

Happy Homecare UK Ltd

Independent Living (Chorley, Leyland, Parbold & Standish)

Inspection report

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27 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place over two days on 20 and 27 July 2017. This inspection was announced to ensure that key staff would be available to talk with us.

Independent Living (Chorley, Leyland, Parbold & Standish) were previously registered with the Care Quality Commission as a franchise of the Right at Home brand. Since our previous inspection in September and October 2015 the service had bought the Right at Home franchise and were now operating independently as Independent Living (Chorley, Leyland, Parbold & Standish). The services were however operating from the same office location and the owner and registered manager remained the same, as did many of the staff and people receiving care from the service.

We therefore ensured that the issues highlighted within the previous inspection were reviewed even though the services registration had changed. At our previous inspection, as part of the Right at Home franchise, we found the service was not meeting four of the regulations that we assessed and we asked the provider to take action to make improvements. The four breaches of regulation were in relation to gaining valid consent from people prior to their care and support being delivered; the lack of established systems and processes in place to effectively assess and monitor service delivery; staff not receiving appropriate support via robust training, supervision and appraisals and the lack of an effective recruitment procedure for staff.

We issued four requirement notices and asked the registered provider to tell us how they were going to make the improvements required. At this inspection we found that the registered provider and registered manager had made the changes and improvements needed to meet all the requirement notices issued from the previous inspection.

Independent Living (Chorley, Leyland, Parbold & Standish) is a domiciliary care service based near Chorley town centre. The agency supplies staff to work across Chorley, Leyland, Parbold and Standish. The service provides support to people living in their homes and is regulated to provide people with support with their personal care needs. The service offers other support such as help with domestic tasks, shopping and also provide end of life support. At the time of our inspection the service was providing support to 60 people permanently and 13 other people via respite and ad hoc care packages. This totalled approximately 450 hours of care per week.

People told us that they felt safe when receiving care and support from staff employed by Independent Living. Staff knew how to recognise and report potential safeguarding issues and they received appropriate training in this area. However one person who received help with their finances did so in contradiction of the agency's own policies and procedures. We have made a recommendation about this.

People we spoke with had no concerns with how staff helped them to take their medication. An up to date medication policy was in place that staff were aware of. Staff knew their responsibilities in this area and were trained to administer people's medicines.

Staff received an induction when they first started work at the service. We saw evidence to show that staff were trained, supervised and received an annual appraisal of their performance. Staff told us they felt supported in their role and were given the appropriate training and guidance to carry out their duties effectively.

The service was broadly working to the principles of the Mental Capacity Act (2005). However we found some areas that required improvement, namely how people's consent was gained and recorded as in some instances people's care plans were contradictory in this regard. We have made a recommendation about this and saw that action had been taken when we returned to the service to give formal feedback.

People we spoke with told us they were happy with the care and support they received and that staff were caring and considerate. Nobody we spoke with raised any issues about how staff conducted themselves when providing care in their home.

The agency provided end of life care to people. We gained positive feedback from relatives whose loved ones had received end of life care. Only staff who expressed an interest in this area of care were expected to provide care and support to people at end of life.

Care plans we reviewed were seen to be person centred and contain detailed information about each person. This included, where people wanted it included, information about people's life and work histories.

People knew how to raise issues or make a complaint and told us they were confident if they did that an effective response would be gained. Staff spoken with knew the agency's complaints policy and how to assist people to raise concerns if needed.

People and relatives we spoke with talked positively about the management of the service, the staff and the care and support they or their loved ones received.

We saw evidence of an effective auditing and monitoring system. We also saw that people were regularly asked their opinion of the service via a number of methods including annual quality surveys, phone calls and care reviews.

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.

People we spoke with who received a service told us they felt safe when care staff provided their support within their own home.

The agency had robust recruitment procedures which were followed.

Safeguarding process were in place and followed however we have made a recommendation with regard to ensuring that people's finances are appropriately dealt with under specific circumstances.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff we appropriately supported via formal supervisions, appraisals and on-going training.

People's consent was not always recorded accurately with some people's care plans containing contradictory information.

People were supported to eat and drink appropriately if this was an assessed part of their care and support.

Is the service caring?

Good ●

The service was caring.

The people we contacted told us the staff who supported them were kind, caring and considerate.

People said they were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Assessments and care plans had been improved and contained

suitable guidance for staff.

Care plans were reviewed and this process involved people if they wished to be.

People knew how to raise issues and complain.

Is the service well-led?

The service was Well led.

A robust quality monitoring system was in place.

People, relatives and staff spoke highly of the management team and service.

