

Independent Living Alternatives

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This announced inspection was carried out on 4 and 5 April 2018. Independent Living Alternatives is registered as a domiciliary care agency and is registered to provide personal care for people in their own homes. The agency provides staff (personal assistants and volunteers) to people who have a physical disability.

At the time of this inspection Independent Living Alternatives employed 71 personal assistants and 8 volunteers who were providing support to 32 people in their own homes. The volunteers provided support in exchange for accommodation. In addition, Independent Living Alternatives facilitates the recruitment of personal assistants for people who employed their own personal assistants.

People using the services of this agency managed their own personal assistants and their own care. The ability to manage this was a prerequisite for using this agency. This inspection report covers all the services provided by Independent Living Alternatives.

We previously inspected the service on 12 December 2016. There had been a breach of regulation as the service was not following safe practices in recruiting staff. At this inspection we found the agency had improved their recruitment practice and staff were recruited safely to minimise the risk of unsuitable people being employed. A second breach of regulation at the previous inspection was due to the registered manager not notifying CQC of incidents which is a legal requirement. The registered manager told us they were now fully aware of what they needed to report to CQC. At this inspection we found all regulations were being met.

A registered manager was in post at the time of this inspection. 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.

Independent Living Alternatives is different to other domiciliary care agencies. The people using the service choose their own personal assistants from those recruited by the agency and people manage their own care including the training of their personal assistants.

Each person using the service had a risk assessment in order to keep them safe while respecting their right to take risks. Some people had a written care plan called a personal profile and others did not as they preferred to train and direct their personal assistants without a written plan. Each person had an annual review with the registered manager to seek their views of the service and see if their needs were being met.

Each person had between one and six personal assistants in their care team. The agency was able to supply extra staff in an emergency as they employed casual workers to cover sickness and holidays of personal assistants.

People were responsible for their own medicines management and they trained their personal assistants to help them with medicines and to use mobility and medical equipment.

Staff felt they had enough training and support to carry out their roles.

The service tried to match people to personal assistants who would relate to and respect their individual lifestyle. People told us they were happy with the service provided.

We saw concerns and complaints were dealt with appropriately by the provider.

There was a management committee made up of people using the service and the registered manager reported on how the service was running to the management committee. This was an effective way of monitoring the quality of the service and addressing any improvements needed.

We have made one recommendation regarding training in safe moving and handling.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff were safely recruited. There were enough staff employed to meet people's needs. Staff understood safeguarding procedures and how to recognise signs of abuse.

Risk assessments were in place for all people using the service. People felt safe but two people mentioned that new personal assistants did not always remember to put the brakes on their wheelchair.

People were supported with their medicines.

Is the service effective?

Good ●

The service was effective. Staff received training and annual appraisals. Staff understood the role of being a personal assistant and had specific training on how to work in this role as supposed to a traditional care worker.

Staff supported people with food preparation and with their health needs where this was needed.

Is the service caring?

Good ●

The service was caring. People using the service directed their own care. People told us staff were caring, supported them to be as independent as possible and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. People wrote their own personal profiles detailing their support needs and wishes. They were able to interview personal assistants to decide if the personal assistant would be able to meet their individual needs.

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

Is the service well-led?

Good ●

The service was well-led. The registered manager was accountable to a management committee and as a team they

made continuous improvements to the service. People felt fully involved in the service and staff felt well supported.

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 4 and 5 April 2018 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 and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of 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 on our database including complaints, safeguarding, whistleblowing and notifications of incidents.

As part of the inspection process we spoke with eight people using the service and three relatives of people using the service. We spoke with five personal assistants either in person or on the phone. We spoke with the registered manager and the administrator. We looked at six people's care files records and four staff files. We looked at the recruitment records for five staff. We viewed policies and procedures, training and supervision information, accidents, incidents, complaints, quality assurance, safeguarding records and records related to the running of the service.

Is the service safe?

