

## Inspire Community Trust

# Independent Living Centre

### Inspection report

20 Whitehall Lane  
Erith  
Kent  
DA8 2DH

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30 November 2016  
02 December 2016

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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

This inspection was conducted on 30 November and 02 December 2016 and was announced. We told the manager that we would be coming two days before our visit, as we wanted to make sure senior staff would be available. At our last inspection in January 2014 the service was meeting all of the legal requirements we inspected.

The Independent Living Centre provides care and support for approximately 40 people, many of whom have a physical disability or sensory impairment.

The current manager was in the process of applying to become the registered manager. 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.

At this inspection we identified breaches of regulations because risks to be people had not always been fully assessed and guidance was not always in place for staff on how to manage risks. There were sufficient staff deployed by the service to meet people's needs but recruitment checks did not always demonstrate that staff were of good character. People told us they received their medicines as prescribed but records relating to the administration of people's medicines were not always properly completed and staff had not always taken action in good time to ensure people had sufficient stocks of their prescribed medicines at home.

Staff received an induction when they started work at the service but had not always completed training or refresher training in line with provider's requirements. Staff told us they were supported through supervision but records showed that staff had not always received regular supervision in line with the provider's policy. The provider's systems for monitoring the quality and safety of the service, and for seeking feedback from people using the service were not always effective and did not always drive improvements. Records relating to people's support were not always accurate and up to date. The provider had not always submitted notifications to the Commission as required.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We also found that improvement was required to ensure the service had systems in place to comply with the Mental Capacity Act 2005 (MCA).

People told us that staff were kind and caring, and that they were involved in decisions about their care and treatment. Staff treated people with dignity and respected their privacy. People told us they had been consulted about their care needs and that the service was flexible and able to meet their individual needs

and preferences. They were aware of how to raise a complaint and expressed confidence in the management of the service.

Staff had received training in safeguarding adults and were aware of report any concerns they had if they suspected someone had been abused. They told us they were well supported by the manager and senior staff and were aware of the importance of seeking consent from the people they supported. People told us they were supported to maintain a balanced diet, where this was part of their care plan and that staff helped them to access healthcare services if required in support of their well-being.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Risks to people had not always been assessed and guidance was not always in place for staff on how to manage risks safely.

People received their medicines as prescribed but records relating to the administration of people's medicines were not always accurately maintained, and staff had not always acted promptly to ensure people had a sufficient stock of their prescribed medicines at home.

There were sufficient staff deployed by the service to meet people's needs, but recruitment checks were not always robust.

People were protected from the risk of abuse because staff had received safeguarding training and knew the action to take if they suspected abuse had occurred.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff received an induction when they started work but had not always completed training or refresher training in line with the provider's requirements. Staff were supported in their roles through supervision, but some staff had not received regular supervision in line with the provider's policy.

Staff sought consent from people when offering them support. However, improvement was required to ensure systems were in place to enable staff to consistently comply with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to maintain and balanced diet, and to access healthcare services when required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness and compassion.

**Good** ●

People's privacy was respected and they were treated with dignity.

People were involved in decisions about their care and treatment.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us the service they received was flexible and met their individual needs and preferences. They confirmed they'd been involved in discussions about their care planning and that any changes they'd requested in the support they received had been implemented.

People were aware of how to raise a complaint. The provider maintained a record of complaints which included details of any investigation and actions taken.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

The provider's systems to monitor the quality and safety of the service were not always effective in identifying and addressing issues. The provider had not always acted to implement improvements based on feedback from commissioners.

Some people had been invited to provide their views about the service and the feedback received had been positive. However not all of the people using the service had been invited to provide feedback to ensure they were satisfied with the care they received.

Notifications had not always been made to the Commission as required.

People and staff told us that service was well managed. They spoke positively about the manager and the support they received.

# Independent Living Centre

## 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 30 November and 02 December 2016 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available when we inspected. The inspection team consisted of a single inspector over both days of the inspection.