Good ●

Independent Living (Chorley, Leyland, Parbold & Standish)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 & 27 July 2017. We gave the service 48 hours' notice of the inspection to ensure the registered manager and other key members of staff would be available to answer our questions.

Before the inspection we looked at the information we held about the service including notifications received and registration information. We also asked for the views of other professionals involved with the service.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made phone calls to people and relatives on the 27 July to talk with them about their experience of the service.

The lead inspector visited the registered office on the 20 July to look at records, which included five care plans, five staff files, quality audits, team meeting notes, medication records and other associated documents.

We spoke with a range of people about the service this included two people who received a service, seven family members and five members of staff including the registered manager and proprietor.

Is the service safe?

Our findings

People we spoke with who received care from Independent Living told us that they felt safe. One person told us, "Yes, I have no concerns with my safety. I get all the help I need." Relatives we spoke with also told us that they had no concerns with the safety of their loved ones whilst care and support was being provided to them. One relative told us, "I do feel that she's very safe with them. I've never seen anything to concern me." Another relative said, "She's very safe with them. They come to help her shower twice a week but they're just for support really. She has a chair in the shower and they never leave her alone."

At our previous inspection, when the agency was registered as a franchise for 'Right at Home', we found the service to be in breach of regulation 19; Fit and proper persons employed. This was due to the service not having effective recruitment procedures in place, namely ensuring that adequate references were attained prior to people's employment and that gaps in people's employment history were not explained. We saw that the issues cited at the previous inspection had been resolved. We reviewed five staff recruitment files, including staff that had been employed since the last inspection. We found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks, application forms being completed, candidates attending an interview and suitable references being sought. There were no unexplained gaps in people's employment history.

We looked at staffing levels within the service to ensure that there were enough staff employed to provide the assessed care people required. No people or relatives we spoke with raised concerns regarding staffing levels, whether this was the consistency of care staff coming to their home or their timeliness. There had been issues in late 2016 with regard to staffing levels as the agency had experienced a large turnover of staff around this period. The registered manager and owner told us that they had covered this period within the existing staff team as well as management and office staff covering some visits. No agency staff were used as the service does not use agency staff to cover absences.

The owner told us that they had resolved any staffing issues and the care team was now quite settled. The service had also appointed a new care manager and there was also a compliance manager in place to assist the registered manager to look at quality assurance. There had been a number of initiatives put in place to attract staff. Staff were paid above minimum wage, paid to attend training and paid a competitive mileage rate if they used a car to attend visits. Bank holidays were paid at one and a half times the standard pay rate. The agency were also looking to introduce pay incentives when staff had completed specific training and a work place pension scheme was available for staff of which four staff members had signed up to at the time of our inspection.

Staff rotas were produced on a weekly basis and made available to staff each Friday ahead of the following weeks working shift on the Monday. Rotas were emailed to staff or they could choose to pick them up directly from the office. People using the service also had rotas detailing which staff were providing their care and support either emailed or posted to them dependent on their preference. Two people using the service at the time of our inspection received a phone call telling them who was making their visits as this was their preferred method of receiving the information.

Staff we spoke with told us they had adequate time to deliver the care and support as per people's assessed needs. They also told us that they were given sufficient time on their rota to get to people in between visits and that travel time was taken into account.

We spoke with staff about the agencies' safeguarding procedures. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised. They were also able to tell us who they would report issues to outside of the agency if they felt that appropriate action was not being taken and displayed good knowledge of local safeguarding protocols. Staff confirmed that they received training in this area and we saw evidence of this via the agency's training matrix and within staff files.

We asked the registered manager if the agency were involved with assisting people with their finances. She told us that the agency was not acting on anyone's behalf and that family or the local authority would assist people with the control of their finances. However we did see that one person had requested that the agency withdraw money for them from an ATM machine. This meant that a number of care staff had access to the person's Personal Identification Number (PIN). There were clear instruction within the person's care plan that staff were to print off mini statements prior to and after withdrawing money for this person and that any goods bought at the request of the person were receipted. This person then signed all the statements and receipts and care staff also entered any financial assistance within the person's daily log. We saw the evidence of this through historical records at the registered office and could not see any discrepancies within these records. We also saw that person had capacity and had signed their consent to care and support plan.

This person did not have any family locally. However one of their children were aware of the arrangement and had been party to discussion around this element of their care and support as they were unable to access the community themselves. Independent Living's 'Service User Money and financial affairs' policy stated that care staff would only have dealing with the finances of people using the service if it was an explicit part of their support plan, which in this instance it was. However the policy also stated that, 'Care workers are not permitted to take or use a service user's cash card or PIN number under any circumstances'. This arrangement was therefore in breach of their own policy.

