

Lifeline Homecare Limited

Lifeline Homecare Glastonbury Office

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

This inspection was announced and took place on 10, 18 May 2016. We also made telephone calls to people on 23 May 2016.

Lifeline Glastonbury is a home care agency, which provides personal care to people living in Glastonbury, Wells, Shepton Mallett and surrounding area. At the time of our inspection there were 75 people receiving support from the agency.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.¹ People spoke of receiving a safe service. The service identified potential risks to people's health and welfare and took actions to minimise those risks.

One person told us "I can find no faults with the service and trust the carers."

Staff demonstrated an understanding of how to identify and protect people from abuse. They were confident in reporting any concerns and their manager responding positively. The registered manager had acted professionally in responding to concerns about possible abuse.

People received care from a team of between two to six regular care workers dependant on the visits they received. All of the people we spoke with confirmed how they received the same care workers. One person told us, "I always know who is coming and I always know them and they know me that is one of the good things."

People received the care they expected and at the time they expected. This was assured through having a call monitoring system that provided evidence of the length of time care workers stayed in people's homes providing care.

The agency undertook recruitment checks to ensure people were of good character and suitable to work with vulnerable people.

Where people required support or assistance with medicines this was provided in a safe way by trained staff.

People told us they felt care workers knew what to do and were confident in providing support and care. One person said, "They always appear well trained in what they do." Staff reported receiving "Very good training." However some staff said they would benefit from training about specific physical conditions such as multiple sclerosis and strokes.

The agency had involved specialists and community nurses in providing training so care workers could meet people's needs safely and effectively.

People's preferences particularly regarding having a male or only female care workers were respected.

The agency met the required of the Mental Capacity Act 2005 through ensuring people, where able, consented to their care arrangements and people's rights were protected because the correct procedures were followed when they lacked capacity to make decisions.

People were treated with respect and described care workers as "Caring and kind," and "Very courteous and helpful." and "Go above and beyond". A relative said how the service was provided with "Care and compassion."

People had the opportunity to review their care arrangements and make any changes which were needed. One person said, "It is all very good if I need anything different I just have to say." Staff identified where people had particular needs for example related to their health and responded to those needs to ensure they were addressed.

People's needs were assessed before starting to receive a service to ensure the agency could be responsive and effective in meeting needs.

Care plans provided a person-centred approach to supporting people. People's differences and diversity were recognised and care tailored to people's specific needs.

The service promoted a culture whereby people were enabled to voice any concerns informally or through the agency's complaints procedure and be confident they would be heard.

There were arrangements to monitor and audit the quality of the service and make improvements and learn from incidents and concerns to improve practice.

People benefitted from a culture that promoted respect and the need to provide a compassionate and caring service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who had undergone checks to ensure they were suitable to work with vulnerable people.

People received a consistent and reliable service.

People received a safe service and the provider took action to alleviate risks to people's health and welfare.

Is the service effective?

Good ●

The service was effective.

People were supported by skilled, professional and trained staff.

People's choices and preferences were respected.

People were enabled to make decisions and give consent to the care they received.

People benefited from a flexible and reliable service.

Is the service caring?

Good ●

The service was caring

People benefited from positive caring relationships with the care workers who supported them.

People's dignity, confidentiality and privacy were respected

People had the opportunity to review regularly their care arrangements.

Is the service responsive?

Good ●

The service was responsive

People benefited from a responsive and flexible service.

People's care needs were assessed before starting the service to ensure their needs could be met.

People's care plans were person centred and reflected their wishes about the service they needed.

People were able to voice their views about any concerns and received a positive response to those concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

People and staff were supported by an approachable registered manager and management team.

The agency had quality monitoring systems in place to identify any areas for improvement.

People had the opportunity through questionnaires to voice their views about the quality of the service.

Lifeline Homecare Glastonbury Office

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 10 May 2016 with a visit to the service's office and on 18 May 2016 when we visited seven people who received a service. We also made ten telephone calls to people receiving a service. The provider was given 72 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes. An adult social care inspector carried out this inspection.

