Life Care Plus Limited

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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

This announced inspection took place on 14 September 2018. This was the service first inspection since they were registered with the CQC in September 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service is registered with the CQC to provide a service to older adults some of whom might be living with dementia and younger adults who have learning disabilities, autistic spectrum disorder, or mental health needs.

Not everyone using Life Care Plus Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection three people were receiving the regulated activity.

One of the directors of the organisation was the registered manager and nominated individual. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that the service was rated requires improvement overall and in the key questions 'Is the service safe?' and 'Is the service well-led?' They were rated good in the key questions 'Is the service effective, caring, and responsive?'.

The provider had undertaken criminal records checks and proof of identity for new staff. However, we found that they were not always waiting for staff references to be received from former employers before staff commenced their role. This meant that they had not verified staff work history and had not fully confirmed that they were of good character before they were employed.

The care staff were not completing medicine administration records appropriately. They did not always have clear guidance to ensure they understood when a medicine should be administered. This had not been identified by the registered manager through their audits and checks.

The provider ensured there were enough staff employed to complete people's care calls and relatives told us there were no missed calls and staff were punctual.

Relatives and people told us they were introduced to staff before a service commenced so they were familiar with the staff and described staff as caring and thought some were "excellent."

Staff described promoting people's independence to maintain their dignity and self-respect.

The registered manager met with people and their relatives prior to the agreeing to provide a service. They did this to assess people's care needs, identify risks and agree a call schedule. People had person centred plans that contained information about them and stated how they communicated, their diversity support needs and how they wanted their care provided.

Relatives told us they felt comfortable raising concerns and thought if they complained the registered manager would address their complaint.

The provider had a vision for the future and was putting systems in place so they could increase the service they offered to people.

We found two breaches of the regulations in Fit and proper persons employed, and Good governance.

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

Some aspects of the service were not always safe. The provider had not received the references for new staff before employing them. Therefore, they were not following a safe recruitment process.

There were sufficient staff employed to meet people's needs.

The provider had a medicines administration procedure for staff guidance. However, although the care staff had received medicines administration training they were not always completing medicines administration records appropriately.

The registered manager undertook risk assessments prior to offering a service to identify the risks to people and put in place measures for staff to mitigate those risks.

The registered manager had systems in place to identify and address safeguarding concerns. Staff demonstrated they could recognise signs of abuse and knew the action to take as a result.

Staff had received infection control training and were provided with personal protective equipment to prevent cross infection.

Is the service effective?

Good

The service was effective. The registered manager assessed people prior to offering a service so they could be certain they could meet their support needs.

The provider ensured care staff received training and supervision to equip them to undertake their role.

The provider worked in line with the Mental Capacity Act 2005 to help uphold people's legal rights.

People were supported to eat healthily and remain hydrated.

Is the service caring?

Good

The service was caring. Relatives and people were introduced to prospective care staff prior to a service commencing and described them as being caring.

People's care plans contained information about how they communicated and made their choices known.

Care staff supported people in a respectful manner and promoted their independence to uphold their dignity.

Is the service responsive?

Good

The service was responsive. People had person centred care plans that specified how they wanted their care provided.

Relatives confirmed they knew how to complain. They found the registered manager approachable and thought they would address any complaint made appropriately.

The service was not currently providing end of life care. However, the provider was training staff so they could provide that service should the need arise.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The registered manager had not identified through their audits and monitoring, the omissions in staff recruitment checks, and medicine administration records.

Relatives and staff described the registered manager as approachable and responsive. They told us they felt there were good lines of communication in the service.

The provider had a vision for the future to expand the agency and was ensuring there were good systems in place to support the agencies growth.

Life Care Plus 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

One inspector carried out the inspection. During our inspection, we looked at three people's care records. This included their care plans, risk assessments and daily notes. We looked at one person's medicine administration records. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with a senior care worker, a care worker, and the registered manager.

Following the inspection, we spoke with two relatives of people who used the service.

Requires Improvement

Is the service safe?

Our findings

The provider was not carrying out robust recruitment checks. We reviewed the recruitment records for three care staff. We found all staff had completed a criminal record check, and had provided proof of identity and address. However, the provider requested, but had not always waited until they received, satisfactory references before employing staff. One staff records contained no employment or any other references, another staff records had one professional reference and although the registered manager said they had spoken with a second referee they had not recorded the conversation. The third staff record contained one professional reference only.

