

Cinnabar Support and Living Ltd

Linford Homecare

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This first comprehensive inspection took place on 24 and 25 August 2017 and was announced.

Linford Homecare provides personal care for adults with learning and physical disabilities and older people, including people living with dementia. At the time of our visit there were 12 people using the service.

The service had a 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.

People's experiences of care were overwhelmingly positive. They told us they were supported by very kind, caring and compassionate staff that often went the extra mile to provide people with exceptional care. The staff were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations.

People's care was personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with them and not for them. Each person was treated as an individual and as a result their care was tailored to meet their exact needs.

There was a strong culture within the service of treating people with dignity and respect. The staff and the registered manager were always available and listened to people and their relatives/friends, offered them choices and made them feel that they mattered.

People felt safe and were protected from the risk of avoidable harm. Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents. Risks to people's safety had been assessed and staff used these to assist people to remain as independent as possible. There were sufficient staff employed to meet the range of care and support needs of people who used the service. Staff had been recruited using effective recruitment processes so that people were kept safe and free from harm. Medicines were administered, handled and recorded safely.

Staff were knowledgeable about the needs of the individual people they cared for. They attended a variety of training to keep their knowledge and skills up to date. They were further supported with supervision by senior staff. People who used the service were encouraged to make their own decisions and staff followed the principles of the Mental Capacity Act 2005. People could make choices about their food and drink. They were provided with support when required to prepare meals if this was an assessed part of their package of care. Prompt action was taken in response to illness or changes in people's physical and mental health. They were supported to access health care professionals when required.

People's needs were assessed prior to them being provided with care and support. People received a personalised service which met their individual needs and there was an emphasis on each person's identity and what was important to them. Care plans were detailed, person centred and updated on a regular basis, or as and when people's care needs changed. Through continuous review any changes in people's needs were quickly identified and their care package amended accordingly. The service was flexible and any additional support was provided where necessary.

People knew how to make a complaint. There was a complaints procedure in place which was accessible to all. Complaints had been responded to swiftly and in line with the organisations complaints procedure.

The registered manager demonstrated a good understanding of the importance of effective governance processes. There were quality monitoring systems and processes in place to make positive changes, drive future improvement and identify where action needed to be taken. There was an open culture and a clear vision and values and staff told us they were proud to work for the service.

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 ●

This service was safe.

Staff had received safeguarding training and had a good understanding of the different types of abuse and how they would report it.

People had risk assessments in place to keep them safe.

Staffing arrangements meant there was sufficient staff to meet people's needs. Thorough recruitment procedures reduced the risks of unsuitable people working at the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

This service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

The service worked in line with the principles of the Mental Capacity Act 2005.

Staff provided people with support to eat and prepare meals where required.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Outstanding ☆

This service was very caring.

The staff cared deeply for the people they provided care for. They were kind, caring and compassionate and often went the extra mile to improve people's quality of life.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

People were actively encouraged to make choices about how they lived their lives and the focus was on promoting independence and wellbeing.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

Is the service responsive?

Good ●

This service was responsive.

Staff provided individualised care to people which clearly improved their quality of life and wellbeing.

People's individual care needs and preferences had been assessed and were being met whilst encouraging new opportunities and promoting independence.

People could be confident complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

Is the service well-led?

Good ●

This service was well-led.

People benefitted from a person centred service which actively sought their views and promoted individual well-being, inclusion and openness.

The vision and values of the service were consistently demonstrated by staff.

Good leadership was demonstrated at all levels, the registered manager and team leaders were supportive and approachable.

There was a range of quality audit systems in place to measure the quality of the service and the care delivered.

Linford Homecare

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 24 and 25 August 2017 and was announced. We provided 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection was undertaken by one inspector.

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 checked the information we held about the service and the provider and saw that no recent concerns had been raised.

We spoke with seven people who used the service and two relatives. We also spoke with seven staff that included the registered manager, three team leaders, two support workers and the administrator.

We looked at the care records for four people who used the service to see if they were reflective of their current needs. We reviewed six staff recruitment and training files and four weeks of staff duty rotas. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People felt safe and told us that the support they received from staff kept them free from harm, both inside their own homes and when being supported in the wider community. One person said, "I do feel very safe with the carers that come. It's very reassuring to know they are coming or that I can contact them." Another person told us, "They do everything I need and they do it with such confidence that it does make me feel safe." People and their relatives told us they felt comfortable and relaxed with staff and were reassured that staff took every effort to maintain their safety.

