

Empowered Living Ltd

# Empowered Living Ltd

## Inspection report

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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

### About the service

Empowered Living is a domiciliary service caring for people living in their own homes. This included providing the 24-hour support at one supported living property. The service supports people who have a learning disability and / or autistic people in addition to those who required support due to their mental health needs.

Not everyone who used the service received personal care. The Care Quality Commission (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

Staff received support and training in their role. We have made a recommendation about staff undertaking specialist training. The staff team understood people's communication needs and liaised with professionals when required.

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. Records in this area did require further development. For example, mental capacity assessments had not always been completed and a record of consent was not in place.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. "Right support, right care, right culture" is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of "Right support, right care, right culture". There was a clear emphasis on encouraging independence, community engagement and choice. The registered manager operated in a person-centred way and led by example in this area.

Elements of the recruitment process were not robust. We have made a recommendation about the recruitment of new staff.

People gave us positive feedback about their experience of working with and being supported by Empowered Living. Staff understood what actions to take if they had concerns that somebody was at risk of harm. Identified risks were recorded and consideration given as to how these could be mitigated.

We received positive feedback about staff approach towards people. Staff spoke about people in a

respectful way and were keen to promote their independence.

People received person-centred support and activities were tailored to their interests. No formal complaints had been received and the registered manager resolved any issues quickly and proactively.

The staff team were engaged with the visions and values of the service and were passionate about their role. The registered manager had an informal process of quality assurance and was actively involved in supporting people and regularly received feedback. The registered manager recognised that elements of their recording keeping needed to be more robust. The registered manager had a good understanding of best practice and promoted this amongst their staff team.

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

#### Why we inspected

The service was registered on 18 June 2018 and this is the first inspection.

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement 

### 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 in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Empowered Living Ltd

## 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

One inspector undertook this inspection.

#### Service and service type

Empowered Living is a domiciliary care agency. It provides personal care to people living in their own houses and specialist housing.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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 prior notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 18 November 2021 and ended on 29 November 2021. We visited the office location on 18 November 2021.

#### What we did before the inspection

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

from the local authority and health service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and support workers.

We reviewed a range of records; this included one person's care records and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were viewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment records, policies and reviewed information relating to the actions taken by the registered manager. We received feedback from three professionals who have worked with the service.

# 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

- Elements of the recruitment process were not robust. For example, potential candidates had not always provided a full work history to ensure any gaps or reasons for leaving could be explored. The registered manager took immediate actions to address this during the inspection.
- There were some positive aspects to the recruitment process. For example, there was a strong emphasis placed on the attitude and values of potential candidates.
- There were no concerns raised about staffing levels or staff not having the enough time to spend with people.
- People were informed in advance of who would be supporting them and if there were going to be any changes to this.

We recommend the provider review their internal procedures and associated guidance to ensure a thorough recruitment process is operated.

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

- There had been no notifiable accidents that had occurred since the service opened. Staff recorded and reported incidents, such as near misses or distressed behaviour. Following an incident staff had an opportunity to de-brief and discuss any learning or further support needed. This information was not consistently recorded, which the registered manager acknowledged.
- Detailed risk assessments were in place for areas of identified risk for people. These guided staff as to the actions to take to minimise potential risks. A staff member told us, "I was impressed when I first started. I read the folder; the amount of information we were given about risks, wants or likes gave you a feel for these guys and you felt a bit more confident going in and working with them as you had a sense of them."
- People expressed confidence that staff provided safe support. A person told us staff were knowledgeable about the person and their safety needs.

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

- The staff team undertook safeguarding training and understood what actions to take if they were concerned that somebody may be at risk of harm or abuse.
- There was a safeguarding policy which was in line with current legislative requirements.
- There had been no safeguarding incidents within the service, but the registered manager understood what actions to take if an incident occurred.

### Using medicines safely

- At the time of the inspection, there was nobody who required supervision or support with taking their medicines.
- There was a medicines policy in place, which was in line with current guidelines.
- The staff team undertook online medicines training. The registered manager understood staff competency, to administer medicines, needed to be checked before supporting people in this area.

#### Preventing and controlling infection

- The provider had an up-to-date infection control policy in place.
- Staff had access to personal protective equipment.
- Potential risks for people associated with COVID-19 were considered with guidelines for staff to follow to reduce potential risks.

# 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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff undertook a series of online training courses to aid them in their role. Staff were not required to complete training specific to the people supported in areas such as mental health or learning disabilities. Most of the staff were experienced in care and told us they felt they had sufficient training.
- Staff completed an induction when they joined the service. This was used as an opportunity to discuss the service's policies and procedures, and to ensure staff and the people they supported got to know one another. A staff member told us, "I had an initial 'hands on' induction which gave me the confidence to support [the person] in a way they wanted."
- Most of the staff team had previous experience in caring for people, but were encouraged to consider their future development and qualifications.

We recommend the provider review staff training to ensure there is a complete package of training tailored to the needs of the people supported.

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.

- A mental capacity assessment had not been completed when there were concerns about a person's understanding to consent to their care and support needs. This was completed immediately after the inspection.
- Staff undertook training around understanding mental capacity and spoke confidently about the principles of this.
- People were encouraged to make decisions about their care and staff respected these choices.
- A record of people's consent, or consent on their behalf was not recorded. Staff did understand the

importance of seeking people's consent and respecting if they refused.

