

LSC Nursing & Care Services Ltd

LSC Nursing & Domiciliary Care Services Limited

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

About the service

LSC Nursing & Domiciliary Care Services Limited is a domiciliary care service providing personal and nursing care to paediatrics, children and adults, some of whom have complex nursing needs. At the time of our inspection 27 people were receiving care.

Not everyone who uses the service may receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were cared for safely and staff understood their responsibilities to keep people safe from avoidable harm or abuse. Risks to people's safety were managed and appropriate action was taken to keep people safe. Staff managed people's medicines safely and made sure they received them when they needed them. People were supported by staff who had been recruited safely. Staff practice helped to reduce the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nursing and care needs were met by effective assessment and planning. Staff took account of people's holistic needs when planning care. The provider worked with other healthcare professionals to help ensure people's care and health needs were effectively met. Staff had received training to enable them to provide safe and effective care to people.

People were cared for by staff who were kind and compassionate. People were involved in decisions about their care and support needs. Staff respected people's privacy and dignity.

People's care and support was personalised to their needs. People were supported in a way which made sure they were treated fairly and not discriminated against. People's individual needs and wishes were known to staff who had developed positive relationships with them. There were arrangements in place for people to raise concerns about the service.

People had confidence in the management of the service and felt they received good quality care. The provider used a variety of methods to check the quality of the service and developed good practice within the staff team. Staff were supported in their roles and shared the provider's values of delivering the best care they could.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 December 2016).

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

LSC Nursing & Domiciliary Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to children aged 0-12 years, younger adults and older people who have nursing needs which may include physical disability, learning disability or sensory impairment.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 July 2019 and ended on 8 August 2019. We visited the office location on 7 August 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with 10 members of staff including administrators, care staff, nurse advisor, registered manager, nurse manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. One staff member said, "We have to ensure they (people) are happy and feel safe and they can come to us with any concerns or problems." Staff were aware of their responsibility to report any concerns and knew how to protect people from harm or abuse.
- The provider had safeguarding systems in place. The registered manager understood their responsibilities for reporting and liaising with the local authority if they had concerns about people's safety.

Assessing risk, safety monitoring and management

- People were supported to stay safe within their homes and risks were managed positively. Risks associated with people's care and health needs and any environmental risk had been assessed. Risk assessments gave clear instruction to staff on how they were to reduce the identified risks.
- Some people required specialised medical and nursing equipment, such as ventilators or suction equipment. Staff were trained to make sure they were able to use this equipment safely.
- People's care calls were monitored to ensure staff arrived on time and carried out care safely.

Staffing and recruitment

- The provider had enough care staff to ensure people's safety and they received their care calls as planned. One relative said, "We always receive a rota, so we know who is coming out to us."
- Staff were recruited to meet the needs of people. The registered manager told us only when they had a full staff team in place and trained did they start providing care for the person.
- The provider followed safe recruitment processes when employing new staff members. This helped to make sure staff were suitable to work with both adults and children in their own homes.

Using medicines safely

- People received their medicines as prescribed. One relative told us their family member had their medicine administered using a specialist technique. They said, "The carers all received proper training from the hospital nurse so that we were confident there wouldn't be any problems. All of the carers have proved to be very competent when it comes to providing the medication."
- People were safely supported with their medicines by a trained and competent staff team. Staff told us they received medicines training and checks and audits were completed to make sure they were giving medicines safely.

- People's medicine support was clearly documented in their records for care staff to follow.

Preventing and controlling infection

- Staff had received infection control training and followed safe infection control practices to reduce the risk of infection.
- People and relatives told us staff used disposable gloves and aprons when they supported people with care.

