to report notifiable incidents to CQC. There were key audits and quality checks in place, complete with action plans.

Rating at last inspection (and update)

This service was registered with CQC on 5 August 2019 and this is the first inspection.

Why we inspected

We inspected this service in line with our planned inspection regime.

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 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?

Good ●

The service was well led.

Details are in our well led findings below.

Community Independent Living

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 an inspector and an Expert by Experience who made telephone calls to people to get their feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity was carried out over two days on 21 and 22 June 2021. We visited the office location on 22 June 2021.

What we did before the inspection

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 contacted and received feedback from the local authority. We used all this information to plan our inspection.

What we did during our inspection

During the inspection, we spoke with five people using the service and one family member by telephone about their experience of care. We also spoke with the registered manager and six members of staff.

We looked at three people's care records and a selection of other records including quality monitoring records, recruitment and training records for staff.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment was safely managed, all required pre-employment checks were completed and staff said their rotas were well organised.
- Staff said their call times were evenly spaced, and they had time to carry out support for people.
- There were enough staff in post to provide a safe and consistent service.
- Staff said they had clear communication from the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People's needs were safely managed. Staff understood safeguarding policy and the registered manager know how to make referrals to the safeguarding authority.
- All of the staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had risk assessments in place for each person. People we spoke with said they felt safe using the service.
- Comments from people included, "I have a hoist and feel safe in it. They (staff) know what they are doing" and "I do think I am safe they (staff) are very nice."
- Each person's care plan had an environmental risk assessment included which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as poor lighting and flooring.
- There were clear processes in place to learn from any incidents.

Using medicines safely

- Medication processes and systems were in place and people received their medications safely.
- Where people needed medication as and when required, often referred to as PRN medication, there was a lack of support plans in place and we referred the registered manager to best practice regarding this.
- The registered manager showed an understanding of best practice guidance in respect of consent and best interest decisions relating to the administration of medicines where people lack the capacity to consent. .

Preventing and controlling infection

- Infection control procedures were well managed. Staff had received training in infection control and the management and prevention of COVID 19. They also had access to best practice guidance and information.

- People told us that staff wore appropriate PPE when carrying out their support and washed their hands appropriately before and after providing support to minimise the spread of infection.

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.

Staff support: induction, training, skills and experience

- Staff were trained. Staff had completed training to enable them to fulfil their role which was closely monitored and audited and were regularly supervised and appraised.
- Training was monitored by the registered manager and staff were booked onto refreshers when needed.
- People we spoke with confirmed the staff had good skills, knowledge and experience. One person said, "They (staff) seem very knowledgeable and well trained."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to deprivations on their liberty. The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.
- Capacity assessments had been undertaken as part of the assessment process and this was documented in people's care plans.
- There were ongoing references in care notes to people being involved and consenting to their care.

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

- People's needs and choices were assessed, and choice and support preferences were reflected in the records we viewed.
- There was pre-assessment information available in people's care plans to determine their care and support needs.

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

- Care records documented when people required support with preparing food and drinks.
- Where needed, there was information recorded for staff to follow which described the level of support each person required.

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

- People were supported by staff to access healthcare services and seek out support if they needed it. Other visiting professionals providing support had contributed to peoples care notes; this evidenced good ongoing communication.
- One person who had recently been admitted to a supported living environment had been fully assessed by a social worker who had liaised very effectively with the registered manager. The person's relative had been pleased with the level of communication and commented, "The manager only wants the best [for my relative]."

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.

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

- Some people had signed their own care plans where they were able to, and told us they had been involved in the completion of their care plan.
- People told us they felt cared for and treated as individuals. One person told us, "I think they care. They always ask how I am and are very attentive. They always give me a towel to cover myself up with. I look forward to them coming."

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Care plans reflected people's choices and their diverse needs.
- Care plans were written in a way which focused on promoting people's dignity and independence. People told us staff announced themselves politely and involved them in conversations while providing personal care and support.
- There was an emphasis on the choice of words within care plans which evidenced an enabling service. One person was nonverbal in their communication and this had been addressed. The relative told us, "[Person] uses Makaton and they have a staff member who does as well. My relative does communicate well when supported."

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.

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.

- Information, such as the service user guide, was available and this was written in easily accessible language and associated pictograms to make it easier to read.
- The registered manager was aware of the need to develop information in accessible formats in a way people could understand. For example, one person used a communication aid because they could not communicate verbally.

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 were supported to contact their relatives and friends if this was something they wanted to do. For some people's relatives were very involved in the care and this was acknowledged in care plans.
- People told us staff happily supported them on appointments if needed.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and the registered manager understood the importance of recording and responding to complaints. There had not been any documented complaints.
- Everyone we spoke with said they knew how to complain. One person said, "I would call [registered managers name], they would sort it."

End of life care and support

- Staff had undergone training in end of life care.
- People's preferences in regard to end of life wishes were discussed with them as part of their care plan.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person's care plan was written in a way which was accessible for them.
- There was attention to detail recorded within the care plans that reflected people's preferences and routines.
- Information was recorded with regards to people's likes, dislikes and their backgrounds.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was clear about their role and responsibilities in accordance with reporting notifiable incidents to CQC.
- Systems and processes were in place and continued to be developed to monitor the quality and safety of the service. We discussed and referred the registered manager to good practice guidance in medication management, recruitment and other updates to documentation which could be further considered to develop the service.
- The registered manager was open, constructive and keen to develop the service.

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

- The service was small and relatively new and the registered manager had ensured people's views and opinions of the service and the support they received was sought and obtained.
- Staff told us they felt supported by the manager and that the culture of the service was positive. One staff commented, "[Registered Manager] is very good and always responds and gets back to you."

Continuous learning and improving care

- The registered manager and provider were committed to ongoing development of management systems and collecting feedback to achieve continual improvement.
- Any issues identified on key audits and checks were addressed and used to improve the service.

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

- People confirmed they knew who the manager was, and felt the service was well led. One said, "The manager pops out when the carers aren't here to see I am okay."
- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
- When referrals to other services were needed, such as the GP, we saw these referrals were made in a timely way.