Prior to our inspection we reviewed the information we held about the service which included any statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We contacted the local authority responsible for commissioning the service to obtain their views. The provider had also completed a Provider Information Return (PIR) which we reviewed. 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.

During this inspection we met with two people using the service, including one person in their own home. We spoke with a further ten people, eight staff, the manager and the Nominated Individual. We also looked at records including seven people's care plans and risk assessments, five staff files, and other records relating to the running of the service including policies and procedures, staff training and supervision records, minutes from meetings and people's medicine administration records (MARs).

## Is the service safe?

### Our findings

Risks to people had not always been assessed or identified by the service to ensure they were safely managed. The manager told us that senior staff conducted risk assessments when people started using the service which covered their home environment, moving and handling, and the risk of falls. However, we found there was no risk assessments in place for one person to ensure areas of risk had been considered in order that they were managed safely. We also found that risks associated with people's health conditions had not been covered in the provider's risk assessment process. For example, risks associated with the use of catheters had not been considered where people had them in place.

We also found that where risk assessments had been conducted, they were not always accurate, or did not always include guidance for staff on how to manage identified risks safely. For example, there was no guidance in place on how to manage the risk of falls for one person who had been identified as being at high risk. In another example we found that one person's moving and handling risk assessment provided inaccurate guidance on the support they required because it made no reference to staff needing to use a hoist when supporting the person to mobilise.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). The manager reviewed and update the moving and handling risk assessment to reflect the support the person required during the inspection and told us they would put risk assessments in place where required which covered people's health conditions, although we were unable to check on this at the time of our inspection.

People told us that they were supported to take their medicines as prescribed where this was part of their care plan. One person said, "I get the help I need with my medicines, there have been no problems." Another person told us, "The staff make sure I've taken my medicines correctly, every day." However, despite this positive feedback we found concerns in the way in which people's medicines administration was recorded and with the processes used by the service to ensure people's medicines were available for them to take when required.

People's medicine administration records (MARs) had not always been signed by staff to confirm people had taken their medicines as prescribed, placing people at risk of unsafe medicines support. For example, on person's MAR from September 2016 contained 16 gaps during the month which were not explained. We also found that there was no guidance in place for staff on when people should be supported to take medicines prescribed 'as required'. For example where one person had been prescribed pain relieving medication, there was no guidance for staff on the signs to look for that might mean administration was required, or on the minimum safe time period to be maintained between each dose.

During the inspection a staff member contacted senior staff at the office to report that they were unable to administer one person's medicines because they had run out the previous evening. Office staff explained that whilst it was the pharmacist's responsibility to deliver the person's medicines to them, it was normal practice for staff to inform the office if people's medicines were running low a couple of days before they ran

out, so they could ensure the pharmacy delivery was completed in good time. However, in this case staff had not reported back to the office prior to the medicines running out, which meant the person in question missed their morning dose of medicines whilst the provider chased up the pharmacy for the delivery.

These issues were a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Staff confirmed that the person's medicines were delivered by the pharmacy during our inspection, and following the inspection the provider confirmed they'd contacted the person's GP to ensure there were no serious potential concerns with them having missed a dose of their medicines.

The provider undertook pre-employment recruitment checks on new staff but had not always followed their recruitment procedures when making checks to ensure staff were of good character and suitable for the roles they were applying for. Staff files contained completed application forms, checks on identification and completed criminal records checks. We saw some checks had been made on new staff member's employment history but that full employment history checks had not always been completed, nor had gaps in staff member's employment history been considered. We also found that whilst references had been received for most of the staff whose files we checked, one staff member's file had no references in place, and another file only contained one reference.

These issues were in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Following the inspection the provider explained that they would audit staff files to ensure they contained the correct information. They also told us they had replaced the application form used by the service with one which clearly required new staff to provide their full employment history and details of the reasons for any gaps. We will monitor the use of this new application form at our next inspection.

People told us there were sufficient staff deployed by the service to safely meet their needs. One person told us, "They [staff] arrive on time and I've never had a missed visit." Another person said, "Sometimes they run a little bit late, but that can't be helped with the traffic and usually they let me know if that happens. Overall, I'm very happy." A third person said, "I have regular carers who come on time; it's a good service."