Staff had a good understanding of the different types of abuse that could occur. They explained about the signs they would look for and told us what they would do if they thought someone was at risk. One staff member told us they were aware of the reporting processes that should be used and were confident that any allegations would be fully investigated by the registered manager. They explained, "I would report any concerns straight away to the manager." Another staff member said, "I would go straight to the manager. She is very good and deals with things professionally."

Staff told us they had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. The registered manager had taken appropriate action in response to safeguarding concerns and investigations. This meant that there were effective systems in place to support staff to keep people safe.

Risks to people's safety had been assessed and detailed guidance was available for staff within people's care plans. One person told us they were aware there were some risks associated with their care delivery and understood that they had to be assessed on a regular basis to keep both them and staff safe. Staff felt that there was sufficient information within the risk assessments for them to be able to understand what people's needs were and how they wanted their support to be provided. One staff member said, "I think that the risk assessments are good; they link in with the care plans and tell us what to look out for."

Risk assessments guided staff as to the support people needed if they had an increased risk; these included risks associated with nutrition, falls and keeping safe. Evidence of up to date risk assessments were seen within people's support plans and we found that these were reviewed by the registered manager and senior care staff on a regular basis. Risks had been assessed and mitigated through robust control measures being in place.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. Accidents were reported directly to the registered manager so that appropriate action could be taken. We saw records of accident reporting records, and saw that these were well recorded and were analysed for any emerging trends, so that where required, action plans could be developed.

Recruitment procedures were thorough to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles. One staff member told us, "I know they did all the checks before I could start working; they got references and made sure I was safe to work with people." The

registered manager explained the importance of using safe recruitment processes and detailed the information obtained before staff commenced employment.

Records confirmed that safe recruitment practices were followed. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff.

People thought that there was enough staff to meet their needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. One person said, "There haven't been any problems with timekeeping." People were also keen to tell us that they had consistent staff members, for which they were thankful as it enabled them to build up positive relationships.

Staff also considered there was enough staff to meet people's needs. One member of staff told us, "I would say that we do have enough staff. I never feel rushed or under pressure." Staffing levels within the service were reviewed and adjusted when people's needs changed. We reviewed staff rotas and saw that there were sufficient numbers of staff available to keep people who used the service safe.

People who required support with medication told us they received their medication on time. One person said, "Oh yes, they always arrive at the same time to give me my medicines." Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at MAR charts and noted that there were no gaps or omissions. The correct codes had been used when medication had not been administered, and the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service effective?

Our findings

People using the service felt that staff had the appropriate knowledge and skills to provide them with effective care and support. One person told us, "They are without a doubt the best there is. They know exactly what to do. They are skilled and experienced and very professional." Another person explained, "I do have some very specific needs and the staff know the right way to care for me. Without them I would not be in a good place." A relative said, "I'm blown away by how good they are."

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role. One member of staff told us, "All new staff have an induction and shadow a more experienced staff member." Records demonstrated that staff completed an induction programme before they commenced work.

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. From our discussions with staff and from looking at records we found all staff received a range of appropriate training applicable to their role and the people they were supporting. This gave them the necessary knowledge and skills to look after people properly. We looked at the training matrix, which showed staff had access to training such as: health and safety, first aid, medication, food hygiene and safeguarding. In addition, staff had undertaken specialist training such as end of life care and autism awareness.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance. We looked at staff records that supported this. A staff member told us that supervision was used to help identify any shortfalls in staff practice and identify the need for any additional training and support. They said, "We have regular supervision and I know I could ask for further supervision if I felt I needed it."

People's consent was sought by staff. They told us that staff always asked permission from them before they carried out any task or personal care. One person said, "The carers will always discuss things with me and always ask if it's okay to go ahead with what they need to do." Staff spoken with demonstrated an understanding of the Mental Capacity Act. One member of staff told us, "We always ask people for their permission before we do anything."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005. At the

time of our inspection there was no one being deprived of their liberty.

People explained that the support they required with nutrition, food shopping and meal preparation was incorporated into their care plans and part of an assessed package of care. One person said, "I get all the help I need with my meals. They always take their time and give me a choice." Staff said that they ensured people had enough fluids and food. For example, before leaving they would ensure that people had a drink of their choice. Details of people's dietary needs were clearly recorded within care records, which indicated people's food likes and dislikes and stated if they needed any support with eating and drinking.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse. We saw that people's care records included the contact details of their GP so staff could contact them if they had a concern about a person's health. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Is the service caring?