We discussed at length with the registered manager and proprietor how else this element of this person's support could be achieved without a number of people having access to their PIN. At our request the agency rang the local authority financial safeguarding team to discuss further. We were satisfied that all the arrangements that had been put in place, in addition to the person having capacity and consenting to the arrangement, meant that appropriate safeguarding procedures had been followed but we wanted the local authority to give advice. At the time of writing this report the proprietor told us that initial conversations held with the local authority reflected our view. We recommend going forward that any similar arrangement does not take place without first contacting the local authority financial safeguarding team so that all the necessary options have been fully explored to minimise the risk of financial abuse to people.

We checked on the support staff gave to people who needed help to take their medicines. People we spoke with had no concerns with how staff helped them to take their medication. The staff training matrix showed that staff who had responsibility for administering medication had received appropriate training. Staff we spoke with told us they were confident in administering medication and they had sufficient training and support to do so. Medication Administration Records (MARS) were brought into the office monthly and these were checked and audited for any recording or administration errors.

We asked staff if they had access to the appropriate Personal Protective Equipment (PPE). Staff confirmed that they did and that they could pick up additional supplies from the office. There was a suitable policy and

procedure in place related to infection control measures. People and relatives we spoke with raised no concerns with regard to the appearance of staff or their practice in this area.

Is the service effective?

Our findings

People we talked with told us that they believed the staff to be competent, caring and well trained. One person we spoke with told us, "Staff work extremely hard and always ask if there is anything else they can do." Another person said, "They always ask if we need anything else doing." Relatives we spoke with were very complimentary about staff. One relative said, "Our life has changed completely since Independent Living have been involved. They make [name] light meals at lunchtime and ready-made meals in the evening because the cooking time is limited. They always ring me with any concerns."

At our previous inspection, when the agency was registered as a franchise for 'Right at Home', we found the service to be in breach of regulation 18; staffing. This was due to staff not receiving appropriate formal support in the form of training, supervision and appraisals. We found the necessary steps had been taken to meet this breach of regulation at this inspection.

We spoke with staff about the support they received, including formal support such as training and supervision. The comments we received were positive. We saw evidence within staff files that regular supervisions were now taking place every 12 weeks. Staff told us they felt comfortable raising issues within this forum. The office had been adapted since our last inspection to incorporate a private room for meetings to take place, which helped with confidentiality and privacy.

Training was delivered in a variety of methods. The main method was via a suite of DVD training that had been purchased by the service. Staff viewed the DVDs in small groups in the office then answered questions on the subject matter. This training was also complimented via practical training for areas such as medication management and moving and handling. We saw training certification within staff files for a number of areas including; Safeguarding, Health and Safety, Infection Control, Dignity and Respect and Nutrition and Well-being.

The agency had a new IT system in place that meant training could be viewed by individual staff members or via subject matter. This meant that at a glance it was easy to see which staff needed their training updated. The system flagged when people were due training and when it had expired. We saw that training was booked in advance for staff when viewing the system. Staff told us that they felt training was of good quality and gave them the skills and knowledge needed to carry out their role effectively.

We saw evidence that staff received an induction when they first began work with the agency and staff confirmed this when speaking with them. Staff told us that their induction consisted of time at the office looking at policies, procedures, care plans and other paperwork and then a period of shadowing with an established member of the care team. The registered manager told us that staff inductions were based on the common induction standards for social care. The common induction standards are based around eight key standards including; Equality and Inclusion, Principles of safeguarding in health and social care and Person-centred support. However people's recorded inductions consisted of a tick list of areas covered within the induction period. We discussed with the registered manager and owner the need to introduce a more comprehensive way of evidencing that new staff received a thorough induction. They agreed that

inductions would be recorded in a more thorough format going forward.

Where people received support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA.

Care plans contained an assessment of people's capacity which was carried out by the service. The assessment covered whether a person was able to make day to day decisions about their life, if they could understand the consequences of their decisions communicate them and retain information. We found some examples of conflicting information within the care plans we reviewed. For example one person was described as not being able to make decisions and having no capacity. However further information suggested that they were able to make some decisions and had fluctuating capacity. Each care plan had a 'Consent to Care and Support' section. The same person had signed the initial form but the later version had not been signed. There were other similar examples found. Another person had signed to agree to their care plan but a relative had signed their consent to care and support form. Another person had signed their consent to care and support form however the care plan then instructed to speak to family about some issues even though the person could communicate their wishes.