The provider was in the process of putting an electronic call monitoring service in place to help monitor staff activity. Whilst this was still being implemented, we reviewed a sample of the data from the week of our inspection and found that some travel time had been allocated between calls and that people were receiving visits for the correct amount of time and sometimes longer. Staff we spoke with told us they ensured they spent the right amount of time supporting people, although it could be challenging to keep to the planned visit times. One staff member commented, "We do get travel time which helps, but the traffic can be bad and it's not always easy to keep to time. However, if I'm running late, I'll let people know."

People were protected from the risk of abuse because staff had received training in safeguarding adults and were aware of the provider's safeguarding procedures to protect people from possible harm. Staff were aware of the different types of abuse that could occur and the signs to look for. They knew the provider's procedures for reporting abuse and told us they would report concerns to external agencies if they felt it necessary, in line with the provider's whistle blowing policy. One staff member told us, "If I had any safeguarding concerns, I'd let the manager know immediately." Another staff member said, "I'd report any issues to a senior member of the staffing team; if they didn't take any action, I'd contact the Council's safeguarding team."

## Is the service effective?

### Our findings

People told us they thought staff had the necessary skills to perform their roles. One person said, "I think the staff are well trained; I need hoisting and they do that well." Another person told us, "The staff know what they're doing." However despite the positive comments we received from people, we found there were gaps in staff training in areas considered mandatory by the provider.

Staff confirmed that they had undertaken an induction when starting work for the service which included a period of orientation, time spent shadowing more experienced colleagues and training in a range of areas. Records showed that most staff had received training in areas including moving and handling, safeguarding adults, medicines, and health and safety. However based on the sample of records we reviewed we found that some staff had not always completed training as required. For example of the 17 staff training records we reviewed, nine had not completed equality and diversity training, and six had not completed fire safety, food hygiene or first aid training.

We also found that whilst staff told us they received support through regular supervision, which included probationary reviews during the early stages of their employment and an annual appraisal of their performance, ten of 21 staff whose supervision records we reviewed were overdue either a supervision or probationary meeting based upon the provider's requirements.

These issues were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Despite these concerns, staff spoke positively about the support they received from the manager and senior staff, and told us they had opportunities for regular informal supervision discussions.

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.

We checked whether the service was working within the principles of the MCA. Staff told us that all but one person receiving services had capacity to make decisions about their care and treatment. They were aware of the importance of seeking consent from people when providing support and told us they respected people's wishes. One staff member said, "If someone doesn't want me to support them with something, I will try to encourage them, but it's their decision so if they refused I'd record that they had done so and let the office know."

Where staff identified one person as lacking capacity to make specific decisions regarding their care and support, they told us they discussed their support requirements with family members to ensure they were working in the person's best interests. However, improvement was required because processes were not always in place to ensure staff consistently complied with the requirements of the MCA. For example, senior staff were not always aware of the fact that staff would need to make an assessment of a person's capacity if

they suspected they lacked capacity to make a specific decision about their care and treatment in order for them to be protected under the current legislation. We also noted that people's care planning and risk assessments did not include consideration of people's capacity to make decisions about the support they received. We spoke to the provider about this and they confirmed they would arrange to review and update the assessment documentation, although we were unable to check on this at the time of our inspection.

People's nutritional needs were met. Where required, people's care plans included information for staff on the support they required to maintain a balanced diet, for example by assisting people to prepare meals, or by ensuring people had access to drinks at each visit. Staff we spoke with were aware of the people who needed support in this area and people told us their needs were met. One person said, "I get the help I need. If I want a full English breakfast, staff will prepare it for me." Another person told us, "I mostly choose to have microwave meals so the staff help me with them; they always check they're thoroughly heated before serving them."

People had access to a range of healthcare services when they needed them. Most people told us they were able to arrange their own healthcare appointments when required. However, some people confirmed that when needed staff had supported them to book GP appointments and one person told us that when they had hospital appointments staff came early so that they were ready to go when the transport arrived. Staff also told us they were aware to monitor people's health during the visits they made and knew to report back to the office if they had any concerns about a person's condition so that appropriate care and support could be arranged.