Our findings

Without exception all of the people we spoke with were extremely complimentary about the staff and were impressed by the levels of care they received. People who used the service and their relatives all felt the care they received was exceptional and people were enabled to have a good quality life.

Feedback about the care included, "The carers are top notch. They are all so kind and caring and without them my life would be so much worse." and "They are all so special. Angels all of them. They go over and above from the second they step in my house until they leave." Other feedback included, "My carers are really very, very kind to me. They understand me so well, what I can and can't do." and "I am very grateful that I found this agency. I have heard so many horror stories so it was a big relief to actually find they are so good, so kind and so caring."

The continuous training and development staff received had embedded a culture within the staff team that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. One staff member told us, "It's all about supporting people to live life to the full." Staff clearly all shared this ethos and people using the service agreed.

Staff demonstrated their awareness of people's likes, dislikes and the care needs of the people who used the service. A staff member told us about one person they cared for who had lost confidence about going to different surroundings. They told us how they encouraged the person to go to one of the providers other care services to do their laundry, a residential care home. (This is where Linford Homecare is managed.) This then increased to lunch visits which resulted in the person meeting new people, making friends and they gained more self-assurance to go out. This meant that the person gained the confidence to go out more, to experience new situations and reduced the risk of them becoming socially isolated. The registered manager informed us about other people using the service who also visited the providers other care service for lunch. People were not charged for this service and we were told they enjoyed chatting to other people and staff and that this helped prevent them from becoming socially isolated.

One team leader told us that the staff who worked at the service went over and above their normal job roles. We were informed about a couple that used the service who had become socially isolated, living in a small village. We were informed that one of the staff members goes out of their way to bring them fish and chips every Friday. They continued to tell us that the member of staff also runs errands for them on their day off such as shopping or going to the vets to collect their dog's special dog food. The team leader said, "It's all just normal practice to us. We do it every day and don't even think about it."

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people who used the service and their family members. Care plans contained a detailed account of people's life experiences, preferences and desires, to help ensure they received person centred care. They also described how people communicated their needs. Daily communication records demonstrated a very kind and sensitive approach from the staff in the care delivery and support. The manager explained how the service prided itself on the provision of inclusive care and that the care

provision was dependent on relationships built on trust, choice and control and absolute respect.

Staff had taken the time to listen to people and their relatives and form a detailed account of their life experiences, preferences and desires, to help ensure people received person centred care. We found that for one person, who was a vulnerable older person living without support, one of the carers who lived very close to them went shopping to buy supplies and delivered them on their way home. This enabled the person to continue living in their own home independently with the reassurance that somebody would be supporting them. People were fully involved in making decisions about their own care. Regular formal reviews encouraged people to express views about their care and be fully involved in how their support was delivered. We saw one comment in a person's review notes from the registered manager that read, '[Name of registered manager] to arrange a date to take [name of person] out for dinner as we have been providing their care for eight years.' This demonstrated a caring and compassionate approach to people using the service.

Staff we spoke with were caring and passionate about the people they cared for. The registered manager told us that at Christmas all the staff had a collection and bought Christmas presents for everyone who used the service.

Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member told us, "We are all like a big family. We all care about each other." We found a compliment received by the service from a family member about a particular member of staff. It read, "[Name of staff member] takes [name of person] to Headway. They ensure that [name of person] does their homework and studies. She is fantastic and I think she brings out the hidden [name of person] which is not always apparent. She is an enormous help both to myself and [name of person]. I feel I can safely leave [name of person] in her hands who trusts and listens to her." This demonstrated that staff were committed to providing person centred care and that the person was at the centre of the care they received.

We spoke with people about how they were encouraged to be independent when receiving care and support. They told us that staff supported them in a way which enabled them to progress and move forward towards reaching their goals. One person told us, "Sometimes I have bad days and don't feel like doing anything. The carers always encourage me and get me motivated. Sometimes I'm rude to them but they take it in their stride." Another person explained, "I have different days. Some are good and some are terrible. Staff always help me do to as much as possible for myself. They get the support I need just right."

