

Independent Living Alternatives

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Inspection report

Rowlandson House
289-293 Ballards Lane
London
N12 8NP

Tel: 02083696032
Website: www.ILAnet.co.uk






Date of inspection visit:
12 December 2016

Date of publication:
27 February 2017

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

This announced inspection was carried out on 12 December 2016. Independent Living Alternatives is a care agency and is registered to provide personal care for people in their own homes. Independent Living Alternatives provide a range of personal assistance services.

At the time of the inspection Independent Living Alternatives was employing 77 personal assistants who were providing support to 35 people in their own homes. Independent Living Alternatives also provides volunteers who live with people who require support and assist them with a range of tasks, in exchange for accommodation. At the time of the inspection there were nine volunteers working for Independent Living Alternatives. In addition, Independent Living Alternatives facilitates the recruitment of personal assistance staff for people who require support due to a disability. These staff are then employed directly by the person using a personal budget. This inspection report covers all the services provided by Independent Living Alternatives.

We previously inspected the service on 13 August 2014 and the service was found to be in breach of the regulation which related to assessing and monitoring the quality of the service provided.

Independent Living Alternatives had a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The ethos of this service was to encourage people who were using the service to be as independent as possible by employing a personal assistant (PA) staff member rather than care workers. Independent Living Alternatives requires that the people with a disability who request a PA are able to articulate their needs and manage their PA on a day to day basis. This means the service operates quite differently to many other care agencies as control for the day to day running of the service is passed to the person using the service.

Independent Living Alternatives carried out initial recruitment checks on PA staff, and people then interviewed prospective PAs for their suitability to work with them in their own home. People who used the service told us they felt safe with their PA and trusted them to ensure their safety and to 'look out' for them. The registered manager told us if a person felt a PA was not suitable in their role, Independent Living Alternatives would assist them finding a new PA.

Staff recruitment was not always safe. We found the provider was not always complying with their procedure to obtain two references prior to employment. The registered manager told us people using the service were made aware of when references were not available. They then chose whether to proceed to interview the specific PA to support them or not.

Care records had an individualised risk assessment document which included all potential risks specific to

the person who used the service. We found most people did not have detailed care plans or communication books in their homes as people directed their PA and so told them what tasks they wanted undertaken and how the task should be carried out. There were some instances where a health and social care professional who commissioned the care, had drawn up a detailed care plan if a person had extremely complex needs. People using the service, PA's and health and social care professionals told us this worked well.

People told us they had choice over the support they received and nothing was done without their consent. People told us they were very happy with the service provided by their PA as they wrote their own personal profile and only accepted PAs they felt would be suitable to work with them. Training took place both in the home by the person they were working for and more formally at the office. However we noted the provider did not have records to show that staff received an induction prior to starting work with people that covered key areas of vital information including policies on safeguarding adults, first aid or health and safety matters.

People were responsible for their own medicines management and administration. PA staff supported people where necessary with taking medicines or collecting prescriptions from the pharmacy. People used health and social care services either independently, or with the help of the PA or family or friends.

We saw complaints were dealt with appropriately by the provider.

People using the service spoke very highly of the service and of the skills of the registered manager in managing it. The staff spoke well of working for the organisation and there was a culture of openness. People using the service and staff told us the registered manager was good at communicating with them and was readily available and responsive when issues arose.

There were two breaches of regulations in relation to staff recruitment and the lack of notifications to CQC in relation to safeguarding concerns.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe. The provider did not always ensure recruitment references were in place prior to employing people.

The provider did not notify CQC of safeguarding incidents that had occurred.

Personalised risk assessments were in place for people using the service.

Staff understood the importance of safeguarding and five out of six staff could tell us the different types of abuse that can occur.

Is the service effective?

Good ●

The service was effective. Staff received mandatory training through a mixture of office and on the job training. Yearly appraisals took place with staff.

Staff supported people using the service to access healthcare as they required.

Staff understood the importance of gaining consent to provide care.

Is the service caring?

Good ●

The service was caring. People told us staff were caring and treated them with dignity and respect.

People using the service directed the staff to support them in the way they chose and so the service was outstanding in maximising people's autonomy and independence.

People using the service told us their cultural and spiritual needs were met by the staff.

Is the service responsive?

Good ●

The service was responsive. People drew up their own personal profile which outlined their support requirements and how they wanted their care provided so the service was person centred.