Our findings

There had been a breach of regulation at the last inspection as the service was not following safe practices in recruiting staff. At this inspection we found the agency had improved their recruitment practice and staff were recruited safely to minimise the risk of unsuitable people being employed. Appropriate checks were undertaken before people began work. Files contained a completed application form and supporting documents to demonstrate training. Files also held a copy of the interview questions and answers. The completion of these documents demonstrated why the individual had been employed or not, and whether they held the appropriate knowledge and skills necessary to do the job. The service had copies of photo identity, evidence of the person's right to work and a criminal record check (DBS) prior to starting work. Where staff had been recruited from outside the United Kingdom the provider had received confirmation of previous good behaviour from the police of that country. Volunteers were also vetted for suitability. People said they thought staff were appropriately vetted. Two said the quality of personal assistants had improved in recent years. They gave feedback to the registered manager if they thought a personal assistant was not suitable for this type of work. The registered manager told us, and a job advert confirmed, there was an emphasis on recruiting people with the right values.

The service had a safeguarding procedure to follow in the event of any allegations of abuse. The registered manager told us she was planning to amend the policy as it stated that the management committee would discuss a safeguarding allegation which in practice they did not. The registered manager knew that all safeguarding allegations needed to be referred to the local authority. There was a gifts and legacies policy in place to protect people from the risk of financial abuse. Staff understood how to recognise and report safeguarding concerns.

We saw in records that staff had raised concerns about a person whom they believed was not receiving safe care. We saw that appropriate action was taken after staff raised concerns.

People said they would raise any concerns with their personal assistants and would be confident to talk to the registered manager if they had any concerns about their safety.

People had risk assessments in place that addressed risks to their safety from daily tasks such as transferring them to the bath, risk of falls, infection, food safety and use of equipment. Four of the risk assessments we saw said "directed by PA user at all times" rather than how to specifically address the risk. People said they were happy with this arrangement. People told us they trained their own personal assistants and felt safe as the personal assistants followed their direction at all times.

Each person had given emergency information to the service such as any allergies they had and who to contact in the event of an emergency.

There were appropriate numbers of staff employed to meet people's needs. Each person received care and support from a small team of personal assistants and/or volunteers.

The training matrix showed learning modules had been completed in areas affecting safe care such as medicines, moving and handling, health and safety, communicating effectively and safeguarding vulnerable adults.

There was a risk that people may not always receive the correct safe support with moving from one place to another. Staff said that care plans were in place where people had needs that required any moving and handling or any clients with complex needs. Staff also stated they would never hoist transfer alone but another staff member said that hoists were at times used by one staff only instead of two. The registered manager also told us that only one person received funding from their local authority for two staff to help them transfer and others did it alone. They said if staff felt this was unsafe they would contact the office and discuss alternative ways of transferring people for example using a sliding sheet. Two people told us that staff sometimes forgot to put the brakes on their wheelchair and they directed them to do this. New personal assistants received training from existing personal assistants in how to use the equipment and safely move people in addition to the instructions they had from the person themselves. We recommend that the service provide practical moving and handling training for all staff in addition to the training they received on site.

Medicines management was controlled by the person using the service so medicine administration records (MAR) were not always kept. When people required more assistance with the administration of medicines staff did record on a MAR. This was by choice of the person using the service. People said, "I direct them to help me with my medication. I ask them to prepare what I need. And I will double check it myself" and "They might remind me."

There was a medicines policy in place to guide staff. One personal assistant had needed to assist with medicines for someone who was at the end of their life and they received appropriate training and support from healthcare professionals. One team of personal assistants needed to know how to use a specialist piece of medical equipment. The registered manager told us that the person using the service trained the staff and that there was a clear contingency plan if the equipment stopped working. The contingency plan would ensure the person remained safe.

The registered manager was able to give us examples of improvements and learning when things went wrong. One example was the introduction of lead personal assistants when a person had a team of staff. The lead personal assistant had specific responsibilities for areas such as money management and medicines. The service had also produced an instruction manual with one person who found it more difficult to direct the personal assistants.

Is the service effective?

Our findings

People said the service was effective in meeting their needs. Comments included, "My team are wonderful", "We have been very lucky with our PA's" and "I think they are remarkable."