Learning lessons when things go wrong

- The provider had systems in place to review accidents and incidents, so lessons could be learnt, and the risk of similar incidents reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's holistic needs were assessed before they started to use the service. The registered manager told us when completing these initial assessments, they liaised with the person's hospital and community teams to gather clinical and social information. They said, "We do this to ensure everything is in place and we can meet their (people's) needs before they come to us."
- People's care plans reflected and took account of people's diverse needs, including social and cultural, physical, communication, spirituality, mental wellbeing, maintaining a safe environment and aspects of their life that were important to them.
- People's clinical needs were assessed in line with current national guidance. The provider worked effectively with paediatric and children's teams, respiratory teams at local hospitals, palliative care teams at local hospices, consultants and specialist dietetic teams.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to provide effective care. One relative said, "[Person's name] carers have all been specially trained by a nurse from their hospital in order that they can manage (their clinical needs) without cause for infection. They have a refresher course every 12 months and no one ever makes any bother about having to do this."
- Nursing staff created 'competency books' for each person. These contained individualised competencies which staff had to be assessed in before they started working with the person. The training for these competencies was delivered by nursing staff or external health professionals from the person's hospital team, with involvement from the person and their family where able.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. One person told us they did not need any support with their meals and drinks. They told us regardless of this, "With all the hot weather lately, I know I should drink more than I do, but to give them their due, all the carers have been trying to encourage me to drink more than I would ordinarily."
- Some people required specialised support to enable them to get the fluid and nutrients they needed. Staff worked closely with dietetic teams to ensure risk was managed and daily enteral feeding regimes were followed. Enteral feeding is a means of administering all or part of a person's nutritional needs when they are no longer able to take adequate amounts orally.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us a consistency of care was important to them, especially when supporting people with complex care needs. One relative told us, "The importance of having regular carers for us, was that they got to know how [person's name] was and could pick up early signs of any deterioration in their health. They will always text me or phone me, as well as putting something in the records if they are at all concerned about anything."
- The provider arranged prompt health referrals and would support people to appointments where needed.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People told us they had been asked for consent prior to staff supporting them. Where staff supported children, parents' consent was sought. Staff understood the principles of the MCA and of supporting people in their best interests at all times.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff provided care and support that met their needs and they enjoyed the staff visiting them. One person told us, "It's just the fact that they never mind what it is I need them to help me with. You can guarantee that we just think we've got everything imaginable in the care plan, and then something else will crop up which I'm struggling with. None of my carers have ever made any fuss about that, but they've just got on and helped me and they always make sure that I've got absolutely everything that I need within easy reach before they leave me."
- Staff often spent long periods of time in people's family homes. Relatives also praised the support they got from staff. One said, "They have got to know us all and how the family dynamic works, and we have got to know them. They are like members of the family now and we would be loath to be without them." Another relative said, "I've got nothing but praise for the dedication of the carers that look after [person's name]. There is nothing they wouldn't do for them."
- New staff were introduced to people prior to supporting them. One staff member said, "It's a two-way thing; if we've not met them (people) before it can be awful for both of us, as we're with them for a long time."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives felt involved in the planning of their care and in making day to day decisions. Everyone we spoke with felt in control of what happened with their care and staff made sure they understood decisions which needed to be made.
- The registered manager and staff team encouraged people to express their views and opinions and supported them to make choices and decisions about their own care. Where people had limited communication, their families were involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- The support needed to maintain people's individuality, diversity and independence was recorded in their care plans and helped staff to deliver the right support. One staff member said, "I listen to what they (people) are saying, show them I'm listening and interested in what they say. I respect their home and their routines. I encourage them to do as much as they can, keep them involved and in control of what is happening."
- Some people and relatives we spoke with told us they had requested the care staff did not wear uniforms.

This was because the staff were going to be out of their homes supporting them. One person said, "I think my dignity is maintained by the fact that because the carers don't wear a uniform, when we go out it just looks like I'm with a friend or a member of my family. I prefer it that way because I don't want people to take pity on me because they think I'm on an outing from a nursing home or the like."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care which was responsive to their needs and at a time which suited them. One relative said, "I understand the concept of person-centred care, where the person themselves could decide how to live their lives, and this agency very much puts that into practice with the carers all being totally signed up to the concept."
- People and relatives had regular contact with the registered manager and the nurses who oversaw their care. The registered manager said, "We visit people and their families regularly to build relationships and trust. We play a great part in their lives, as staff are in their homes for long periods of time. People, they are the centre of everything, they are our priority."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and the support they required was discussed as part of their initial assessment. Any support was agreed and information was able to be produced in accessible formats if needed.
- One person was supported by staff with telephone conversations. Staff communicated with healthcare professionals on their behalf as required.

Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to complaints or concerns. Most people told us they had not needed to complain and had information on how to make a complaint. One person said, "If I didn't feel safe, I would soon be on the phone to [registered manager's name], who is the manager of the service and I'd be asking them to come and visit."
- Where people or relatives had raised a complaint, they were happy with how their complaint had been handled and resolved.

End of life care and support

- The provider worked with palliative and end of life community teams and local hospices to access support as needed. They maintained contact with the person's GP to ensure their pain was managed.

- Advanced care plans were completed with people, their families, staff and other health professionals. This made sure people's wishes for their end of life care were achieved and respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives we spoke with praised staff and managers at the service. They felt their opinion mattered and they were listened to by staff and managers alike. They knew who managers were at the service and told us they saw them often.
- Staff had positive attitudes and were passionate about providing care which was person centred. They told us the support they received from managers and colleagues enabled them to provide the best care they could.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's quality systems monitored all aspects of the service. Improvements were made where needed and involved staff from throughout the service.
- Staff understood their roles and responsibilities within the service. One manager told us, "We want to make it right for everyone. We all pull together as a team and we make it work for people."
- The provider and registered manager understood the duty of candour and were active in reviewing the service provided to people to mitigate any potential risks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had processes in place to obtain the views and opinions of people, their relatives and staff about the service. One person said, "Whenever we have a review meeting, we're always asked about how we find the service and also from time to time somebody will phone from the office to ask the same question."
- Staff's views and opinions were actively sought at formal and informal meetings. Staff were rewarded for their service. One staff member told us they had received a gift from the provider in recognition of their long service with LSC Nursing & Domiciliary Care Services Limited.

Continuous learning and improving care; Working in partnership with others

- The provider told us, "We are always looking for ways to improve."
- Managers took part in regular meetings and briefings to plan work, catch up and feedback to each other.

This helped to ensure people received good quality care. The registered manager said, "It's about talking together and learning what works well for people and what doesn't."

- The provider had strong links with other healthcare and clinical agencies. For example, nursing staff worked clinical shifts at local hospitals to ensure they maintained their competencies.
- People benefitted from the provider's relationships with clinical commissioners, social workers, adult, paediatric and children's NHS teams and people's consultants, which enabled partnership working.