People were supported in a flexible way so they were able to pursue their personal goals.

People knew how to make a complaint and told us the registered manager was responsive to addressing any issues raised.

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Is the service well-led?

Requires Improvement ●

The service was not always well-led. The registered manager confirmed she did not currently have a system to gain feedback regarding the whole service.

People using the service, relatives and professionals spoke very highly of the service and the registered manager.

The service was user led and this meant that people using the service were at the centre of decision making.

Independent Living Alternatives

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.

The inspection took place on 12 December 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that the registered manager would be available. The inspection visit was carried out by two inspectors. As part of the inspection process an expert-by-experience telephoned people and ask them their views on 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information CQC held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

As part of the inspection process we spoke with eight people using the service and one relative. We spoke with six personal assistant staff. We spoke with the registered manager and two other administrative staff. We visited two people in their homes. We also spoke with four health and social care professionals who have knowledge of the service.

We looked at six people's care records and four staff records. We viewed policies and procedures, training and supervision information, and accidents, incidents and safeguarding records.

Is the service safe?

Our findings

People told us they felt safe with their PAs as they chose them themselves, and set out the terms of the relationship at the outset. One person told us, "I'm very strict. I make it quite clear that the PA cannot leave until the next one arrives. It safeguards me. I cannot be on my own and they respect that."

The usual route for a personal assistant into the service was that Independent Living Alternatives took up initial references and checks to ensure staff were safe to work with people and then people interviewed individual PAs for their specific role in their home.

We saw completed application forms which included information on their previous health and social care experience, their qualifications and their employment history. There were records of Disclosure and Barring Service checks and proof of staff members' right to work in the UK. However, there were not always two references in place prior to a person starting work as required by the recruitment policy of the provider, nor were there always work references despite staff having been previously employed.

For example, one person who had recently moved to the UK provided one reference which was from a 'respected official' from their home town and the other was from their school teacher despite the staff member not having attended school for over five years. Another person had an unsatisfactory work reference prior to being employed and another reference from a colleague received after they had been already been approved to work as a personal assistant.

The registered manager explained that they didn't pursue references from employers outside of the UK. Where a person had a poor reference the registered manager had been made aware prior to receiving it by the prospective employee as there had been issues with a previous employer. They told us they risk assessed this person and their lack of a reference at interview, and had passed on this information to the prospective people they may work with but there were no notes available to evidence this risk assessment. The staff member had been subsequently interviewed by a person using the service and this person thought they were suitable for the role.

The above concern was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager has undertaken to review the policy of not taking up work references from outside of the UK, and to document risk based decisions where two references are not always available for prospective PAs.

Staffing hours were negotiated by the commissioner who provided funding for people using the service. The majority of people devised their own rota for their group of PAs. We were told by one person "I've designed my rotas in consultation with my PAs. I have to manage sickness and holidays." Independent Living Alternatives offered additional support for six people at the time of the inspection by setting out the rota for staff. One person told us, "They are proactive at covering shifts. Most of my carers are on regular shifts."

People told us this approach was very positive as there was continuity of care. We spoke with two people who had the same PA for many years.

Five out of six PAs we spoke with understood their role in safeguarding adults. The sixth member of staff was able to tell us safeguarding was about ensuring people who may be vulnerable were safe but was unable to identify types of abuse. We highlighted our concern that not all staff were fully aware of their obligations under safeguarding legislation. The registered manager undertook to ensure staff understood this area more fully before starting work as a PA.

We noted that there had been two safeguarding incidents this year. One safeguarding concern had arisen as a result of an injury sustained by a person using the service. Neither the person using the service nor the PA had notified the registered manager of the injury. The other safeguarding related to a disclosure of concern made to a health professional. The registered manager had been notified about both incidents by health and social care professionals, but had failed to notify CQC despite their obligation to do so.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager undertook to notify CQC in the future of any safeguarding concerns.

Medicine management and administration was controlled by the person using the service so routinely medicine administration records were not kept. This was by choice of the person using the service. In the case of controlled drugs being administered, the registered manager had stipulated that the dosage, time and date was written down to safeguard people using the service and their P's.

The registered manager kept a log of accident and incident records but there had not been any in the last 12 months. The registered manager told us that they shared any learning arising from the accident or incident logs with the team of PAs and people using the service by email.

Is the service effective?

