Llayett Limited

Good Neighbour Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 05 April 2017. This was an announced inspection to ensure the manager was available in the office to meet with us. This service was last inspected on 22 April 2016 when we found the provider was in breach of one regulation, in relation to assessing and mitigating individual risks identified as part of people's care and support plan.

Good Neighbour Care is a domiciliary care service run by Llayett Limited. At the time of inspection, the service was providing personal care to nine older people and people with dementia in their own homes.

The service had a registered manager 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 using the service and their relatives were very happy with the service and found staff caring, and helpful. People were happy with staff's punctuality and found the service reliable and trustworthy, and were happy to recommend the service.

The service followed appropriate procedures to safeguard people from harm. Staff demonstrated good understanding of protecting people against abuse and their role in promptly reporting poor care. Risk assessments were individualised and provided sufficient information and instructions to staff on the safe management of identified risks. However, staff were not provided with detailed instructions on how to support people with medicines and risks involved if the medicines were missed. We found gaps in medicine administration records.

The service did not follow appropriate recruitment practices, some staff did not have updated criminal record checks and their references were not sought as per the provider's policy.

Staff were well-trained and received regular supervision and support from the management to do their jobs effectively. Staff sought people's consent before providing care and gave them choices. People's nutrition and hydration needs were met. Staff maintained detailed daily care delivery records giving a clear account of how people were supported. The service worked with health and care professionals in improving people's physical health.

Care plans were individualised and regularly reviewed, they recorded people's needs, likes and dislikes. Staff were provided with instructions on how to support people to meet their needs and preferences. People were supported with social aspects of their life and with various activities when requested.

The registered manager regularly called people for their feedback but did not keep records of this. They visited people's homes to observe staff whilst supporting people with their care needs to ensure they were

supported as per their care plans. The service asked people and their relatives if they found care delivery effective via annual feedback survey forms. People and their relatives told us they were happy with the service, and found the registered manager approachable and helpful.

The service had systems and processes to assess, monitor and improve the quality and safety of the care delivery however, this did not always identify gaps in the record keeping.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to not following safe recruitment procedures.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Staff were not provided with appropriate information on medicines administration and there were gaps in medication administration records. The service did not carry out appropriate recruitment checks to ensure people using services received care from staff who were safe and properly vetted.

People and their relatives felt safe with staff. Staff knew safeguarding procedures and how and when to report poor care, neglect or abuse. The service maintained good infection control practices.

Is the service effective?

Good

The service was effective. People told us their health and care needs were met. Staff received sufficient training and support to do their jobs effectively. People's consent was sought before they were supported and staff gave them choices.

People's nutrition and hydration needs were met. Staff kept accurate records in daily care logs on how people were supported and what they had consumed. People were supported by staff in liaising with health and care professionals.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were caring and helpful. They were mainly supported by same team of staff and enabled them to form positive relationships. People were involved in their care planning and staff were able to describe people's wishes and preferences.

Staff were informed on people's cultural and religious needs and beliefs, and supported them with those needs when requested. People told us staff treated them with dignity and respected their privacy. Staff supported people to remain as independent as they could.

Is the service responsive?

Good

The service was responsive. People told us staff met their

individual needs and preferences and provided person-centred care. People were involved in planning their care and received regular care reviews. Care plans were regularly reviewed and detailed, and enabled staff to provide personalised care. The service responded effectively to people's changing needs. People were supported with various activities when requested.

The service encouraged people to raise concerns and complaints. People and their relatives told us they felt comfortable raising concerns and complaints but they never had to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. During the inspection, the registered manager did not provide us with all the necessary information regarding staff recruitment. The service assessed and monitored the quality of care but did not always pick up gaps and inaccuracy in care documentation.

Staff felt well supported. People and their relatives told us they found the management friendly and approachable, and were happy to recommend the service. The service worked with various health and care professionals to improve the quality of people's lives.

Good Neighbour Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 05 April 2017. This was an announced inspection. We gave the provider short notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us.

The inspection was carried out by one adult social care inspector. We phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service.

There were nine people receiving personal care support from the service, and 10 staff, at the time of our inspection. During our visit to the office we spoke with the registered manager, looked at five people's care records including their care plans and care delivery records, and three staff personnel files including recruitment, training and supervision records, and staff rosters. We also reviewed the service's accidents / incidents records and feedback surveys.