We discussed these issues with the registered manager and owner. They knew each person well and told us that due to care plans being re-written following the last inspection that some information within them was still in need of reviewing and updating. By the time we returned to give feedback following our inspection each care plan we discussed had been reviewed and people's capacity was reflected accurately. We recommend that all care plans are reviewed to ensure that people's capacity and care needs accurately reflect their current needs. We also recommend that people's capacity is assessed for specific decisions, which would better capture when people's capacity fluctuates.

We asked people who were supported with their nutritional and hydration needs if they were happy with this aspect of their care. No issues were cited within this area. Care plans we reviewed reflected peoples assessed support needs.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and support they received and that staff were caring and considerate. One person told us, "They're a lovely set of girls. They're very sociable and chatty and we have some laughs. Nothing's too much trouble for them." Another person said, "I have four main carers in total and we're very fortunate with the team that we've got. One of them is particularly incredible." Relatives were also very complimentary about the approach of staff. We received a number of comments as follows; "The Carers are nice and friendly and they get on so well with Mum. They're the only real contact with the outside world for her except for us and Dad", "They're very respectful indeed when they're showering [name]. In fact, they're very respectful to both of us and our home" and "The staff are very good and they're very respectful towards us and our home".

People and their relatives told us that they had no concerns with their or their loved ones dignity being upheld. We saw that within people's care plans that people's preferences were on record across a range of areas including personal care delivery, food, drink and social interests. Since our previous inspection we could see that a lot of work had been put into exploring people's life histories which helped staff to engage with people on a more personal level.

When speaking with staff about dignity and confidentiality they were able to talk through specific examples, such as the delivery of personal care, and how this was done in a dignified and professional manner.

We saw some good examples within people's care plans of how they were helped to retain their independence. One person had started receiving care and support from the agency following a stay in sheltered housing. They had begun with a day and night care package of care which had now been reduced to day time hours only as the person was now confident to be on their own at night. This person and the agency were also discussing reducing the level of day time hours going forward. There were other examples of hour long visits being reduced to half hour visits as people became more confident following their initial support being put in place.

The agency provided end of life care to people. We spoke to one relative whose parent had passed away shortly prior to our inspection. They were very complimentary about the approach of the agency and its staff during this difficult time. They told us, "The previous service wouldn't help when we needed 24/7 care so we had to resort to ringing round to find another provider and I can't sing Independent Living's praises highly enough. They really stepped up to the plate. It was a nice close-knit team and we always had the same faces so that [relative] was used to them. They always stayed for the allocated time and would spend extra time if necessary. If there was a delay with the next member of staff arriving, they would just stay and wait. They kept upping the care package as required and stayed right through to the end."

The registered manager, as part of their NVQ level 5 management qualifications, specialised in palliative care. They told us that only staff who expressed an interest in end of life care were asked to provide this support. The agency worked closely with the district nursing team. Counselling and support for staff was offered if needed following the death of people they were supporting.

There was no-one at the service using a formal advocate at the time of our inspection. An advocate is an independent person, who will act on behalf of those needing support to make decisions. The registered manager told us that they were aware of local agencies who could provide such support and that people would be directed if needed to such agencies.

Is the service responsive?

Our findings

At our previous inspection, when the agency was registered as a franchise for 'Right at Home', we found the service to be in breach of regulation 9; person centred care. This was due to care plans not containing personal information about people's preferences, like, dislikes and histories. Much of the information we found was copied and pasted from one care plan to another. We saw that all care plans had been re-written and regularly reviewed. We saw a lot of effort had been made to make care plans personalised to each individual. Therefore the necessary steps had been taken to meet this breach of regulation at this inspection.

Care plans we reviewed were seen to be person centred and contain detailed information about each person. This included, where people wanted it included, information about their life and work histories. We also saw that care plans reflected people's preferences and care needs accurately but that some further work was needed as alluded to in the 'Effective' domain within this report. However it was evident that improvements had been made since our previous inspection with regard to the personalised nature of information within care planning documents and there was no evidence of information being cut and pasted across from other care plans and standard sentences and information being used.

People we spoke with were aware of their care plan and told us that they had been involved in its design at the outset of their care and support. They also told us that they were involved in regular reviews of their care. One person told us, "The Manager came out to do the initial assessment with me and went through everything we needed to know. My [relative] has been involved in the meetings for any updates to the Plan." One relative we spoke with said, "I always check their notes in the folder and keep my eye on the times of their visits. We've never had any missed appointments. The information in the folder is accurate and updated." Another relative said, "They're coming tomorrow to redo the Care plan. They come every couple of months to discuss how things are going and any changes to the plan."