The provider's recruitment procedure stated, "Any offer should be made subject to satisfactory references. A letter confirming appointment should be sent on receipt of satisfactory references." Therefore, the provider was not following their own recruitment procedure and had not checked staff former employment and had not ensured that they were of good character.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19 Fit and proper persons employed.

We brought this to the registered manager's attention. They demonstrated that they had applied for references but had found difficulty in obtaining the references for staff. They had interviewed staff to check their aptitude for the role. They had provided supervision and training to equip staff to undertake their role. Following the inspection, the registered manager obtained and sent us copies of all the outstanding references. The registered manager told us they would in future ensure references were received before employing new staff.

At the time of our inspection one person received support with their medicines from care staff. We found that the medicines administration process was not robust enough to ensure errors would not be made. We looked at the medicines administration records (MAR) for June, July and August 2018. The MAR dated August 2018 showed that medicines from a blister pack had been administered daily by the care staff. The medicines contained in the blister pack were recorded in the medicines risk assessment so that staff could check if the contents of the blister pack was correct.

However, there was an individual medicine (to help people sleep), recorded on the MAR with hand written instructions that stated, "One at night." We saw that this medicine had been recorded as administered by staff at, "Breakfast" between 1 to 17 August. It was also signed for as administered on eight days of that period of time in the "Bed time" section. This was not in line with the recorded prescribed dosage. We brought this to the registered manager's attention who told us staff only administered medicines contained in a blister pack and any other medicines were given to the person by their relatives. They confirmed following the inspection that this was a staff recording error only. There had been no harm to the person. They explained they had reviewed the medicines administration process and had made changes to ensure there was no further errors made.

We made a recommendation that the registered manager refer to the National Institute for Heath and Care Excellence (NICE) guidance, "Managing medicines for adults receiving social care in the community" (2017).

Following the inspection, the registered manager sent us an amended medicines risk assessment that detailed who was responsible for the administration of each medicine.

Relatives told us that staff arrived on time and that there had been no missed calls. Their comments included, "No missed calls and they come on time," and "If there is a problem, they respond very well, [Registered manager] will drop someone off within the hour." The registered manager told us they ensured they had enough staff before agreeing to take a new care package. They explained that they had trained staff 'in reserve' so they would be able to respond if people's care needs increased or if a new person asked for a service. They had supported one member of staff to become a senior carer and were training them to take more responsibilities such as supervising care staff in preparation for an increase in service provision.

Care staff confirmed that they received their rota in advance of their calls and that the registered manager planned their calls well so there was sufficient time allowed between calls. The care staff signed in and out of their calls using information technology in the form of a telephone application (app). The registered manager monitored staff attendance at calls using the app. They explained if the staff member had not arrived within 10 to 15 minutes of the agreed start time they would ring the staff to establish if there was a problem. The registered manager told us they sometimes drove staff to their next call to prevent a late call if there had been an unforeseen delay.

One relative told us, "Very safe, we feel comfortable with the arrangement." The service user guide contained clear information for people and their relatives detailing what abuse was and how they could report any concerns to social services. The registered manager and care staff demonstrated they could recognise signs of abuse and knew how to report concerns appropriately. One staff member told us, "Looking out for abuse, marks or any concerns. We report straight to the manager we always report. Always approach the manager, make a statement in writing, contact social services or call 999."

The registered manager had a safeguarding log where they could record any alerts. However, there were no safeguarding concerns recorded. The registered manager confirmed there had not been any made. Following the inspection, the registered manager sent us a form they would use to track and record the progress of safeguarding concerns. The registered manager had systems in place to recognise and report safeguarding adult concerns. They described how they reviewed accidents and incidents and daily logs to check there were no unreported concerns. In addition, they spoke with people and their relatives on a regular basis to ensure they were happy with the service provided.

The registered manager assessed people to identify risks to their safety. Risk assessments included, risks associated with the person's environment, medicines, falls, mobility and skin integrity. When a high risk was identified, such as a high risk of falls, there was more detailed information for staff to follow. Risk assessments contained useful prompts for staff. For example, to be aware of the contributing factors affecting poor skin integrity, prompts were included to monitor for dehydration, incontinence and immobility.