Following our inspection visit, we spoke with three people, two relatives, and four care staff. We reviewed the documents that were provided by the registered manager (on our request) after the inspection. These included reviewed medicines administration records for one person, staff rotas and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People using the service and their relatives told us the service was safe and reliable and they felt safe with staff. People's comments included, "Absolutely, feel safe with staff" and "I feel safe with staff." One relative said, "My husband feels safe with staff."

Staff received training in safeguarding procedures and demonstrated a good understanding of their role in identifying and reporting poor care, neglect or abuse. They told us if they suspected poor care, neglect or abuse or had any concerns would contact the registered manager. They were able to describe the types and signs of abuse. New staff received safeguarding training before they began working with people. Existing staff received annual refresher training. Since the last inspection, the service had not experienced any safeguarding cases.

The service had clear protocols and procedures around reporting and acting on accidents and incidents. We looked at three accidents and incidents records; they were signed and dated, and included incident details, actions taken, to be taken and learning outcomes. For example, the latest incident form seen, described a person having a fall whilst trying to get out of bed. The registered manager made a referral to the occupational therapist which led to bed rails being installed. Records seen confirmed this.

Staff were able to explain people's health and care needs, and the risks involved in supporting them. They told us how they minimised those risks to ensure care was delivered in a safe manner. We found risk assessments met people's individualised needs and provided detailed information on safe management of risks. For example, there was a detailed falls risk assessment for a person who was at a high risk of falls. The falls risk assessment included instructions for staff "care staff to constantly…keep walkways free from clutters and obstacles, avoid repositioning things from the original locations, keep things within easy reach of [name of the person]." Risk assessments were available for equipment, moving and handling, internal and external environments, nutrition, falls and personal care. The registered manager told us that the risk assessments were reviewed every six months along with people's care plans and when people's needs changed. Risk assessments that we checked, all were up-to-date and recently reviewed.

People and their relatives were very happy with staff's punctuality and told us staff were always on time and would contact them if they were running late. Their comments included, "They are on time" and "They are very punctual." One relative said, "Staff come on time. They are patient and stay longer at times to help him." All staff told us they had sufficient time between care visits to travel to people's homes. The registered manager told us all their staff knew that they were expected to contact the office if they were running late or stuck in traffic. The service did not use agency staff to cover staff emergencies or absences, but instead the registered manager would fill in any absences. People confirmed that the registered manager would carry out care visits if staff could not attend.

The registered manager told us they did not maintain staff rosters as they only had 10 people using their service. However, this had led to an unfortunate situation where a staff member whose employment contract was terminated by the registered manager was still being allocated with work. It was brought to our

attention by a person who during inspection told us they were supported by a staff member whose details were not given to us by the registered manager. We asked the registered manager about this and they investigated the matter and submitted a report. This report highlighted that the registered manager had forgotten to inform the senior staff member who was learning to carry out staff allocations of the termination of staff member's employment contract. The senior staff member had continued to allocate this staff with work but without the registered manager's knowledge. This emphasised the issue of not maintaining staff rosters and the need for the registered manager to have an overview of the staff rosters. Following the inspection, the registered manager told us they were looking into staff roster software and will soon start producing staff rosters.

The registered manager told us; in the last year the service have had one missed visit due to staff member going on unexpected sickness absence. They contacted the person to inform them of the last minute cancellation, and as the person was supported by another care agency, the person received appropriate care support. They were in the process of introducing an electronic call monitoring system that would enable staff to access their rotas easily but also alert the office staff if the staff had not arrived at the care visit on time. This would enable the service to monitor staff timekeeping and punctuality.

We reviewed three staff recruitment files and reference checks, and looked at all staff's Disclosure and Barring Service (DBS) criminal record checks. All the staff files we looked at had application forms, interview notes and copies of identity checks. However, not all staff files had recent DBS checks and still had criminal record checks from their previous employer that had passed the required three months period. The registered manager told us they had misinterpreted information related to the requirement to carry out DBS checks for all the newly recruited staff. Three newly appointed staff did not have two satisfactory reference checks each in place and they had been working with people. The provider's recruitment policy clearly stated "any offer should be made subject to at least two satisfactory references, including one from their last employer and satisfactory DBS checks." This meant the service was not always following appropriate recruitment practices to ensure staff employed were safe to work with people.

