Life-Line Care 4 U Limited

Life-Line Care 4 U Limited

Inspection report

134 Scotland Road
Nelson
Lancashire
BB9 7XT
Tel: 07830 529289
Website: info@life-linecare4u.co.uk

Date of inspection visit: 4 and 5 February 2016
Date of publication: 24/03/2016

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

Overall summary

We carried out an inspection of Life-line Care 4 U Limited on 4 and 5 February 2016. This was the first inspection that had been carried out at this service.

Life-line Care 4 U Limited is a domiciliary care agency. The service provides support to people with a variety of needs including older people, people living with dementia, people with a learning disability, physical disability, sensory impairment, mental health issue, alcohol or drug problem or eating disorder. The agency's office is located in Nelson in East Lancashire. At the time of the inspection the service was providing support to 34 people.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

During our inspection people told us they felt safe when being supported by staff. One person told us, "I always feel safe with the carer. I'm never scared". One relative told us, "My husband is always safe. He's always cared for by two carers".

We saw evidence that staff had been recruited safely. They had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

People told us that staff always arrived on time and stayed for the right amount of time. They told us they were always supported by the correct number of staff.

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they should. We found that medication administration records did not include a description of each medicine. We discussed this with the registered manager who resolved this issue during our inspection.

People receiving support from the service told us that staff were able to meet their needs. One person told us, "The staff are very nice and they always come at the right time".

We found that staff were well supported. They received an appropriate induction, regular supervision and completed a variety of training. They told us communication at the service was good.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and we saw evidence that where people lacked the capacity to make decisions about their care, their relatives were consulted.

We found that people were supported appropriately with eating and drinking.

People were supported with their healthcare needs and were referred to health care services when appropriate.

The people we spoke with and their carers told us the staff were very caring. One person said, "My carer is very nice. He's kind, caring and polite. It's a good service".

People told us staff respected their privacy and promoted their dignity and encouraged them to be independent.

People's needs were reviewed regularly. Where people were unable to contribute to reviews, we saw evidence that their relatives had been involved**.**

We saw evidence that the manager regularly requested feedback about the service from the people being supported. The feedback received was used to develop the service.

People told us they were happy with the way Life-line Care 4 U Limited was being managed. One person told us, "The manager is a very nice man. He asks us regularly if we are happy with the care".

We saw that the service had clear aims and objectives which focused on assisting people to live as safely and comfortably as possible in their own homes. The registered manager and the staff were clear about the aims of the service and their responsibilities.

We saw evidence that staff practice was observed regularly and checks were made of the care records they completed. These audits were effective in ensuring that appropriate levels of care and safety were maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The manager followed safe recruitment practices.

Risk assessments were in place and we saw evidence that people's risks were managed appropriately.

Medicines were managed safely and people received their medicines when they should.

Good

Is the service effective?
The service was effective.

Staff received an appropriate induction and training and were able to meet people's needs.

Staff understood the Mental Capacity Act 2005 (MCA) and where people lacked capacity to make decisions about their care, their relatives were consulted.

People were supported appropriately with nutrition and hydration and their healthcare needs were met.

Good

Is the service caring?
The service was caring.

Staff treated people with care and compassion.

Staff respected people's privacy and dignity and encouraged them to be independent.

People were supported by staff they knew.

Good

Is the service responsive?
The service was responsive.

People received individualised care which reflected their needs and preferences.

People's needs were reviewed regularly.

People were encouraged to raise concerns and their concerns were dealt with appropriately.

Good

Is the service well-led?
The service was well-led.

Feedback was sought from people and their relatives and was used to develop the service.

The service had clear aims and objectives which were put into practice by the staff and the registered manager.

The registered manager regularly reviewed staff practice to ensure that people received safe care and support.

Good

Life-Line Care 4 U Limited

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 was 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 February 2016 and we gave the provider 48 hours' notice as this is a small service and we needed to be sure that the manager would be available to participate in the inspection. The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed information we had about Life-line Care 4 U Limited, including statutory notifications received from the service. We contacted agencies who were involved with the service for feedback, including community and hospital social workers and a local medicines support service.