Our findings

People using the service told us their PAs were effective and were able to do their job as they were trained and directed by them. People using the service were expected to provide individualised training to ensure their PA could provide appropriate care to them. In practice, this was guided by people using the service with assistance from other PAs who currently worked with the person, or an outgoing PA. One person told us, "The job description is read to them by my PA. I have a detailed description of the work to be done. I put it together myself as I am the only person who would know. Everything is absolutely made clear." Another person told us, "When they first start for me they have training on the job. I'm moved by a hoist. The new ones learn from the old person."

Where people had complex moving and handling requirements, the service sought expert advice from occupational therapists and where appropriate, district nurses or speech and language therapists were involved and provided guidance to PAs. PAs confirmed they had worked with occupational therapists and other health professionals where necessary when a person's needs changed.

One family member told us "Independent Living Alternatives organise the training but my son helps with shadowing." The service also offered additional training in key areas. The registered manager maintained a record that indicated which staff had undertaken training in key areas to comply with the requirements of the Care Certificate. Main training for the Care Certificate was divided into four modules and covered health and safety, safeguarding, confidentiality, moving and handling and medicines administration. In addition the service provided training in first aid and the principles of being a PA as opposed to a care worker. All staff undertook training in the Care Certificate or were scheduled onto the courses. PAs were encouraged to attend training at the office by being paid a fixed rate for the day, being offered expenses to get there and by lunch being provided. PAs who did not attend despite repeated requests to attend mandatory training were no longer given work by Independent Living Alternatives.

PAs confirmed that they received appropriate training through a mixture of classroom based and on the job training. They told us this worked well. PAs said they understood the needs of the specific people they supported, and that if they had any concerns regarding health and safety issues or any other matters they would contact the office.

Health and social care professionals praised the quality of staff working as PAs, and all confirmed they thought staff were trained appropriately to provide good care. One professional told us the service provided PAs who were able to engage with service users in a way that gave them confidence to live the life they want. This led to an improved quality of life for people using the service such as using a train for the first time, using their Motability car again on a regular basis, or travelling abroad. Another professional told us how a PA was able to meet the complex health needs of a person they worked with, and they had found the PA articulate, caring and highly motivated in their caring role.

We noted that in contrast to the personalised training that took place prior to a person starting work there was no formal induction provided by the service. This meant that PAs may start working without any

experience of safeguarding or an understanding of basic food hygiene. Whilst eight out of the nine people using the service did not identify this as a concern, one person was of the view the service should provide some basic training so PAs have knowledge in some key areas including first aid prior to starting work with someone. We noted the lack of a formal induction prior to people starting work meant the provider could not satisfy itself that PAs were equipped with key information at the point of starting work.

We discussed this with the registered manager who told us she planned to introduce a formal induction for staff prior to them working as PAs and would ensure records evidenced this had taken place.

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. Nobody was deprived of their liberty. People told us all care provided was with their consent. One of the criteria for receiving a service from Independent Living Alternatives was that people were able to direct and manage the day to day tasks for a PA.

The registered provider had decided that as people using the service managed the day to day care being provided to them, supervision from the provider was not necessary. A yearly appraisal took place by telephone in which PAs were asked if they had any issues, or training needs they had identified. Staff told us that despite not having regular supervision, the office staff and the registered manager were always available for advice and guidance. PAs did not view lack of formal supervision as a concern as they told us they viewed the person they worked for as their day to day manager. They also told us that if they had any concerns they found the office staff and the registered manager readily available.

The provider did not have a formal supervision policy as they considered the people using the service the day to day manager of PAs, but had policies that related to appraisal and expectations of the PA role. We discussed this with the registered manager who told us that they were reviewing a range of policies including the supervision policy to reflect current best practice; the people using the service would remain as they key evaluator of a PA's performance.

In situations where a person's care package was complex, the registered manager had created a key PA role. This person provided additional guidance to other PAs supporting that person, and they acted as a co-ordinator to ensure information was shared amongst the PAs.

One person told us in relation to her medical appointments, "I make the appointments and the PAs take me." People using the service visited a range of health care professionals either independently or with the support of their PA, friends or family.

People using the service lived in their own homes and as all people using the service had full mental capacity, they chose their own food. One person told us, "The PAs cook my meals under my instruction." The registered manager explained that part of the course on the difference between being a care worker and a personal assistant was understanding the importance of self-directed support in all areas of care including what food was bought, how it was prepared, and what was cooked.