The above evidence is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager provided us with information confirming they had applied for DBS checks for staff without current DBS checks and followed up on references for two staff in line with their provider's recruitment policy.

The service offered people medicines support and during inspection only one person was receiving support with medicines administration. The service kept logs of medicines administration in medicines administration records (MAR) charts. At the inspection, medicines administration records (MAR) charts for this person were not available. Following the inspection we were provided with this person's MAR charts. We looked at MAR charts for this person for duration of one month and found the MAR charts had several gaps and were not appropriately completed. Although the service included medicines as part of generic risk assessment and medication support plan, did not maintain a separate medicines risk assessment. This meant staff were not provided with detailed instructions on how to support the person with medicines and risks involved if the medicines were missed.

Staff demonstrated a good understanding of medicines management including difference between medicines prompting, assisting and administration. They were able to explain what the medicines were for and how and when they administered them. They told us they had received training in medication administration and had to complete competency assessment before being allowed to administer

medicines. Records seen confirmed this.

The service supported people with the medicines that were provided in blister packs or dosette boxes, or in the original manufacturing packaging. The family were mainly responsible for ordering and collection of medicines. However, the service assisted one person with their medicines ordering, they liaised with the GP and the pharmacy delivered medicines. This was in line with the provider's medication policy.

The service provided personal protective equipment to their staff to enable them to safely assist people with their personal care. People and relatives told us staff wore gloves when providing personal care. Staff confirmed they were provided with sufficient equipment to efficiently manage infection control.

Good

Is the service effective?

Our findings

People and their relatives told us they were supported by trained staff who knew and understood their health and care needs. One person commented, "Carers [staff] are excellent…very good indeed always leave my place tidy and clean." A relative who's family member is supported by staff to assist with another agency staff said, "Staff are fine, provide good care and work well with other agency staff." Staff we spoke with demonstrated a good understanding of people's individual health and care needs and abilities.

Staff told us they were provided with sufficient training to do their job effectively. New staff had to complete a four day induction course that covered mandatory training including safeguarding, moving and handling, health and safety, fire safety, dementia and medicines administration. Staff were then required to shadow the registered manager or the senior staff members before attending care visits on their own. The registered manager called people to seek their feedback before finalising new staff's employment. The staff were trained by the registered manager who was a qualified train-the-trainer; we saw records of their qualification and certificates. Staff also received additional training in person-centre care, care planning, infection control, communication and information handling and confidentiality. All staff received mandatory yearly refresher courses. We saw records of staff training certificates. Following medication administration and moving and handling training, staff were required to pass competency assessment tests before being allowed to support people. We saw records of these. Staff comments included, "After being recruited, I took part in the four day training, and then I shadowed another staff member. The induction was very good" and "Yes, I do get training to do my job effectively. Since being working with the service, I have been put on various training, recently went on 'air beds' training to know how they work." The registered manager kept records of various training courses staff had been on and ones they were booked on.

Staff told us they felt supported and shared a good relationship with the registered manager. They received regular one-to-one supervision and records seen confirm this. The registered manager told us some staff who completed a year with the service had been received appraisals however, the previous administrator lost records of staff appraisals. We were able to evidence appraisal dates in staff personnel files.

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.

We found that the service was working within the principles of the MCA.

The service informed staff on people's capacity to make decisions, how and when to support them to make decisions. Staff were given information on who to contact on people's behalf should they lack capacity to make a decision regarding their care and treatment. Records seen confirmed this.

People and their relatives told us staff always asked their consent before giving care and gave them choices.

One person commented, "They come and ask me before helping me." Staff understood people's right to make choices about their care. For example, one staff member said, "I give her choices; I ask her what she would like me to do."

People were happy with the support they receiving with their nutrition and hydration needs. People and their relatives told us staff were aware of their food preferences, culturally specific dietary needs and supported well with their needs. One person said, "They [staff] cook lunch for me and present it very well, too." Staff recorded in the daily care logs the food and drinks people consumed. The care plans made reference to people's food preferences, likes and dislikes and included where necessary nutritional assessments. For example, one person's care plan mentioned the person liked alpine cereals and yoghurt for breakfast, the care plan instructed staff to prepare and service breakfast as to the person's choice. As per people's individual care plans, staff recorded in people's daily care logs their elimination and bowel movements. This information was then fed back to people's doctors as when and required.