During the inspection we spoke with seven people who received support from the service, eight relatives, four support workers and the registered manager. We visited one person at home who was supported by the service. In addition, we reviewed the care records of four people being supported by the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of audits completed.

Good

Is the service safe?

Our findings

The people being supported by the service told us they always felt safe. One person said, "I always feel safe with my carer. I'm never scared". Relatives also felt that people were kept safe. One relative told us, "My husband is always safe. He's always cared for by two carers".

We looked at staff training and found that most staff had received training in safeguarding vulnerable adults from abuse in the last 12 months. The staff we spoke with understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. However, two of the staff we spoke with were not aware that they could contact the local safeguarding team direct to report a concern and that this could be done anonymously. We discussed this with the registered manager who assured us that he would address this issue with all staff. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse and listed the contact details for the local authority. The registered manager told us that the contact details for the local safeguarding team were included in the care files kept in people's homes and we found this to be the case when we visited one person at their home.

We found that all 25 staff had completed up to date training in food hygiene, moving and handling and fire safety and most staff had completed basic life support training and training in infection prevention and control. This helped to ensure that people received safe care.

We looked at how risks were managed in relation to people supported by the service. We found that detailed risk assessments had been completed for each person, including those relating to mobility, medicines and the home environment. Risk assessments were completed by the registered manager and were reviewed regularly. They included information for staff about the nature of the risk and how it should be managed. This helped to ensure that risks to people's health, safety and welfare could be managed appropriately.

We noted that the service had an accident and injury reporting policy, which included information for staff about accident reporting, actions to take to minimise danger and the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR). We noted that at the time of our inspection, there had been two accidents. We saw that staff had completed the accidents forms appropriately and documented action taken. Both forms had been reviewed and signed by the registered manager, which shows that he assessed whether appropriate action had been taken and checked that documentation had been completed appropriately.

We noted there was a recruitment policy in place. We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, two forms of identification and two written references had been obtained and a medical questionnaire had been completed, in line with the policy. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service. The registered manager told us he did not use agency staff and this was confirmed by the people we spoke with and their relatives. The registered manager told us that any periods of sickness or annual leave were covered by permanent staff. The people we spoke with and their relatives told us that they were almost always supported by the same care staff and if this was not possible, the service contacted them to let them know that a different member of staff would be visiting them. People told us staff always visited when they were supposed to and stayed for the full duration of the scheduled visit. They told us that when two members of staff were required to provide support, two staff members always attended.

We looked at whether people's medicines were managed safely. The registered manager told us that people or their relatives were responsible for the ordering, checking and disposal of medicines and staff were responsible for the administration of medicines or prompting people to take their medicines.

We visited one person at home and viewed their care documentation, including the medication administration records (MARs). We found that staff had signed the MAR sheets to demonstrate that medication had been administered. However, we noted the MAR sheets did not

Good

Is the service safe?

include a description of each medicine and codes were not included on the sheets for recording if medication had been refused or withheld. We discussed this with the manager who resolved this during the inspection.

A management of medicines policy was available which included information relating to storage, disposal, self-administration, consent, refusal, controlled drugs and over the counter medicines. The people we spoke with told us they received their medicines when they should, including pain relief. Relatives told us that people's medicines were administered safely.

Records showed that all of the service's staff had completed up to date training in the safe administration of medication. We saw evidence that the practice of each staff member was observed by the registered manager at least twice each year and this included an assessment of their competence to administer medicines safely. The staff we spoke with confirmed they had received training in medicines administration and understood how to administer medicines safely.

We found that medicines administration and recording were audited as part of the staff observations that were completed in people's homes at least twice each year. This included the completion of medicines administration documentation by staff.