The care staff had received training about infection control and food hygiene to support them work with people in a safe manner. The provider had supplied personal protective equipment of gloves and aprons to staff to prevent cross contamination. One relative told us, "As far as I'm aware, it all seems to be the right thing. They use gloves and aprons." They continued to describe staff disposing of contaminated waste appropriately.

The registered manager told us they were learning as the agency grew and became established. For example, they explained that staff may call them at short notice to say they cannot attend a scheduled call. Therefore, they now had two or three staff as a 'back up' for each person they provide a service to. This ensured there was always someone the person knew to attend and avoid delay. In addition, they had found in order to ensure a good service, they required some administration support to assist them with the paperwork and to cover in the office when they had other engagements. They had plans to increase the staff team to include an administrator.

Good

Is the service effective?

Our findings

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

Two people's care records we reviewed, contained their written consent to their care and treatment and the use of their photos. The registered manager confirmed that they had not had reasons to question their capacity to make decisions about their care. However, a third file contained the person's written consent for their relative to make decisions for them when it stated in the same form that the person did not have the capacity to make their own decisions. This was not in line with the MCA. There was no evidence of the relative having a Lasting Power of Attorney (LPA), which is a legal document that gives a representative the legal right to make decisions on behalf of a person who might not have the mental capacity to make decisions. We brought this to the registered manager's attention. The registered manager explained that the form was not correct as the person did have capacity for day to day decisions but liked to have support from their relative and that they would amend the form to reflect the situation.

The registered manager told us they aimed to make the MCA training accessible and simple for staff. They explained they gave verbal explanations with examples and provided a work book about the MCA and the Care Act 2014. There was a quick reference booklet that staff could use to remind themselves about the MCA. Care staff could tell us how they would meet the requirements of the Act. Their comments included, "We have to discuss the situation with the office if something happens and if perhaps they have not got capacity any longer then they will make an assessment to check how the customer is," and "Normally in the care file there is a mental capacity assessment, normally there is a family member who has the right to make a decision on their behalf, it's always in the file." The staff gave examples of giving people choice as this demonstrated they were respecting people's right to make their own decisions.

The registered manager assessed people's needs prior to offering a service. Whilst we did not see people's initial assessment undertaken by the registered manager in their care records, people's care plans were detailed and person centred. Information had clearly been obtained from meeting with the person and their family members. The registered manager described how they had assessed people by meeting them and their relatives to understand the person's support needs. When a person had been referred to them by social services the social care professional's assessment and support plan had been referenced. Relatives confirmed that people were assessed prior to a service being provided. Their comments included, "Yes, [registered manager] manages that well. Spoke with us about the care and they came and assessed [person] and understood the pressures and suggested several options that could work," and "[Registered manager] came and had a long talk with us and recommended the carer."

The registered manager provided a five-day induction programme for new staff that included training and shadowing experienced staff. Care staff comment's included, "Yes training was good. A good atmosphere, they gave us time for breaks so we didn't get tired and asked if we would like a tea or coffee," and "Yes, [Registered manager] keeps a record. My training included, health and safety, medicines - blister packs, moving and handling - with the hoist there are all different types of hoist. Food hygiene such as personal protective equipment." Training had also been provided that included, safeguarding adults, MCA, infection control, dementia care, mental health, nutrition, epilepsy, continence care and diabetes. Staff were observed undertaking practical moving and handling and completed medicines administration tests to ensure they had understood the training provided.

Staff told us the manager was supportive and approachable. They confirmed that they received regular supervision sessions. The registered manager explained that during supervision sessions they looked at staff development, any practice issues, work place issues and feedback from people and relatives. The senior care worker had received training to support them to undertake supervisions as the service took on more care staff.

Relatives confirmed staff informed them about their family member's welfare, for example if the person had not eaten as well as they would like or if they had not slept well. Staff supported some people to prepare their meals and people's care plans detailed what food they liked to eat and if they had specific dietary requirements, such as being vegetarian. People were supported to remain hydrated. Care plans stated what people liked to drink and gave prompts to staff to leave them with sufficient drinks. For example, "Leave a glass of warm milk." Care staff told us how they ensured people remained hydrated. One staff member said, "Because I always make them a cup of tea and always leave a glass of fresh water. When I go there I change the water and through the day prepare a drink, a cup of tea or water. If they don't drink it I propose fruit or something good for thirst." People's daily notes recorded the meals eaten and drinks consumed.