The service worked collaboratively with health and care professionals. People told us staff supported them to book GP appointments and made referrals when necessary. One relative told us how a staff member regularly made suggestions on when to contact doctor if they noticed any health concerns about their family member. We saw records of correspondence and referrals to various health and care professionals such as doctors and occupational therapist.

Good

Is the service caring?

Our findings

People using the service and their relatives told us staff were caring and helpful. People's comments included, "Carers are very good", "Staff are very pleasant" and "They are excellent, very caring." One relative said, "They are very nice and polite, and very helpful. [Name of the staff member] is like a son to us."

People and their relatives told us they mostly had same team of staff that visited them. They said this was of great help as staff understood their needs and their wishes and preferences. Staff we spoke to told us they found supporting same people enabled them to provide person-centred care and establish positive working relationships. People's comments included, "I mostly get the same two girls, they are lovely", "I have been with the service for a year. Same staff team support me. [Name of the registered manager] keep the same team." We looked at staff allocation sheet that the registered manager submitted following the inspection visit, and it demonstrated people were receiving same staff team support.

Staff told us they enjoyed their job and had positive relationships with people they cared for and with their relatives. They were able to tell us the individual wishes and preferences of people they cared for. One staff member said, "I have been working [with the provider] since last two years and I enjoy this work, I love helping people. I have good working relationships with the people I support. I support [name of the person], I respect his cultural background, and we have agreed nick names and share a good rapport with his wife. I have also learnt some words in their language."

At the time of initial referral the registered manager asked people and their relatives about background history, wishes, preferences, dislikes and aspirations. We saw care plans made reference to people's history, religion, culture and social history. Staff were provided with sufficient information on people's cultural beliefs and practices to enable them to provide person-centred care. For example, one person's care records mentioned person went to mosque and instructions for staff to support the person to access the mosque when they wished to. Staff told us they found this information useful.

People and their relatives told us staff treated them with respected their privacy, belongings and provided care in a dignified way. They told us staff listened to their needs and wishes and didn't rush them. One person said, "Oh yes, they listen to me. Very much so – respect my privacy and provide care in a dignified way." One relative commented, "They take care of my husband very well. They keep him clean. Staff are patient with him and treat him with dignity and respect." Staff told us they respected people's privacy and dignity. They gave examples of how they maintained people's dignity, "they didn't rush people", "listened to them patiently", "closed bathroom and bedroom doors and covered people when assisting them with showering and personal care" and "always asked for consent before supporting".

People's care plans recorded clear instructions to staff on how to uphold people's dignity whilst providing care. For example, one person's care plan stated "close doors and ensure that curtains are closed during personal care, tasks must be done with his consent." The service also provided gender specific care and we saw references of people's preference made in their care plans. People confirmed they received gender specific care.

People and their relatives were involved their care planning. One person said "I drive and lead my care." People were supported to remain as independent as they could. One staff member said people informed her on things they could do on their own or with assistance and she would encourage them to do so, for example, one person was able to help in preparing meals with appropriate assistance and they would provide that support.

Good

Is the service responsive?

Our findings

People and their relatives told us staff provided care that met their individual needs and preferences and the service was responsive. One person said, "When I have to increase care she [registered manager] always listen to me and make prompt arrangements." One relative told us the service had been responsive in addressing their family member's "changing needs" and staff were very accommodating.

The service had detailed care plans for people, they were individualised, easy to follow and person-centred. The care plans included information on people's needs, abilities, wishes, likes and dislikes. Staff were provided information on people's medical and health history, personal care gender preference, communication method, nutrition and hydration needs, housekeeping and social history. For example, one care plan mentioned "ensure [name of the person] has enough liquid to drink and leave some by her chair when you are leaving." Staff were able to describe people's likes and dislikes. For example, one staff member said the person they supported liked "salmon, lamb and generally Greek food."