During the inspection we found that the toilet facilities at the office were poor. There was an outside toilet for staff or visitors to use however it was not clean or secure and there was no source of heating. Liquid hand soap was available however there were no hand towels. We discussed this with the manager, who advised that he would arrange for appropriate toilet facilities to be made available. Following our visits, the registered manager provided photographs of new toilet facilities that have been installed at the office premises. The photographs showed the new facilities to be suitable for staff and people visiting the premises.

We noted that the service had an infection control policy and procedure in place. This provided guidance for staff about effective handwashing, personal protective equipment, spillages, sharps, contaminated waste, laundry and staff training. This helped to ensure that people were protected from the health risks associated with poor infection control.

Good

Is the service effective?

Our findings

People receiving support from the service told us they were very happy with the care they were receiving. They told us, "The staff are very nice and they always come at the right time" and "My carer is a lovely girl. She always stays for the right amount of time". One relative told us "The care is outstanding. The carer treats my husband like he's family".

Records showed that all staff had completed a thorough induction, which included training in moving and handling, infection control and fire safety. We noted that from April 2015, new staff completed the Care Certificate over a twelve week period as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Topics covered as part of the Care Certificate included duty of care, equality and diversity, person-centred care, communication, privacy and dignity, fluids and nutrition, mental health, dementia, safeguarding vulnerable adults, basic life support, health and safety, infection prevention and control and handling information. This helped to ensure that staff had the knowledge and skills to provide safe care.

We noted that each staff member's practice was observed by the registered manager at least twice each year when they were assessed in relation to punctuality, personal appearance, politeness and consideration, respect for the person and their property, ability to carry out care and knowledge and skills. The staff we spoke with confirmed that their practice was observed regularly. We noted that the registered manager gave positive feedback to staff as part of this process, as well as identifying where improvements were required.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. In addition to the training mentioned previously, we noted that most of the staff had completed training in risk assessment, dementia awareness and working in a person centred way. The staff we spoke with told us they felt they had completed all the training necessary to enable them to meet the needs of the people they visited. They told us they could request further training if they felt it was necessary.

There was a supervision policy in place and staff records confirmed that supervision took place every four to six weeks in line with the policy. Supervision addressed staff members' performance, development and any support needs. Staff told us they felt able to raise any concerns during supervision. They told us they received regular supervision and training and felt well supported by the registered manager. Records showed that appraisals were carried out yearly.

The staff we spoke with told us they completed daily records every time they visited people in their homes, which documented the care provided on each occasion and any concerns. Staff felt that communication between staff and with people and their relatives was effective. The people we spoke to and their relatives felt that communication from staff was good.

We looked at how the service addressed people's mental capacity. 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 make 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.

We checked whether the service was working within the principles of the MCA. We found that a Mental Capacity Act 2005 policy and procedure was in place, which included the principles of the MCA and the importance of providing people with as much information as possible to help them make decisions.

We saw evidence that where it was felt that people lacked capacity, their relatives were consulted about decisions regarding their care. We noted that care plans detailed people's needs and how they should be met, as well as their likes and dislikes. Where people had the capacity to be involved in planning their care, they had signed to demonstrate their involvement. Where it was felt that people lacked the capacity to be involved in decisions about their care, their carers had signed to confirm they had been involved.

The staff we spoke with told us the MCA had been addressed as part of their care certificate training. They understood the importance of seeking people's consent

Good

Is the service effective?

about every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care.

We looked at how the service supported people with eating and drinking. The people we spoke with told us that when staff prepared food for them it was always something they liked and was left within reach. People told us that staff always offered them drinks during a visit.

Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition. Where nutritional needs were identified, there was information for staff about how to meet them.

We looked at how people were supported with their health. The people and their relative we spoke with felt staff made sure people's health needs were met. We found that care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. We saw evidence that staff had called an ambulance or contacted the GP when there were concerns about a person's health and their relatives had been informed. Visits from health care professionals were documented by staff in people's daily records.

The people we spoke with and their relatives told us that appropriate support was provided with personal care and any continence needs.