When visiting people in their homes we looked at people's care plans and visit records. Whilst we were in the office, we spoke with seven members of staff, the registered manager and the provider.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the agency, what the agency does well and improvements they planned to make. We looked at the information in the PIR and other information we held about the service before the inspection visit. At the office, we looked at six care plans, six staff recruitment files, complaints and compliments and quality monitoring records.

Is the service safe?

Our findings

The service was safe.

People told us they felt they received care, which was safe and provided by confident staff. One person told us "I can find no faults with the service and I trust the carers." A relative told us "I trust the carers I have never had cause to be concerned about them visiting and helping my [relative]."

Risk assessments were undertaken as part of the initial assessment and care planning. These identified any potential risks to staff or people in relation to their environment or equipment. Assessments of people's risks included risk of falls, risk to personal security (access to home), nutrition and skin care. One person told us how the service had made a referral to an occupational therapist for equipment to help keep them safe and reduce their risk of having falls. A staff member said how the provision of a key safe had ensured the security and access to a person's home. One care plan identified how the care worker needed to recognise how the person was able to say if their mobility and ability to be transferred using the hoist was possible because of their variable condition. This demonstrated how the service had identified potential risks to people's safety and had taken action to alleviate such risks.

Staff were able to tell us how they would identify possible abuse and the action they would take if they had any concerns. They told us they had undertaken safeguarding training as part of their induction. Training records confirmed this. There was a notice in the agencies office about reporting concerns. One staff member told us they would "Definitely tell the team leader or manager if I had any worries." Staff were aware of how they could also report any concerns about the quality of the service to outside organisations such as social services.

The registered manager had on receiving an allegation of possible abuse reported the allegation to the local safeguarding team. The provider had taken appropriate action following their own investigations into the concerns raised.

People told us the arrangement for the delivering of their care was "Very good." All of the people we spoke with told us how they had regular carers. One person told us "I don't have to keep telling carers what they have to do because they know. Helps make everything consistent and less stressed." Another person said, "I get the same team they know how I like things done." Records showed how people had received regular teams of care workers. This ranged from two care workers to maximum of six dependant on the number of visits the person received.

People were provided with a visits schedule which showed who was visiting for the coming week. The agency operated a call monitoring system. This meant care workers had to book in when they arrived and when they left a person's home. People told us care workers were usually on time with the visits. People told us "If they (care worker) are going to be particularly late they will always call me or the office will." Another person said, "They are very good nearly always on time and stay the time I have requested."

People were cared for by staff who had been subject to checks about their suitability during their recruitment regarding their suitability to work with people who required care and support. Records showed staff were subject to Disclosure and Barring Service (DBS) checks and references were obtained from previous employers. DBS checks show an employer if a potential member of staff has a criminal record and is of good character. This meant risk to people's welfare was minimised.

The agency supported and assisted some people with their medicines. This was confirmed in people's care plan and people gave consent for care staff supporting them with their medicines. It was the agency policy for all medicines to be in a dosage system {dossette or other container filled by the pharmacist}.

A medication-administering chart [MARS] documented when medicines had been administered. Staff told us these were always completed and only staff who had had medicines training were able to administer medicines. Training records confirmed this. MARS records we looked at had all been completed correctly with no gaps in the recording. One person told us "The carers are very good they always make sure I get my medicines." Another person told us they were prompted by care workers to have their medicines.

There were emergency procedures in place for example if the care worker was unable to get access to a person's home or they could not establish their whereabouts. Care workers we spoke with were all aware of their responsibility to report any concerns. One care worker said, "We must not leave before we know what has happened, and the person is safe." Another care worker told us there was always a team leader on call to contact in the event of an emergency. This was confirmed by a team leader who told us it was part of their role to be on call.

Is the service effective?

Our findings

The service was effective.

People were supported by care workers who had received training to equip them with the skills and knowledge to ensure they were competent. This had included moving and handling, infection control, food hygiene and safeguarding vulnerable adults. Records and staff we spoke with confirmed this. One person told us "I feel the carers all know what to do and how to do it which makes me feel better." A care worker told us "The training is very good if we wanted more we can always ask." However, three care workers said they would appreciate more training on specific conditions such as multiple sclerosis [MS] and dementia.