People and their relatives told us they were involved in drafting care plans and a copy was kept in their homes. One person commented, "There is a care plan in place and they [staff] follow it." Staff told us the care plans enabled them to gain a better understanding of people's health and care needs and how they wished to be supported. Although they always asked people how they would like to be supported before providing care. The registered manager told us during initial referral stage they completed the care plan document and reviewed them every six months or when people's needs changed. Records seen confirm this. People and their relatives told us they were involved in their care reviews. They said the registered manager visited them at least once a week to find out if their care needs were met.

People when they requested were supported with various activities and were happy with that support. For example, staff supported people with shopping, easy exercises and walking. One relative said, "[Name of the staff member] brings newspaper for my husband and reads it to him, they have discussions around current affairs."

The service encouraged people and their relatives to raise concerns and complaints. People told us they never had to complain but if they needed to they would call the registered manager and felt comfortable in doing so. One relative commented, "I will call [name of the registered manager] if not happy with something, I have never had to make a complaint." One person said, "[Name of the registered manager] pops in every evening and asks me if I had any problems." They said the registered manager would call them or visit them regularly to ask them if they had any concerns. The registered manager told us they gave information on how to make a complaint to all the people who use the service and their relatives.

Requires Improvement

Is the service well-led?

Our findings

During the inspection, the registered manager did not provide us with all the necessary staff information including two staff member's recruitment details, criminal record and reference checks, and induction and training records. Following the inspection, the registered manager provided us with one staff member's application form, criminal record check and one reference check.

The service had good data management systems that kept accurate records of people's care plans and daily care records, risk assessments, and care reviews. The information was well organised, easily available and securely stored. However, the service did not maintain staff rosters to ensure effective deployment of staff. The service regularly reviewed people's care plans and risk assessments. Records seen confirm this. The registered manager regularly visited staff whilst they were at people's homes providing care; they did this to observe if the staff provided care as per people's care plan, and an opportunity to ask people if they had any concerns or complaints. People confirmed this was happening and we saw records of these checks.

The service had systems and processes to assess, monitor and improve the quality and safety of the care delivery. However, they were not effective in identifying gaps in staff recruitment documents and MAR charts. For example, MAR charts had gaps that could not be explained, staff's DBS were not updated and references not sought as per the provider's recruitment policy.

The service had a registered manager in post. Everyone knew the name of the registered manager and how to reach them. People and their relatives told us the registered manager was approachable and always had time for them. They further said their calls and messages were replied to in a timely manner. We asked people if they felt the service was well-led and everyone said the service was well-led. One person commented, "I do believe the service is well-led. She [the registered manager] always listens and has time for me. She does go an extra mile to give people personalised care. She is doing a really good job…put her heart and soul into it." Another person told us, "I will call [name of the registered manager] if not happy with something. She is almost a friend and is approachable, visits me once a week or at least every fortnight." People told us they were happy with the service and would recommend it.

All staff told us they felt well supported by the registered manager and found her approachable and easy to talk to. Their comments included, "…even if she is really busy, when I call her she always makes time, she listens to me. I can talk to her without worrying about anything" and "I have a good relationship with [name of the registered manager] and can call her anytime."

The service had an open and encouraging culture where people and staff were able to voice their opinions and wishes comfortably. Staff told us they were comfortable raising their concerns and making suggestions to the registered manager. The registered manager took staff's suggestions on board. For example, one staff member told us they made a suggestion that medical equipment was no longer suitable to the person and the registered manager made a referral straight away.

The registered manager told us they worked very closely with staff and saw them on a weekly basis either in

the office or whilst they were on a care visit. Staff confirmed this, they also visited the office at least every fortnight and that enabled them to discuss about various aspects of service delivery with the registered manager.

The registered manager told us they called people on a regular basis and asked them about the quality of the service delivery but they did not keep records of this. The registered manager said they would start recording quarterly telephone survey calls. We asked people and they confirmed receiving regular calls from the registered manager. They further sent out annual feedback survey form to people and their relatives. We looked at few completed survey forms, they all were positive and no concerns and issues were noted. The registered manager told us they were still waiting for completed survey forms and were accessing assistance with analysing the findings.

The registered manager worked with a number of health and care professionals such as occupational therapist, physiotherapist and doctors in delivering efficient care services and to improve quality of people's lives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures must be established and operated effectively that person employed meet the conditions. Regulation 19(1)(2)(a)