We received feedback from a local pharmacist who had been involved with the service. The pharmacist told us that staff at the service had been helpful and had been familiar with the needs of the person involved. The pharmacist told us that the person had been comfortable with the staff from the service.

Good

Is the service caring?

Our findings

All of the people we spoke with who received support from the service told us the staff who supported them were caring. They said, “My carer is good. She’s very caring” and “My carer is very nice. He’s kind, caring and polite. It’s a good service”. Relatives told us, “The carer who visits my mum is caring and kind to her” and “The staff are very good. Many go the extra mile”.

The staff we spoke with told us they knew the people well that they supported, both in terms of their needs and their preferences. They felt they had the time during visits to meet people’s individual needs in a caring way.

The people we spoke with told us they were never supported by staff they did not know and new staff were always introduced to them prior to providing their care. This was confirmed by the staff we spoke with and the registered manager, all of whom felt it was important that people were cared for by staff they knew. This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people’s needs. People told us that staff were rarely late. However, if staff were going to be late, the service telephoned to inform them.

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about safeguarding vulnerable adults and how to make a complaint. It also explained that satisfaction audits would be completed regularly to enable people to provide feedback about the care they received.

We noted that information about local advocacy services was available. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members. Records showed the service had referred two people to a local advocacy service in the previous six months.

People told us they were involved in planning and reviewing their care and we noted their signatures on care planning documentation. Where it was felt that people lacked the capacity to make decisions about their care, their relatives had signed to demonstrate they had been consulted. The relatives we spoke with confirmed they were involved in decisions about people’s care.

The people we spoke with told us that staff encouraged them to be independent and respected their dignity and privacy. They told us that staff were discreet when providing personal care and did not rush them when providing support. People told us they could make choices about their everyday lives and how they received their care and this was confirmed by the relatives we spoke with.

Good

Is the service responsive?

Our findings

The people we spoke with told us their needs were being met by the staff who visited them. They said, “The carer makes me nice food. She knows what I like and how I like it” and “I always have the same carer. She knows what I need and how I like things done”. One relative we spoke with told us, “The care is always good. The staff know my mum well”.

We saw evidence that the service completed an assessment of people’s needs before they began supporting them. We noted that assessment documents were detailed and individual to the person and included information about people’s medical conditions, mobility, communication, medication and personal care needs.

Care plans and risk assessments were completed by the registered manager and the care plans we reviewed were detailed, individual to the person and explained their likes and dislikes as well as their needs and how they should be met. Areas covered in the care plans included health conditions, personal care, mobility and transfers, health and wellbeing, nutrition and hydration and domestic support needs.

We saw evidence that care plans were reviewed regularly and any changes in people’s needs were documented. The staff we spoke with were clear about the importance of taking action when people’s needs changed. They told us they would contact the person’s GP if they were unwell and would ensure their relatives were updated. One person told us, “The carer rings my family or the doctor if I’m not well”. We noted on the second day or our inspection that staff called an ambulance as they were concerned about one of the people they were supporting. Staff stayed with the person until the ambulance arrived. This helped to ensure that people were supported appropriately with their health care needs.

People told us they were involved in planning and reviewing their care and we noted they had signed their care plans. Where it was felt that people lacked the capacity to take part in planning their care, we saw evidence that relatives had been consulted and had signed to demonstrate their involvement. Each file included a service registration form which detailed the different aspects of care which would be provided and had been signed by the person or their relative.

A compliments and complaints handling policy was in place and included timescales for investigation and providing a response. Contact details for the Commission and the local authority were included. Information about how to make a complaint or provide comments about the service was also included in the service user guide which was given to people when they started receiving support from the service. We noted that there were no complaints on file and the registered manager told us that no formal complaints had been received. He told us that any concerns received were addressed immediately.

The manager showed us a large collection of thank you cards, letters and emails that had been received by the service. Comments included, “Thank you for your service, which is professional and reliable” and “Thank you for the fantastic support you are providing for my family”.

