

Inspire Community Trust

# Independent Living Centre

## Inspection report

20 Whitehall Lane  
Erith  
Kent  
DA8 2DH

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25 April 2017

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an announced inspection of this service on 30 November and 02 December 2016 at which breaches of legal requirements were found. We took enforcement action and served warning notices on the registered provider in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people had not always been identified, assessed adequately, or steps taken to mitigate them. The provider's systems for assessing and monitoring 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 operating effectively. The provider had not always sought feedback from people using the service to help drive improvements.

We undertook this focused inspection to check that the provider met our legal requirements. This report only covers our findings in relation to the breaches identified in the warning notices. We will follow up on the other breaches of legal requirements at our next inspection. You can read the report from our last comprehensive inspection, by selecting the link for The Independent Living Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The Independent Living Centre provides care and support for people in their own homes. Most people using the service have a physical disability or a sensory impairment. At the time of this inspection ten people were using the service.

At this focused inspection on the 25 April 2017 we found that the provider had addressed the breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served. Risks to people had been identified, assessed and steps were being taken to mitigate them. The provider's systems for assessing and monitoring the quality and safety of the services provided had improved and the provider had sought feedback from people using the service to help drive improvements.

However the ratings for the key questions safe and well led at this inspection remain 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

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

We always ask the following five questions of services.

### Is the service safe?

Improvements had been made to people's safety at the service.

Risks to people using the service were assessed, reviewed and managed appropriately.

The rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

**Requires Improvement** ●

### Is the service well-led?

Improvements had been made in well-led.

The provider had taken action to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively.

The provider took into account the views of people using the service through telephone quality monitoring calls.

The rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

**Requires Improvement** ●

# 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 to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection of Independent Living Centre on the 25 April 2017. This inspection was completed to check if improvements had been made to meet the legal requirements for breaches to the regulations we found after our comprehensive inspection on 30 November and 02 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We inspected the service against two of the five questions we ask about services, safe and well led. This is because the service was not meeting legal requirements in relation to these key questions and enforcement action was taken.

The inspection was announced and undertaken by one inspector. Before our inspection we reviewed information we held about the service which included the provider's action plan. This set out the action the provider would take to meet legal requirements. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

During this inspection we spoke with the acting manager, a care coordinator and the Chief Executive about the improvement's made at the service. We also looked at the care plans and risk assessments of five people using the service and records relating to quality monitoring of the service.

## Is the service safe?

### Our findings

At our last inspection on 30 November and 02 December 2016 we found a breach of regulations because risks to people had not always been identified, assessed adequately, or steps taken to mitigate them. These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider requiring them to meet the regulation. The provider sent us an action plan on 18 January 2017 telling us what actions they had taken to meet the regulation.

At this inspection we found improvements had been made. The acting manager told us that all care plans and risk assessments for people using the service had been reviewed following our last inspection. We looked at the care records for five people using the service. These included risk assessments on mobility, moving and handling, falls, risks associated with people's health conditions and the environment. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. For example one person's moving and handling risk assessment included detailed guidance for staff on how to support the person to move from their bed into a chair and from the chair into bed. The assessment provided staff with guidance on how to use a hoist and sling to move this person safely. Another person's moving and handling risk assessment included information from an occupational therapist on how to use a repositioning sling to move the person safely. Risks associated with people's health conditions had been identified. For example one person had a condition which required them to drink lots of fluids throughout the day and another person required a low sugar diet. Guidance was in place for staff to support people in managing these risks.

Risk assessments had also been carried out in people's homes relating to health and safety and the environment. For example one person's care records recorded that they stayed in their living room and there were lots of appliances with cables that staff needed to be careful of. Another person had been assessed to be at risk of falling due to poor eyesight. This person's risk assessment provided staff with guidance on how to support them to move around their home safely for example by ensuring walkways were kept clear at all times and making sure they wore their lifeline pendant, which alerts emergency services when pressed.

We found that the provider had addressed the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. However the rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

## Is the service well-led?

### Our findings

At our last inspection on 30 November and 02 December 2016 we found a breach of regulations because the provider's systems to assess and monitor the quality and safety of the services provided, 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 issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider requiring them to meet the regulation. The provider sent us an action plan on 18 January 2017 telling us what actions they had taken and planned to take to meet the regulation.

At this inspection we found that all of the people using the services care plans and risk assessments in relation to their health, safety and welfare had been reviewed and updated following our last inspection. We saw an audit form in each of the care files we looked at which the acting manager told us that care plans and risk assessments would be audited and updated where required on a six monthly basis, or when people's needs changed. Medicines administration records were audited on a monthly basis and these showed that where issues had been identified action had been taken by the provider to prevent them from reoccurring. For example staff responsible for the administration of medicines had received support from senior staff to complete medicines administration records correctly. The provider also had systems in place to ensure that safe recruitment procedures were being carried out and that staff were receiving formal supervision sessions and training relevant to the needs of people using the service.

The provider took into account the views of people using the service through telephone quality monitoring call surveys. We saw completed telephone quality monitoring call forms for October 2016 and April 2017 were held in people's care files. We saw an analysis report and an action plan from the October 2016 survey. This report was not available for the inspector at the time of our last inspection. The report indicated that five of the nine people that had completed the survey said that staff did not always turn up on time. The action plan indicated that the provider had discussed timekeeping with staff and included timekeeping as a regular item at team meetings. The acting manager told us that time keeping had significantly improved since the October 2016 survey. During the April 2017 survey one of the nine people that had completed the survey said that staff did not always turn up on time but this was due to traffic. The acting manager told us they had discussed this issue with the person using the service and member of staff concerned and the situation had improved. A 100% of people that had completed the April 2017 survey said they were happy with the quality of the carers work, a 100% said staff stayed for the full allocated time during visits and 100% said staff were helpful and polite. The acting manager was in the process of drawing up an action plan following the April 2017 survey.

We found that the provider had addressed the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. However the rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of

time for us to be sure of consistent and sustained good practice.