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

- Assessments were completed prior to supporting people so the service understood what the person needed and wanted and to consider how they could support with this.
- The registered manager maintained regular communication with people and their relatives to ensure they were happy with the support provided. People were encouraged to lead on how they wanted their care to be delivered.
- The registered manager had a good understanding of best practice and how to support people well. They shared this information with their staff team.

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

- At the time of the inspection, the staff team were not supporting anybody with their diet or fluid. Staff did undertake training in this area and were aware of people's needs and abilities.
- Staff understood the importance of respecting people's choices whilst encouraging them to make positive decisions around their diet.

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

- Professionals told us communication with the service was good and they were confident that any issues would be shared and addressed.
- The registered manager was keen to ensure the staff team operated as part of a multi-disciplinary team around people, recognising the valuable input other people could have.
- At the time of the inspection, the staff team did not support anybody with accessing healthcare services. People were encouraged to be independent and access services as they required.

# 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

- We received positive feedback in how staff approached and supported people. For example, a person told us, "The service appears to be very caring. I can honestly say they have developed a very good relationship with [person's name]."
- Staff spoke about people with fondness, warmth and respect.
- Staff undertook training around equality and diversity which helped to inform their practice.

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

- The registered manager wanted people to lead on their care; directing the support they wanted. A person told us, "The basis of the care and provision is to promote healthy lifestyles and autonomy choice and control."
- Staff understood people's communication needs which helped them to establish a rapport and start to build relationships. Information was recorded to guide staff about people's verbal and non-verbal cues, such as what different behaviours could mean for the person.
- Staff liaised with people's relatives to seek their views and to discuss any changes or different approaches required.
- At the time of the inspection, there was nobody who required the support of an advocate. The registered manager was confident in understanding the role of an advocate and when their input may be beneficial.

Respecting and promoting people's privacy, dignity and independence

- There was a culture of promoting independence. For example, one staff member stated, "This has been a passion throughout my life; not that there is something wrong with people but to see what they can do."
- Staff understood people's abilities and were keen to support and encourage the development of these skills.
- Staff were able to describe how they ensured people's privacy and dignity in how care was provided. The people we spoke with felt dignified care was provided.

# 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

- Care plans were in place for some areas of people's lives, including support around behaviour. There was limited information about people, their history's or ways to demonstrate how they had been included in their care plan. Staff did however know people well and worked in a person-centred way.
- We received positive feedback about how staff people were supported. A person told us, "It is clear that they operate in a person-centred approach, they are caring and want the best for the people they support." Another person said, "They put the person first, they are very aware of their needs and how they should be best met to achieve the outcome that is most suitable and in the person's best interests."

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.

- Staff were familiar with people's communication needs and tailored their support accordingly.
- Care plans recorded how people needed information to be provided in a way that was accessible for them.

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

- The majority of people supported by Empowered Living were very independent and able to pursue social activities of their choosing.
- Where required, people were supported to partake in activities they enjoyed. As staff understood their needs these would be considered when planning different places to visit or activities to do.
- Staff felt confident in supporting people within the community.
- People were encouraged and supported to explore volunteer opportunities.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place outlining how the service would respond should a complaint be made.
- No formal complaints had been received since the service opened. People told us they felt able to share concerns and felt confident they would be addressed quickly.

End of life care and support

- At the time of the inspection, there was nobody requiring end of life support.
- There was a policy in place to guide staff.

# 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.

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

- Staff were engaged with the visions and values of the service and spoke passionately about their role. For example, a staff member told us, "I love my job; I think [the registered manager] is a wonderful manager and owner of the business. It's been a very positive role and environment. Very client orientated and also focused on what I want to achieve." Other comments included, "It's probably the best care environment I have been in; they care about staff and clients" and, "People are supported in what they want to do and how they live their own lives and it's great to see that working well."
- People we spoke with were also positive about the service. For example, a person told us, "It's tailored to what [person's name] needs."
- The registered manager was keen to ensure that staff felt valued and their well-being promoted. It was recognised that, through doing this, staff felt more engaged and happier in their work which ultimately benefited the people supported.

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; Working in partnership with others

- The registered manager shared information transparently with people and other organisations and worked collaboratively to help people achieve better outcomes and have a good quality of life.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- There was a process of informal quality assurance. This included the registered manager providing direct support to people, maintaining regular contact with people and their family members. The registered manager recognised elements of the record keeping required further development to ensure it reflected the work being completed.
- When incidents occurred, they were used as an opportunity for further learning and to develop the support people received.
- The registered manager understood their legal responsibilities and regulatory requirements.
- Staff were clear about their roles and responsibilities and felt confident in asking for support if they felt unsure about anything.

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

- People felt confident that any concerns or issues would be proactively addressed. Policies were in place for staff to follow if they felt concerned or dissatisfied with the service's response.
- Staff worked closely together and shared information. Team meetings had recently started, this was intended to be an opportunity to share further information and learning.
- The registered manager intended to send questionnaires out to people in 2022, once the service had been operating for longer. This would be a valuable tool to gain feedback and consider how the service could be developed.