Is the service caring?

Our findings

People told us the PAs who worked with them were caring. One person told us, "The people I have are people who have empathy and are efficient. Whilst they are here they are my extension of my arms and legs. A PA should work under the direction of the service user so that I can be as independent as possible."

All PAs were interviewed by the specific individual they worked with. This meant people were cared for by a person they could relate to. One family member told us, "My [relative] is very happy with the support he gets. He's intelligent and bright. He likes the level of education the carers at Independent Living Alternatives have. They seem to be mostly degree educated." One person told us, "I think I try to be independent. The carers have a good attitude to enabling rather than to take over, and knowing when to help and when to take a back seat."

The ethos of the service was to prioritise user involvement and the method of recruitment and training placed the user at the centre of the service. PA staff referred to the person they worked with as their employer and took direction from them. People told us they viewed the service provided by Independent Living Alternatives as exceptional as the service prioritised the needs of people using the service above all else. This meant that people's quality of life had improved significantly once they used PAs from Independent Living Alternatives. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to.

One person told us "It [Independent Living Alternatives] allows me to live a relatively normal life, given the restrictions of my disease, which is fantastic." This person added "I would go bonkers in a care home." Another person told us, "I am very happy. I require assistance throughout the day. I know exactly what my needs are. I manage most things on my own. That is the ethos of Independent Living Alternatives. I have to be in control and the PAs are under my direction."

A person using the service said "Independent Living Alternatives has always been on the side of the social model of disability... which is that everyone is an individual." This meant seeing the person rather than the disability. One person using the service summed it up as "I wish every other disabled person had the same quality of service I have."

Health and social care professionals confirmed that in their view the service always focused on the independence of service users and their rights.

The model really worked well for people using the service and PAs and this was reflected in the low turnover of staff working with people. A number of people we spoke with had worked with the same PA for years, and many people using the service told us staff were exceptional in their commitment to the role. Staff told us they really enjoyed working in the service and spoke positively about the culture and management of the service.

In terms of being treated with respect one person told us, "I'm very careful who I have. If there were any

issues I would immediately address them. I can't have someone who shows no respect." A family member told us that, "The management is really good at conveying respect. My [relative] has had some of the best carers ever. They are very respectful." PAs told us some of the ways in which they showed respect to people, by going at their pace and by ensuring people's privacy. This was confirmed by people using the service. "They give me space and when I am being helped to wash, they always make sure I am covered up."

We were aware people's cultural needs were met as we saw these were integrated into their profile they had developed which was shared with prospective PAs. One PA told us, "The person I care for is Jewish. I know how she wants her care, what she eats and doesn't eat and how to serve her food."

The registered manager told us that PAs supported people as their needs increased and with additional training, support, equipment, and input from other health professionals, people remained at home as long as possible. As part of a team, Independent Living Alternatives provided end of life care. We were told by one person, "My PAs are very, very good. They are very flexible. If someone is ill they will fill in and they will do overtime. I haven't got anyone I wouldn't trust with my life." One person told us that by a PA acting quickly she had been supported in a way that "saved my life."

Is the service responsive?

Our findings

People using the service told us they didn't have care plans at their home as they communicated their needs to the PA. One person told us he had an NHS care plan and that there were copies in his home. A family member told us, "All that is on the care plan is the hours. It is amended every six months. My [relative] wrote the job description."

The lack of written documentation was not of concern as Independent Living Alternatives only offered a service to people who could articulate their needs or who had a family member living with them who provided this role.

People using the service told us by having PAs from Independent Living Alternatives they were able to have person centred care in their homes. They chose who worked with them, and the care provided met their individual needs. People told us they were able to pursue hobbies or go on outings. A person who used the service told us, "my PA is very flexible and every day is different because I want it to be." We spoke with PAs who drove people's cars so they could go to the seaside, go on holiday or attend courses as they wished. As people's lives were normalised by the flexible support offered by PAs the range of activities people could engage in was extensive. One person told us, "I have had the best quality of life ever since I have had support from Independent Living Alternatives. They have stopped the isolation I experienced before they became a part of my life."