## Is the service caring?

### Our findings

People spoke positively about the care they received from staff. One person told us, "They [staff] are all delightful, from the manager and co-ordinators, to the carers." Another person said, "The staff are friendly and polite; we get on well." A third person commented, "We have a laugh; they're all very friendly."

People were treated with kindness and compassion by the staff who supported them. One person told us, "They're very caring; we get on well." Another person said, "I have regular carers who know me well and are very caring. They're fantastic; I wouldn't be here without them." A third person commented, "They [staff] are all very kind and patient."

Staff were aware of the importance of treating people with dignity and respecting their privacy. They described how they worked to ensure people's dignity was maintained, for example by ensuring curtains were closed when supporting them with personal care, or covering them up as much as possible whilst assisting them to wash. People confirmed staff respected their privacy and that staff supported them at a pace and in a manner they were comfortable with.

People were involved in day to day decisions about their care and told us staff took account of their views in the way they received support. One person told us, "I have a care plan which staff follow, but they're always happy to do any extra tasks I need." Another person said, "The carers will do whatever I need; it's a good service." Staff confirmed they sought people's views and acted on their wishes during the visits they made. One staff member said, "The people we visit are able to direct us if they want to be supported in a particular way and I would always respect their choices."

Staff demonstrated a good knowledge of the people they supported. They were aware of their preferences in the way they received support and knew details of people's life histories, their preferred daily activities and the things that were important to them. One staff member told us, "Good communication is essential in making people feel comfortable when supporting them and I've developed good relationships with the people I visit." This comment was reflective of the views we received from people and it was evident from their feedback that they valued the relationships they had with staff who supported them on a regular basis.

Staff were aware of the provider's policies on supporting people where required with regards to their disability, race, religion, sexual orientation and gender and told us they would always work in support of people's individual needs, although at the time of our inspection the manager told us that none of the people they supported required support in these areas.

## Is the service responsive?

### Our findings

People told us they received individualised care which met their needs and preferences. One person told us, "I get all the help I need. There have been times when I've needed support and been able to call the service and they've got someone out to me." Another person said, "The staff know my preferences and I get a personalised service; for example, they know I like to have my towels warm before I use them, so put them through my tumble dryer while I'm washing." They also told us that they were able to request additional visits from staff when required and that the flexibility of the service in this respect suited their needs.

Records showed that senior staff had developed care plans based on people's individual needs. Whilst we found examples of care plans which were not up to date in people's files, the manager told us that the copies kept in people's homes were reflective of the support they required. People we spoke with told us they had been involved in their care planning and that any changes they had requested to the support they received had been implemented, in line with their preferences. Staff we spoke with confirmed they followed the guidance in the care plans kept in people's homes and that these were up to date and accurate. The provider confirmed they would review people's care plans to ensure the records at the service were up to date, although we were unable to check on this at the time of our inspection. We will check on this when we next inspect the service.

People told us they received consistent care from regular staff who knew them well and were familiar with their daily routines. One person told us, "They [staff] know how I like things to be done." Another person said, "My carers know me well, and know my routine, but also try to accommodate any changes I want if I ask them. For example, sometimes I need an early morning visit so I can go out, and if I let them know, they'll arrange it."

Staff told us they worked to promote people's independence by encouraging them to undertake aspects of their care where they were able to do so. One person described how staff were supporting him on a daily basis with exercises to improve their mobility so that their independence could be maintained. They told us, "I was given exercises to do by the physiotherapist but need support to do them, so we've included this as part of the support I receive from staff which has been really helpful." Staff also told us they were aware to monitor people's conditions at their visits and explained they would feedback any changes to the manager for review.

People told us they were aware of the provider's complaints policy and we saw a copy of the procedure on raising concerns had been included in the documentation people received when they started using the service. One person told us, "I've not had any problems, I'd call the office." Another person said, "I'd speak to the manager, she'd sort out any concerns I had."