People were supported by staff to remain in good health where possible. For example, one person was supported by staff to undertake their physiotherapy exercises. This was in their care plan. The exercises undertaken in bed were described for staff reference on a leaflet provided by the physiotherapist. Staff described how they offered prompting and encouragement to the person to complete them.

We saw that there was evidence people had been supported to access the appropriate health care services. The senior care worker told us how they contacted both health and social care professionals on behalf of people. They said, "I have spoken to the doctor as the client was getting a temperature. I went through on the phone how the client was and the doctor came to see them," and "I have spoken to social services and asked they refer because of a high risk of falls and I checked with the GP because I'm concerned the person might have dementia."

Good

Is the service caring?

Our findings

The registered manager introduced staff to people and their families prior to providing a service. This ensured they had a chance to meet the care worker before they started working with the person and to see if they would be compatible. Relatives told us they met care staff and decided that they would like to go ahead with the package of care. One relative said, "They brought along a carer I thought was excellent." Relatives told us staff were kind and caring. Their comments included, "The carer is very kind," and "The primary carers are absolutely excellent and the backup carers do the job nicely."

One care staff told us how they built up a good working relationship with people. They said, "I am a chatty person, I'm someone who will speak with them and give them attention. I ask about the past and their family. They are happy and tell their stories…I like people, it's like a connection with you and them." The registered manager told us, "We treat people like they are family members, family text us and know us. We ensure there is enough time and support." People's care plans contained reminders for staff to be friendly and polite. For example, one person's care plan prompted, "Greet me and any immediate family who is available on your visit."

Each care plan contained a reminder for staff about supporting people to communicate their wishes. It stated, "It is important that everyone knows the best way of helping you communicate. Respecting how someone communicates is important for a person's dignity." Care plans informed staff about how people communicated stating if they communicated verbally and what languages they spoke and understood. For example, one person's care plan stated their preferred language and said they communicated verbally. The guidance for staff included, "To slow down" and take time if the person was having difficulty understanding them. Care plans detailed if people used glasses or hearing aids to support them to understand what was being said.

One relative we spoke with told us they had searched for an agency that could provide staff that could converse with their family member in their preferred languages. The provider had ensured all but one staff who worked with the person could converse in languages the person understood. The relative said, "They could provide this service and the one carer who does not speak their language is so experienced they can get through the language barrier."

Care staff described ensuring people had a choice about their care. One care staff told us, "They still have their rights, in our training [registered manager] reminds us, you need to ask what it is they want. Not just follow the care plan, always ask first, what do they prefer today? All the time give choice." People's care plans contained guidance to staff to support people's choices. For example, "Likes to choose what to wear, allow plenty of time."

Staff described maintaining people's privacy. One care staff said, "Privacy is very important to them ...I watch their mood sometimes if they are in a bad mood I'm quiet and give them a bit of time to themselves or if they are on the phone I will go to the kitchen to give privacy." Care staff described maintaining people's dignity during personal care.

The provider had ensured that people and relatives understood their right to confidentiality. They had informed people in the service user guide and obtained their consent to share their personal information with appropriate bodies when necessary.

People's care plans prompted staff to encourage people to do as much for themselves as possible. Care staff told us that they supported people's independence by encouraging them to complete tasks they are able to do for themselves, as this promoted their self-respect.

Good

Is the service responsive?

Our findings

People had person centred care plans that gave a brief history that included, their former profession, where they had lived previously and occasions that were special for them. Their preferred activities were listed so staff could talk with them about things they liked to do. Their support and family network was clearly stated. There was information about their diversity that included their ethnicity, culture and preferred languages. Care plans contained how they preferred to be supported and stated if they preferred a male or female care staff.

Relatives confirmed that people's care was being provided as they wished it to be done. Their comments included, "Yes, care is provided as we want it to be done," and "When I have spoken to [registered manager] about more care they come and assess and provide." Care plans had been reviewed on a regular basis in response to people's changing care needs.

Staff told us that they found the care plan helpful to understand the person and know what was required at each call. One care worker told us, "There is a care plan. The care plan cannot tell you everything but it is helpful so I read the care plan." Care plans detailed how the person wanted their care provided, for example if they liked to shower or bath and stated what support people required and what they could manage for themselves. People's care plans stated how they mobilised and what equipment they used and described for example, that some people required assistance with their walking frame, or used a walking stick and used a shower room.