The people supported by Life-line Care 4 u Limited told us they felt able to raise any concerns. They told us, “I can ring the staff or the manager if there are any problems” and “If I had any concerns I’d speak to the manager”. Relatives felt the same. One relative told us they had raised minor concerns in the past, which had been resolved by the registered manager very quickly and to their satisfaction.

Good

Is the service well-led?

Our findings

People told us they were happy with the way Life-line Care 4 U Limited was managed. One person told us, "The manager is a very nice man. He asks us regularly if we are happy with the care" and "The service is managed very well, I wouldn't change anything". Relatives told us, "The staff and the manager are approachable. If we had any concerns we would speak to them" and "The service is well managed. We haven't had any issues".

The service had aims and objectives which focused on 'assisting those in need of care to live as safely and comfortably as possible in their own homes', by encouraging independence and respecting people's privacy, dignity and choice. The registered manager and the staff we spoke with were clear about the aims of the service and how the support they provided achieved this.

We looked at whether people were involved in the development of the service. The manager told us he completed quarterly satisfaction audits with the people supported by the service or their relatives. We saw evidence of this in people's care files and observed the registered manager completing a satisfaction audit as part of a home visit carried out during our inspection. We noted from the care files we reviewed that people expressed a high level of satisfaction with the service they received. The people and their relatives we spoke with confirmed that satisfaction audits were completed regularly and they felt able to provide feedback to the registered manager about the care they received.

We noted that people were also involved in the development of the service through the service user forum which the registered manager had introduced in August 2015. We reviewed the notes of the forum and noted that 12 people who were being supported by the service had attended, in addition to 16 members of staff. Agenda items included choosing a local charity, fundraising ideas and any ideas for improving the service. During our inspection we saw that the service was fundraising for a local charity and the registered manager told us that the forum had chosen this charity.

The service emailed quarterly newsletters to the people they supported and their relatives. The newsletters contained a wide variety of information including contact details for welfare benefits services, Help Direct and the local carer support service. In addition, there was information about medical conditions such as diabetes and tips for staying well during the winter.

We noted that the service was a member of Pendle Dementia Action Alliance, a local group which aims to share experience and make a difference for local people living with dementia. We reviewed the notes from the meeting in November 2015, which was attended by the registered manager. The registered manager told us he wanted to ensure that the staff working at the service had a good understanding of dementia, as he knew that the number of people living with dementia that they supported was likely to increase over time.

The people we spoke with told us they were regularly contacted by the registered manager to check that they were happy with the service they received and to ask if they had any concerns.

Staff told us the manager had an open door policy and they could speak with him at any time. Staff told us, "The manager is very good. The service is well managed and well organised" and "The manager is very supportive. I can raise any concerns with him". We observed the registered manager communicating with staff and noted that he was polite and respectful towards them.

We noted that staff meetings took place monthly and were well attended. We reviewed the notes of the staff meetings and saw that the issues discussed included training, uniform, health and safety and issues relating to the people being supported by the service. We noted that training refreshers were also completed monthly as part of the team meetings, with a different topic addressed each month.

Staff told us they had completed a thorough induction and received regular supervision and an annual appraisal. They told us they felt well supported and were encouraged by the registered manager to access training when they needed it. They told us they also received regular training updates during the monthly staff meetings. We noted that there was a wide variety of information on the walls of the training room, where staff meetings took place. This included information relating to health and safety, moving and handling, infection control, safeguarding vulnerable adults and dementia.

Good

Is the service well-led?

A whistleblowing (reporting poor practice) policy was in place and staff felt confident they would be protected if they informed the manager of concerns about the actions of another member of staff.

We noted that the registered manager visited people's homes at least twice a year to observe staff providing care and to review the care records that were completed daily by staff. This included staff supporting people with moving around their home and the administration of medicines. We saw evidence that the audits being completed were effective in ensuring that people received safe care.

We noted that the service had a business continuity plan in place, which provided guidance in the event that the service experienced the loss of staff, premises, information technology or documentation. This helped to ensure that appropriate action could be taken if the service experienced difficulties that could affect people receiving care.