The provider's complaints procedure included guidance for people on what they could expect if they raised a complaint, including information about the timescales for investigation and response. Records showed the service had received one formal complaint which related to accidental property damage. This had been investigated in full and compensation made to the complainant, although we were unable to seek feedback

from the person who raised the complaint on whether they were satisfied with the outcome as they no longer received support from the service.

## Is the service well-led?

### Our findings

The provider had some processes in place to monitor the quality and safety of the service, but these had not always been effective in identifying and addressing issues. We also found that records relating to people's care and support at the service were not always accurate. For example, records showed senior staff had completed a care plan review form to indicate that no changes were required to a person's care planning and risk assessment. However, their risk assessments were incomplete and inaccurate, and their care plan only made reference to three daily visits when the manager confirmed staff had been visiting them four times each day for several months.

The manager also told us that while checks on some people's care plans had been carried out, there was no routine programme of audits to ensure all people's care files were periodically checked to ensure they were accurate and up to date. We further found that where the provider had conducted audits of people's Medicine Administration Records (MARs), action had not always been taken to address recording issues which had been identified. This resulted in similar omissions in the recording of people's medicines during the following month.

Where monitoring of the service had been conducted by external parties, the provider had not always acted upon their feedback to help drive improvements. For example, we noted that following a monitoring visit in 2015, the local authority responsible for commissioning the service had made a recommendation to include consideration of people's health conditions as part of the service's risk assessment process. However, this had not been implemented by the time of our inspection, placing people at risk of unsafe care and treatment.

The provider's systems for gathering feedback from people using the service were not comprehensive and did not ensure all of the views of all the people who used the service had been formally sought. The provider confirmed that they had not conducted an annual survey during the previous year but were in the process of developing one to send out to people. The manager told us that people's feedback was sought through telephone monitoring checks which were recorded in people's care files. However, we found two examples from the sample of care plans we reviewed where no telephone monitoring checks had been recorded. Therefore we could not be assured the views of the people in question had been sought on the service.

These issues were in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The service did not have a registered manager in post at the time of our inspection. The current manager was in the process of applying to become the registered manager and was aware of the responsibilities of the role under the Health and Social Care Act 2008. However, whilst they were aware of which incidents they were required to notify the Commission of under the current regulations, they told us they had only recently become aware of the need to make notifications regarding any allegations of abuse received by the service. They confirmed that where allegations had been received notifications had not always been made as required during 2016.

This issue was in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider submitted a notification regarding a recent allegation of abuse to the Commission promptly following the inspection.

People spoke positively about the management of the service. One person told us, "It's a well-run service. The manager gets involved in the care which I think is great. It's much better than the services I've used previously." Another person said, "This is the best service I've used; it's well managed and works well for me." A third person told us, "The manager does a good job; any little issues I've raised with her have been addressed."

Staff also spoke positively about the management of the service and the support they received from the manager and office staff. One staff member said, "The manager is very supportive. When I had a problem that I reported to her, she addressed the issue quickly." Another staff member told us, "The manager's always available to talk to if needed and she listens to our concerns. Having provided care to people herself, I feel she understands the day to day issues of our roles." Another staff member told us, "All of the office staff are really helpful, and have been able to deal with any queries I've had." We saw that the manager held staff meetings to discuss aspects of the running of the service as well as to provide updates to staff on people's needs and the support they required.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not safely managed.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment checks were not sufficiently robust to determine whether new staff were of good character.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not always completed training considered mandatory by the provider and had not always received regular supervision, in line with the provider's policy.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people had not always identified, assessed adequately, or steps taken to mitigate them.

### **The enforcement action we took:**

We served a warning notice on the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems to assess and monitor the quality and safety of the services provided, to mitigate risks to the health, safety and welfare of people using the service were not always effective. Records relating to people's care and treatment were not always accurate and up to date. The provider had not always sought feedback from people using the service to help drive improvements.

### **The enforcement action we took:**

We served a warning notice on the provider.