The registered manager told us about one person who required extra support with their physical exercises. Their care package was increased and staff ensured they supported the person to complete their exercises regularly, without fail. The registered manager explained, "[Name of person] mobility increased so much they have been able to go on holiday abroad."

People were treated with dignity and respect. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person told us, "The staff listen to me and respect what I say. I feel that I have control over my life and I am listened to." A relative commented, "They [meaning staff] treat both me and [name of relative] with respect. They make sure that [name of relative] is at the centre of their care."

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in

private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

Is the service responsive?

Our findings

People received personalised care that met their needs and the registered manager constantly looked for ways that would improve people's lives, health and wellbeing. Everyone we spoke with said that when their care was being planned at the start of the service, the registered manager and a team leader spent a lot of time with them. They said this was so they could find out about their preferences, what care they wanted/needed and how they wanted their care to be delivered. One person told us, "The staff know me so well and how I like to be supported." Another person explained how the service had worked with them to find a personalised routine that worked for them.

People said they were consulted about the care they needed and the way they wanted it provided. They felt they had been listened to and their needs were central to this process. One person commented, "The staff have done an amazing job. I'm extremely impressed with the carers and the help I've had." A second person told us, "I can't fault the approach from the carers. They have really listened to me and understood what I need."

People talked to us about how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives echoed these sentiments and praised how well staff cared for their family member. One relative told us, "It's all the special things that the staff do that really make a difference, such as picking up some milk on the way here because they know [name of relative] has run out."

Records confirmed that pre-admission assessments had been completed with people or their relatives. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care. Care plans looked holistically at people and recorded how their physical, social and emotional needs were to be met.

Staff told us care plans were valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. One member of staff commented, "If I have been off for a few days I always check the care plan to make sure nothing has changed."

Staff maintained daily records about people's care, including how they were in mood. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call. One person commented, "If I need or wanted to change anything about my care I know [name of registered manager] would sort it out for me very quickly." A relative explained, "If we wanted them [meaning staff] to do something they would, they are all very kind and willing to make changes where necessary."

People were confident if they raised a complaint it would be addressed. One person told us, "I know how to

make a complaint but I have never had the need to make one. I am confident if I did raise one it would be addressed." One relative said, "No complaints whatsoever; the service is brilliant. If I wasn't happy with something I know it would be dealt with immediately. I would speak with [name of registered manager] if I had any concerns."

We saw that a copy of the complaints procedure was provided to people when they commenced a service." This ensured that people had the information they needed if they wished to make a complaint.

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

Is the service well-led?

Our findings

There was a positive, open and inclusive culture at the service. People, relatives and staff expressed great confidence in how the service was being run. One person said, "The manager is very good. She is very quick to respond to anything you need. We know the manager by her first name and she is always there if you need her." A relative commented, "The service is extremely well organised and well run." All of the people we spoke with told us they would recommend the service to their friends. One told us, "I have recommended the agency to lots of people. It is the best there is." A relative added, "We have been given peace of mind. [Name of relative] gets great care from great carers."

Staff told us that the registered manager led by example. One staff member said, "The manager manages the team in the way they want things to be done. Any decisions made are supported with an explanation." Staff also told us that there was honesty and transparency from the management team. One member of staff informed us, "We receive feedback in supervisions in a constructive and motivating way. If there are any areas of our work that need improving we are given extra training and support to develop." Staff told us that the leadership at the service was visible and this inspired them to deliver a quality service to the people who used the service.

Staff were enthusiastic about their roles and were aware of the service's vision and values, which was to ensure that people were at the heart of the service and received quality care in their own environment from staff who were appropriately trained. Staff told us they were well trained and supported and were committed to the care and development of the people they supported. Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is always available to talk to. If she can't then the team leaders are always there for us. I would be more than comfortable raising any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Staff told us that they felt valued and respected by the management team. One staff member said, "They (meaning the management team) treat us with respect. This is the best company I have ever worked for." The staff member commented further and said, "We have very good team working and we all seem to think the same way. If a staff member goes above and beyond their role for example, covering extra shifts it is recognised. It's all these little things that make you feel valued." We saw that regular staff meetings were held and staff were able to exchange information and share best practice ideas.

Both the provider and registered manager demonstrated a shared commitment to the success of the service. There were arrangements in place for people who used the service, their representatives and staff to provide their views about the care and support they received. Audits had been conducted regularly by the service and there was continual oversight by the provider and the registered manager. Audits had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.