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person we spoke with told us, "We've no concerns, no complaints at all." Another person said, "No concerns from our point of view but we know any comments are taken on board."

We saw that an appropriate complaints policy and procedure was in place and that it was made available to people. Details of how to make a complaint or comment on the service were made available within the agency's 'Your guide to our services' document which was given to all people at the start of their service. Staff we spoke with were aware of the agency's complaints policy and knew how to direct people if they wished to make a complaint.

Independent Living had a complaints file in their registered office which we reviewed as part of our inspection. There had been one complaint within the 12 month period prior to our inspection. We could see that the complaint had been acknowledged but it was unclear from reading the notes within the file if the complaint had been resolved. From discussion with the registered manager and owner it became evident

that the issue had been resolved and the person was still receiving care and support. We discussed the fact that this should have been clearly recorded within the complaints file and the agency owner agreed to do this so the record was complete. All historical complaints prior to the previous 12 month period had evidence to show that they had been investigated and closed.

Is the service well-led?

Our findings

People and relatives we spoke with talked positively about the management of the service, the staff and the care and support they or their loved ones received. One person told us, ""The office staff are very helpful and polite. It's a high-class service, when you ring they answer and they deal with everything. I know who to contact if I need to change anything and the management come out and organise any change to my care plan. I'm perfectly satisfied with them." One relative we spoke with said, "We're more than happy with Independent Living and we're very glad we found after them after our previous experience with [name] elsewhere. We would definitely recommend them to others."

It was very apparent when speaking with people and relatives that they knew who the registered manager and management team were and they felt comfortable contacting them and discussing and issues. This was reflected in a comment from a relative who told us, "I've met the manager and a couple of the office staff. We have regular meetings to update the care plan and make any necessary adjustments. It's a flipping good service considering what they have to put up with. I take my hat off to them and I would have no issues in recommending them to others."

At our previous inspection, when the agency was registered as a franchise for 'Right at Home', we found the service to be in breach of regulation 17: Good governance. This was due to lack of robust auditing systems which had meant that some people's care plans had not been reviewed for over 12 months. We found sufficient changes and improvements had been made during this inspection to meet this breach.

Since our previous inspection Independent Living had made changes to the management team and provider structure to offer more support to the registered manager and to enable her to concentrate on key areas such as improvements to care planning and staff support systems. Improvements to these and other areas were noted at this inspection as a result of these changes. A new care manager had been employed who was responsible for staff rotas, monitoring systems and assisted with care planning. The care manager had previous experience of such a role. A compliance manager was also employed whose main role was to oversee quality monitoring and auditing. The proprietor was based at the registered office and was heavily involved in the day to day running of the business. The management team was seen to work well together during the inspection and have a proactive approach to improving all aspects of the service.

The service had a full range of up to date policies and procedures in place which had been implemented following the departure from the Right at Home franchise. Staff we spoke with were familiar with the agency's policies and told us they knew how to access them to refer to if needed.

We saw evidence of some quality audits taking place. These included medicines management, care planning documentation, daily notes from staff and staff training and performance. The newly appointed compliance manager undertook the majority of the auditing for the service.

We saw that annual quality surveys were sent to everyone who received a service. The last survey had been completed in August 2016. 38 returns had been received and we saw that responses were positive. There

were a number of thank you cards, emails and letters within the office praising the service and its staff. The agency had recently introduced quality assurance calls to people as another method of monitoring people's satisfaction with the service. This process was in its infancy at the time of our inspection with three people having been contacted. There had been no reported issues with these calls.

Staff we spoke with talked positively about their employer. Staff had a good understanding of their roles and responsibilities and told us they were supported well. They told us that the Registered Manager, owner and management team were approachable if they had any issues. No-one spoke of any cultural issues within the service and staff told us they felt morale was good after a difficult period several months earlier when a number of staff had left.

The service was seen to be displaying their latest Care Quality Commission (CQC) rating within the registered premises. We saw the website also contained a link to the latest CQC report. However we discussed the need for the link to be made more obvious to people and to check the ratings display guidance published by the CQC. There was dispensation afforded to this issue as the service was previously inspected under another registered name, however as the registered provider had remained the same it was important that people who were potentially going to consider using the service had access to this report. There were no other registration issues and the service submitted notifications in line with their regulatory responsibilities.

The registered manager had a service improvement file which contained information and idea that she wanted to implement going forward. This involved the introduction of areas of good practice, for example the introduction of photographs of care staff for people living with dementia so they could recognise care staff more easily. This was potentially to be rolled out to all people in the future. There were different forms, guidance ideas picked up from caring for people that were being considered. This showed that the service was looking to continuously improve and introduce new ideas.