People using the service gave the registered manager an assessment of their needs before they started using the service and when their needs changed. Where a person needed more support the service helped them increase their independence by helping them with what they wanted to learn, for example, how to budget and how to shop independently.

Staff confirmed that they had completed a detailed induction before starting work, which covered all of the essential areas. The induction covered safe working practices. Staff informed us they completed the Care Certificate, a nationally recognised qualification in care over a four week period once they commenced work for the provider. The majority of the learning was online but some areas such as first aid were taught face to face by the St. John's Ambulance Service as this form of learning was more appropriate for first aid.

Records showed that new employees completed an intensive induction programme shadowing experienced workers before completing their probationary period, which could be extended, should any member of staff need additional time to demonstrate competence. Staff also completed training on independent living, the social model of disability and a module entitled "Care versus independent living." There followed two further units during the induction period which incorporated communication, confidentiality, the role and responsibility of the personal assistant, Equalities Act, language and discrimination and barriers to communication. Staff we spoke with were all highly complementary of the provider's training policy. One told us how she was being supported in her vocational training even though it meant she would have to leave the organisation on completion of her course.

Staff told us they had access to further training. Any gaps in a staff member's training and development needs were addressed during staff telephone conversations and appraisals. The registered manager 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. Most staff received supervision from the person using their service. A twice yearly appraisal took place by telephone in which staff were asked if they had any concerns about their current role 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.

We were able to speak with the provider's administrator who showed us records of conversations with the personal assistants with accompanying e-mails which confirmed the provider had a process of continual distance learning and support. We also saw records which confirmed all personal assistants were contacted 28 days after beginning work with any new person to assess whether additional support might be required. Formal supervision, however, was completed by the person using the service though some chose to informally supervise their staff. The registered manager explained this was in line with the provider's model of care.

Where people had complex needs, the service sought expert advice from occupational therapists and where appropriate, nurses or a speech and language therapist. People said that the professionals worked together. Some occupational therapists had trained staff on how to help a person move safely in their home using hoist equipment.

A number of people required support to eat and drink and they were able to tell staff exactly what to do for them in terms of preparing meals and helping them to eat. All staff were trained in first aid which included risk of choking. People said they were satisfied with the way they were supported to eat and drink.

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 using the service was deprived of their liberty. Everybody using the service had full capacity to make decisions about their care. Nobody raised any concerns that anything was done without their consent and direction. The registered manager gave an example of a person who lost capacity to direct their personal assistants and who then transferred over to a different type of service.

Is the service caring?

Our findings

The registered manager told us that they tried to match each person with personal assistants that would be suitable for them and be likely to get on well with them.

People had used this service for periods ranging from 18 months to 26 years. People said that they were treated with dignity and respect. Personal assistants enabled people to retain their independence as far as they were able.

People were fully involved in planning and directing their own care. Although some people had a written plan for staff to follow which set out their support needs and their personal preferences for how they wanted their care, the majority of people did not. They said they liked the autonomy of being able to direct their staff on how to meet their needs. The lack of written documentation did not cause any concerns for people. They said the service was caring and supportive to them and their individual requirements.

People also had opportunity to become involved in the running of the service. At each annual review people had the opportunity to join the management committee.

The service adhered to the social model of disability and ensured that new staff were aware and agreed with the philosophy. People using the service said they appreciated that. They also said they were fully involved in every aspect of their care. One person said, "I am their boss." They were fully involved from interviewing a potential personal assistant throughout the time they worked with them and were able to change if they were not satisfied with their personal assistant. They said their staff were caring and had formed a good relationship with them.

Is the service responsive?

Our findings

People using the service told us they had a choice of male or female staff and comments included, "I always have female PA's", "Yes I do, I prefer a female carer" and "Yes I do. They suggest a man to help me. The best PA I had was a man."

People said the service matched them with staff who could meet their needs. They said, "Yes they do. They have a profile of me about my condition, interests and needs. It gives a good idea about what my personality is. A few of the PAs who have left have become good friends."