The provider had a complaints policy and procedure. This was shared with people and their relatives in the service users guide given to people when their service commenced. The procedure was in stages and aimed to address any complaints in a speedy manner. Relatives confirmed they knew how to complain and would feel confident to do so. They thought any concern would be addressed by the registered manager. Relatives comments included, "I think we could complain, I'm sure [registered manager] would address it" and "Actually we are very happy with them and [registered manager] does respond."

The registered manager had a complaints log and monitoring form to have an oversight of any complaints made, however there were none logged at the time of inspection. The registered manager explained there had been no formal complaints and any concerns raised had been dealt with immediately and rectified.

At the time of this inspection the service was not providing end of life care to people. However, the registered manager told us to us that they were preparing staff in terms of training so they would be able to support people if necessary. They explained they would expect to work with people's family, advocate, social services, GP, district nurses and palliative care teams closely to provide holistic care.

Requires Improvement

Is the service well-led?

Our findings

The provider had auditing and monitoring processes in place, however these had not always been robust. Concerns had not always been identified and addressed. We found that staff recruitment was not being undertaken in a manner that ensured staff were safe to work with people. In addition, we identified that the errors in the completion of the medicine administration records (MARs) had not been identified and investigated by the provider. Guidance for staff with regard to medicines administration was not detailed and clear enough to ensure safe practice. The provider's quality assurance systems had not identified these shortfalls so these could be rectified appropriately.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

Notwithstanding the above, the provider had reviewed and checked people's care records and daily recordings to ensure that people were receiving a person centred and responsive service. They had systems in place to monitor staff training and supervision and monitored to ensure safeguarding concerns and complaints were identified. The provider expressed it was their strength as a registered manager that they understood the importance of good systems in business. For example, they had invested in electronic systems to monitor staff attendance at care calls and to support the expansion of the agency. They told us that this would promote the agencies sustainability in the future.

The provider had a clear vision of supporting people to continue to live independently in the community. They demonstrated they were working closely with people and their relatives to deliver a responsive service. They included their philosophy, aims and objectives in the service user guide to share their vision with people using the service. In the guide they promoted people's rights including their right of self-expression, to be an individual, to choose and the right of respect. We asked the registered manager how they promoted people's diversity choices, including people who were lesbian, gay, bisexual or transgender plus. They explained that they promoted everyone's diversity choices this included their staff. They explained they provided training to staff to ensure they upheld people's rights. They said, "Treat everyone the same, including staff. Carers go into everyone's house, I educate them for people to respect their views and respect colleagues."

Relatives comments included, "Yes happy, so far so good!" And "I find the service very good, [registered manager] seems very responsive to any issues I have when I call." The registered manager had a good working relationship with people and their relatives and was described as "responsive," on many occasions by relatives. The registered manager reviewed the care services they offered and asked for feedback. They had undertaken spot checks when they asked if people and their relatives were happy with the service provided. The registered manager had asked people and relatives their views of the service online through "Review us Homecare.co.uk," one relative had scored the service 4.7 out of a rating of 5. They had stated they were "Extremely likely" to recommend Life Care Plus.

The registered manager told us he believed strongly in investing in staff and as such they had developed

training programmes and encouraged one care worker to take on greater responsibilities in their role. Care staff spoke positively about the registered manager. Their comments included, "As a new company they are always doing good," and, "They are very good, they explain and it is very helpful for me." There were good systems of communication in the service. Care staff comments included, "Yes the manager is very good and so are my colleagues. They quickly get back to us or send a text message and then get back to you, they are approachable," and "They say I can always call the office if I'm not comfortable with something. They tell me I have my rights, I can see they are ok and would support me if I had a problem."

Staff communicated using an application (app) on their phone, and handed over information daily and attended monthly staff meetings. One staff member who worked with a person who received 24-hour care gave handovers to the oncoming shift. They said, "We do handovers from daytime carer to the evening one and we see our colleagues then and once a month we have our staff meeting and we can meet up then as well."

The provider worked in partnership with health care professionals on behalf of people and was building links with the local authorities to support the agencies growth.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to people. Regulation17(1)(2)(a)(b)(c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not undertaken all the necessary checks to ensure the safe recruitment of staff Regulation 19(1)(a)(2)(a)