Staff had completed an induction programme on commencement of their employment. This provided basic skills about caring for people in terms of their roles and responsibilities. They also had an opportunity to spend time learning about the agencies policies and procedures before being placed on the rota. Each employee had a handbook that provided this information. Staff completed the care certificate this being a set of minimum standards for social care workers and undertook shadow shifts as part of their induction.

Care workers had received specialist training to meet people's needs effectively. For one person a dietician had provided training to enable care workers to support the person with peg feeding. This is where a feeding tube is inserted directly into the stomach. For another person a training company had been involved in providing specialist training to a group of care workers so they could support the person safely and effectively. Staff also received training from a community nurse. This meant the agency was assured care staff had the necessary skills to meet specialised care needs.

People's preferences and choices about who provided them with care were respected. Two people spoke of requesting a change of care worker and this had happened. One person told us "There was one care worker I did not get on with and I asked to be changed and it was done without any problem." One person told us a male care worker had been arranged because this was their preference.

People told us they liked receiving care from the same individual or group of care workers. One person told us "I like having the same care because they know how I like things." Another person said, "They all know what I like and don't like." A carer told us "It makes all the difference (having regular care workers) I can relax knowing they know [name] and what to do."

Staff told us they received regular one to one supervision. Records confirmed this. Staff told us "It gives us a chance to talk about how we are doing." One care worker said they were rang weekly by the team leader to "Catch up." Staff told us they felt well supported and "If there is a problem we can phone the office and there is always someone there or if not they get back to us quickly."

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and be as least restrictive as possible. The agency was working in line with the MCA 2005.

Staff demonstrated an understanding of the MCA specifically about ensuring people gave consent to care and made decisions about their care where able to do so. Staff understood where people lacked capacity decisions had to be under best interests arrangements. One staff member told us "It is about people making choices for themselves and we have to ask and make sure it is their choice." The agency had policy and procedures in place about ensuring people's rights were protected in line with the MCA.

One person told us how their care worker had identified a health problem and with the person's permission had contacted their GP. Records showed where on the people's behalf care workers had referred people to health professionals such as chiropodist and community nurse. This demonstrated how care workers had been pro-active in identifying potential health needs and taking action to address those needs.

As part of people's assessment nutritional needs were assessed. This identified where people needed support or assistance with help preparing food and with meals. One care plan gave information about a person's specific diet and the food they liked and did not like. One person told us the care worker always "Made sure I have had my breakfast and if not will get me something. They encourage me as I don't always want to eat." Another person said "The care worker always makes me a sandwich for lunchtime that is one of the things they do for me."

Is the service caring?

Our findings

The service was caring.

People told us they found care workers "Caring and kind", "Very courteous and helpful", and "Gentle and kind." People said their privacy and confidentiality was respected. One person told us "They (care workers) never talk about the other people they go to so that makes me feel I can trust them." Another person said, "When they help me with personal things and care I always feel comfortable about it, not embarrassed." A relative complimented the agency on their "Care and compassion."

People spoke warmly of the care workers who supported and provided care: "They go above and beyond what I thought care was all about." and "You can't fault the carers." and "Very kind and very willing carers." This demonstrated the positive relationships established by care workers with people.

Staff had an understanding of the importance of respecting people's rights and dignity. One told us "We are in people's homes and that means we need to respect the fact it is their home." Another said "We are there to make sure they get the help they need but have to remember we leave and people have to do a lot for themselves." One person told us "I have managed to keep a lot of my independence. The carers always ask if there is anything else I need doing which is nice." A relative complimented the agency saying they, "Allowed [name] to keep her independence."

People had a regular opportunity to review their care needs and make any changes to the care they received. One person told us they were visited one week after the care started and again within three months to review their care arrangements. They told us "It is all very good if I need anything different just have to say." All of the people we visited spoke of having had a care review and records confirmed a regular programme of reviews had been completed.

People told us how the care workers knew their routines and how they liked some tasks to be undertaken. One person told us they thought they were quite particular about how they liked their drinks and how the care workers always knew "Exactly how I like it done." Another person told us "They know me well and how I like things. We also have quite a chat sometimes and they seem to know what I am interested in talking about."