The registered manager undertook a review of people's needs every year in their homes. This was confirmed by people using the service. One person told us, "I had a thorough review of my needs and they have been good at matching the PAs to my needs. I get the days and times I need." Another person said "The manager from Independent Living Alternatives comes once a year to do an assessment to find out how things are going, but she knows that I would contact her if there is a problem."

Independent Living Alternatives offered a responsive service by offering a range of services. Some people used Independent Living Alternatives as a brokerage service so they were introduced to PAs who they then personally employed using their own personal budget. The majority of people had full control of the day to day service they received, but Independent Living Alternatives retained employment responsibility. Six people were supported to manage their rota and Independent Living Alternatives office staff had greater involvement in their care arrangements. They told us, "The office is very good at following up things. They are proactive at covering shifts. Most of my carers are on regular shifts" and, "Independent Living Alternatives always make contact and makes sure I am happy with the service."

Health and social care professionals told us the provider was very flexible and responsive for people using the service and this resulted in better outcomes for people. We were told that the registered manager provided a key role in ensuring the service was user focused.

The service had a complaints policy which was provided to people when they started using the service and people were asked a question at their annual review to check they were aware of the complaints policy or

had any issues they were not happy with. There had been one complaint in the last 12 months and we could see from records that this had been dealt with appropriately.

We asked people using the service how complaints were managed. One person said, "I have never had to make a formal complaint. You can't get on with everybody. There can be clashes and this has happened in the past, but it can be resolved with Independent Living Alternatives. There are no problems with the present team." Another person told us "I had concerns about one person in the past. Independent Living Alternatives had a word with them and they still continued with me."

A family member whose relative had received support via Independent Living Alternatives for over ten years told us "We have not made any complaints and no complaints have come back about us." Health and social care professionals told us that if there had been any issues that arose the registered manager had dealt with them quickly and responsively.

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Is the service well-led?

Our findings

ILA is run by as a not for profit organisation. Overall responsibility for the service lies with the management committee which is comprised of a range of individuals with specific skills in key areas including human resources and finance. The majority of people on the management committee were users of the service.

The management committee convenes through 'virtual' meetings held every two months. People who use the service are encouraged to become involved with the management of the service by joining the management committee. One person told us, "From what I have learnt about the management of ILA they seem to know what they're doing with running the organisation. I wanted to go to ILA because I knew they were good."

People were unanimous in their praise for the organisation due to the ethos of the service which places the person with the disability at the centre, with the objective of maximising their independence and autonomy.

People, health professionals and relatives also spoke highly of the registered manager. One person told us, "ILA is well managed and the care coordination side is efficiently run." another said "They are the first care agency that I ever felt was the right one. Other agencies are very good with lip service but the reality is different." A relative told us, "It is the best agency that I've ever come across. It is really great in terms of what you receive." Health and social care professionals praised the registered manager for her responsive and helpful attitude. It was also noted that the registered manager had detailed knowledge of the people using the service which was very useful in understanding how to deal with issues as they arose.

We could see from records that PAs had an annual appraisal. There were also opportunities for PAs to meet on a monthly basis to share ideas. The service had developed a blog which highlighted training opportunities, provided information and advice that may be of use to people using the service and PAs. This was a useful tool to aid communication across the service.

One person told us how they wanted to understand the level of training their PAs received. The registered manager responded to this by offering them a place on the next mandatory training module. They completed two days of training and told us they found it very helpful.

Whilst there were many areas in which the service was well led, the registered manager was very open and acknowledged there were some areas in which she planned to improve the service. For example, the previous inspection highlighted the need to get feedback from people using the service about the quality of the service. The registered manager had introduced an annual review process which reviewed the care provided to the person by the PAs, however this did not provide feedback on the overall service provided by ILA. The registered manager told us she intended to update this document to include additional questions regarding the quality of the service offered by the administrative staff and registered manager which related to the overall experience of using ILA.

There were a range of checks documented to evidence that volunteers were providing a good service. There

were no checks documented for PAs although the registered manager told us she phoned up people using the service to check the PA had settled well, and this was confirmed by people we spoke with. The registered manager undertook to document these checks for PAs, and since the inspection has sent a document to record checks at the beginning of the service starting and after four weeks as part of the quality assurance process.

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 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify CQC of two safeguarding concerns that had occurred. Regulation 18 (1) (2) (e)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Two references were not always obtained prior to staff being employed so the provider could not evidence they had satisfied themselves that staff were of good character. Regulation 19 (1) (2) (a)