The service was responsive to people's individual preferences and their protected characteristics such as their sexual orientation, race and religion. When people started to use the service they completed a registration form where they could request staff who were smokers/non-smokers, vegetarian or vegan.

Some people wrote job descriptions for their personal assistants which were very personalised and the potential personal assistant could find out more about the person as an individual to see if they were able to meet their needs. The job descriptions included important individual requirements such as the ability to care for Afro-Caribbean hair or that the personal assistant must be gay-friendly.

Some people used personal assistants for assistance with personal care and others used them for more extensive support such as supporting them with their jobs, travel and leisure interests. Therefore the job descriptions were an important tool to help the person set out the requirements for their own individual lifestyle.

The service also supported the protected characteristics of staff. An example was when staff objected to preparing pork products for people using the service for religious reasons. The registered manager was able to explain how they managed this issue by in one case providing gloves and another by changing the staff member to everyone's satisfaction.

The registered manager undertook a review of each person's needs every year in their home. This included looking at their profile to see if it was up to date, discussing their satisfaction with their current staff team and checking if their needs had changed.

The service had a complaints policy which was provided to people when they started using the service. 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. The registered manager did not keep a central record of complaints. It is usual to keep a central record of complaints and concerns rather than store these in individual files only so that the provider can keep an overview of complaints and concerns raised and be aware of trends in complaints. However, the registered manager explained that all concerns raised had been documented within the person or staff member's file. Records confirmed that concerns had been addressed appropriately, sometimes by the registered manager meeting with the person and the staff to resolve the issue.

The service had supported three people with end of life care. The registered manager talked to people to find out if they had an advanced care directive which is a document setting out a person's wishes regarding care and treatment in the event that they become unable to express their wishes. Staff who supported people with end of life care had direction and support from healthcare professionals such as district nurses and palliative care teams.

Is the service well-led?

Our findings

At the last inspection we found a breach of regulation due to the registered manager not notifying CQC of incidents which is a legal requirement. The registered manager told us they were now fully aware of what they needed to report to CQC. At this inspection we found this regulation was being met. Independent Living Alternatives is run as a not for profit organisation. Overall responsibility for the service was with the management committee which was a group of people who used the service. Every person using the service were given the opportunity to join the management committee.

At the time of the inspection there were seven members of the management committee and minutes of the meetings showed that they addressed relevant issues such as staff training and financial matters and provided a level of oversight of the service. The management committee held 'virtual' meetings every two months and annual face to face meetings. The registered manager was accountable to the management committee. The committee ensured continuous learning and improvement. Last year, following a suggestion at the previous CQC inspection, they requested that the registered manager include quality assurance information which could be used in subsequent years to inform on improvements and changes to the service. This practice was planned to continue to ensure the close involvement of the management committee in the running of the service. This was an effective way of monitoring the quality of the service and addressing any improvements needed. They reviewed concerns raised and the employment of new staff. They had changed the care certificate training from face to face to online training at the request of staff who preferred to complete it that way. This had been reviewed and further changes to the way staff complete training were planned.

We saw records of staff annual appraisals which they said they found helpful and supportive. There were also opportunities for staff to meet on a monthly basis at a drop in and to communicate with each other and the service via a blog which highlighted training opportunities, provided links to useful information and offered support.

The service sought people's views through the annual review system. At the annual review people were asked if they understood their responsibilities for example training their staff on how to meet their needs and their rights. They were asked if they thought the service gave them enough support. Their response was positive.

People also contacted the office to speak to the registered manager and the communication methods between the service and people using the service were flexible to meet individual preferences. These included face to face visits, telephone, email and video chat.

There was an effective system in place for the service to review after 28 days how the person was finding their personal assistant and exit interviews for both the person using the service and the personal assistant when they left to find out their views on the service.

The registered manager attended training provided by Skills for Care and implemented the learning in the management of the service. For example, having attended values based recruitment training the registered

manager wrote a values based job advertisement which reflected the service well. The service had strong values and all new staff were made aware that people using the service were at the heart of the service and directed their own care and support. The role of the registered manager was to facilitate this.