Is the service responsive?

Our findings

The service was responsive.

People told us how they had been visited at home or in hospital before they received a service. The registered manager said how they always undertook an assessment of people's care needs before starting the service. The registered manager told us "We would always make sure we have the capacity to meet people's care needs." Care workers told us they always knew the care that was needed before visiting the person and were given a copy of the person's care plan.

Care plans provided information about the care needs of the person for example supporting with mobility, specific personal care tasks and domestic tasks. There was also information about the personal history of the person such as employment, interests and relationships.

Reviews had been held and where needed changes made to people's care arrangements. One person told us how they had changed the days of their visits. They told us "It was not a problem changing they are very flexible." Another person told us how their circumstances had changes and "We talked about what more help I needed and it was all arranged." This demonstrated a flexible and responsive service.

Staff had an understanding of people's differences and respect for diversity. They told us how one person with a disability needed a particular approach in communicating so they would be able to understand what was being said. Another person had a sensory loss and staff told us how they approached the person to ensure they heard what was being said. One care worker told us "People are all different just as we are that can be anything from a disability to sexual orientation." We were told by the registered manager how care arrangements had been adjusted to meet a person's specific religious needs. In another instance, care workers respected a particular wish regarding clothing because of a person's religious beliefs.

People told us they had always received a good response when contacting the office about the service they received. They said how they were able to voice any concerns or issues about the service. People were aware they could make a formal complaint if they wished. A copy of the agencies complaint policy was provided to people when they started to receive the service.

Two people we spoke with had voiced concerns about a care worker who was visiting them and they told us this had been addressed. One person told us "I know I can make a complaint if I wanted but all I need to do is talk to the office and things we be settled." Another person said, "You only have to pick the phone up or talk with the carer if you have a problem." A carer told us "I have always felt confident that if there was a problem it would be dealt with. That makes me feel so much better."

We looked at two complaints that had been made since our previous inspection. One was about the performance and concerns about a care worker. A written report was made and action taken to address the concerns. The second complaint was about unprofessional behaviour of a staff member and the agency took disciplinary action in response to the complaint.

Is the service well-led?

Our findings

The service was well led.

People and staff were positive about the registered manager and the management arrangements. The registered manager was supported by the agency owner who undertook customer care reviews, which provided them with an insight in to the quality of the service. People and staff told us the management were all approachable and available. One person said, "Whenever I have spoken with the manager they have always listened to what I had to say." Another person said, "The managers are all people you can talk to and approach." Staff all commented on how approachable management were from the registered manager through to the team leaders. One said, "If you have a problem there is always someone to talk to." and another "I feel well supported."

The registered manager told us they wanted to provide care that was respectful, provided choice and flexibility and care workers were compassionate and caring. We noted how some of these areas had been discussed at team meetings and staff told us how they recognised this was what the registered manager and owner wanted. Team meetings had also been used as an opportunity to discuss professional areas of practice such as confidentiality and good practice in people having Do Not Resuscitate (DNAR) arrangements.

The agency undertook quality assurance audits and monitoring to identify any areas for improvement. These included looking at incidents and concerns. For one person there had been an incident because of the person's behaviour. The agency had liaised and worked with the person's GP and mental health team so they could respond and work with the person in a more positive way. On another occasion, there had been a missed visit and the agency had taken action to enable the person to raise the alarm if a visit had not taken place. This meant the agency learnt from incidents to improve the service.

Audits had been completed about care records and care planning. These identified where reviews had taken place or were overdue. The last review of ten care plans showed nine had been reviewed and one was overdue. The care record audit had shown gaps in recording and this had been discussed in a team meeting reminding staff not to leave gaps in records.

An annual questionnaire had provided positive feedback from people about the quality of the service. There were positive comments from people and carers about the quality of the service. One commented, "I know my [relative] would not have been able to stay at home without your combined diligence, flexibility and ongoing kindness."

The agency had notified the Care Quality Commission of any significant events such as deaths and safeguarding incidents in line with their legal responsibilities. The registered manager attended the local provider's forum so they could update their knowledge and learn from other providers and be informed about service developments outside of their own agency. They also attended a learning exchange network.