

LSC Nursing & Care Services Ltd

# LSC Nursing & Domiciliary Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 12 October 2016 and was announced. The service provides personal care to people in their own homes. At the time of the inspection, 31 people were using the service.

There was 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.

People were supported by staff who knew how to keep them safe. People's risks had been assessed and minimised through the use of risk assessment and staff had a good knowledge of people and their risks.

People received their medicines safely by competent staff. There were systems in place to check people received their medicines safely. There were sufficient numbers of suitably trained staff to keep people safe, who had been employed using safe recruitment procedures.

People's human rights were protected as they consented to their care and support, or were supported to do so by their representatives. People were supported by staff who understood the principles and application of the Mental Capacity Act.

People received care that met their individual needs and preferences. People told us that staff were kind and caring and that staff supported people in a way that maintained their privacy and dignity and promoted their independence.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

When people became unwell, staff responded and sought the appropriate support, and the provider worked with other health professionals when required to meet people's needs. People received sufficient to eat and drink to maintain a healthy diet.

People and staff were encouraged to give feedback on the service and the provider had a complaints procedure and people knew how to use it.

Staff felt supported by the management team and felt confident their concerns would be taken seriously, and the provider had systems in place to monitor the quality of the service to identify ways to mitigate further risks for people who used the 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's risks had been assessed and monitored effectively to keep people safe. Medicines were managed safely to protect people from the risk of harm.

Staff and the manager understood their responsibilities to protect people from abuse and were able to explain the actions they would take if abuse was suspected.

There were enough staff available and staffing was managed in a way that ensured people received support from staff who knew them well.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were suitably trained and supported to fulfil their role.

The provider followed the principles of the MCA and ensured people consented to or were supported to consent to their care.

People were supported to eat and drink sufficient amounts and received healthcare support when they needed it.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and were encouraged to make choices about their care and treatment.

People's privacy was respected, staff encouraged independence and provided care in a dignified way.

### Is the service responsive?

Good ●

The service was responsive.

We found that people's preferences in the way they liked to be supported had been considered when they started to use the service. Staff knew people well, and the records reflected what staff told us about how people liked to receive their care and support.

People received consistent staff who provided care at a time that they needed it.

The provider had a system in place to handle and respond to complaints, and people knew how to raise an issue if they needed to.

**Is the service well-led?**

**Good** ●

The service was well led

There were systems in place to monitor the quality of service being provided, and people, relatives and staff had confidence in the registered manager and felt they were approachable and responsive.

# LSC Nursing & Domiciliary Care Services Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 12 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications the provider is required to send us by law. This included events that had happened at the service, such as; serious injuries and safeguarding concerns.

We spoke with seven people who used the service, four relatives, four care staff, the registered manager and the provider. We viewed five records about people's care which included their daily care and medicines records. We did this to ensure that they were accurate, clear and comprehensive. We looked at the systems the provider had in place to monitor the quality of service. We did this to ensure there was a continuous drive for improvement.

# Is the service safe?

## Our findings

People who used the service told us they felt safe with the care they received. One person told us they had the same carers to support them and they had built up a good relationship. They said, "It's a comfort knowing who is coming to look after me, it makes me feel safe". Another person told us, "Everything is good, I feel so comfortable and safe with them all, I don't have to worry about anything". This meant people received care and support from staff who understood their needs and knew how to keep them safe.

Staff we spoke with understood the different types of abuse, the signs that someone may be being abused and how to report any issues of concern. One staff member told us, "Safeguarding is about reporting anything you think might be abuse and keeping people safe. We have an on call rota so that even at weekends or in the night we could get hold of someone to report anything to". Staff told us they were confident that if they reported any concerns to the management team that they would be dealt with. We saw where incidents had been reported these had been thoroughly investigated following the providers own policy.

People told us that the registered manager or a nurse visited them prior to them receiving support to assess any risks associated with providing their care and support in their home. One person told us, "I had an assessment done before I started getting support so they could understand what it was I wanted them to do". We saw that this person's care records included risk assessments and moving and handling management plans, and identified that two staff were needed to move the person safely with a hoist. Staff told us they had training to use hoists and records confirmed that two staff attended this call. We saw that other risk assessments were in place for people who were at risk of falls or displayed behaviours that may challenge. For example, staff were able to tell us the specific techniques that they used for one person who sometimes became anxious and these details matched what was recorded in the person's care plan. This meant that people's risk were assessed to ensure that staff provided safe support.

People told us that staff supported them with their medicines and that they got their medicines when they needed them. Staff told us and we saw that they had received training in how to administer medication. We saw that staff recorded when people had their medicines on medication administration records (MAR) and where people needed 'as required' medication there were protocols in place for staff to follow. People told us that the staff usually turned up on time, and if they were going to be late the carers or office staff would call them to let them know. People we spoke with told us that they had never had any missed calls, and staff took their time and found time to chat as well as carrying out their duties. One person said: "The staff are brilliant, they always ring us even if they are only going to be a few minutes late due to traffic, they always do everything you ask and always have time for a chat".

We checked staff files and saw that safety checks had been undertaken prior to the staff member being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that the prospective staff were of good character and suitable to provide support to vulnerable people. The DBS is a national agency that keeps records of criminal convictions. This meant that the provider had followed safe recruitment procedures and checked staff's suitability to deliver personal care.

# Is the service effective?

## Our findings

People and their relatives told us that staff had the suitable knowledge and skills to provide people with the right care and support to meet their needs and promote their wellbeing. One person told us, "I always get what I've asked for done, they [the staff] always know what they're doing, they have to do a lot of training, we talk about it sometimes as I'm interested". A relative told us, "The carers and managers all understand what [relative] needs, they are very good".

Staff told us, and records confirmed they had received training in how to support people safely and spot checks took place to check they were competent. One staff member told us: "You get a really good, thorough induction before you support anybody, and you get to do shadowing of another more experienced carer". And another staff member told us that they had training when any new piece of equipment was to be used for a person. They told us, "You get refresher training every year on the mandatory subjects, and if any new equipment needs to be used. We had training on how to use a slide sheet to help transfer a person as we'd never used it before with that person". This meant staff were trained to enable them to support people effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. We saw where able to people had signed their own care plan and contract agreeing to the service. For some people, it was not always clear in their records if mental capacity assessments had been completed or if relatives had the legal authority to make decisions on the person's behalf. This information wasn't readily available on people's files; however the management team were able to demonstrate compliance via other documentation within the service. Following the inspection the registered manager provided us with a new template that would be added to all care files to evidence where relatives have the legal powers to make decisions on their relatives' behalf.

Staff we spoke with told us they had received training in the MCA and were able to tell us what the MCA meant for people. For example; one member of staff told us how they helped people they support to make decisions. They told us, "I always ask if the person wants me to do something, even if I know that's what they usually need, and I tend to ask a little bit at a time so they understand me better". Another staff member told us they can recognise specific ways that one person shows that they are consenting to something, "I always ask the person if they are happy for me to support them, and I know that when they use certain facial expressions they are ok with me carrying on".

People told us that staff supported them to access food and drink of their choice. One person told us, "The staff will always make sure I have something to eat and always leave me a drink before they go, they're very good like that". Staff had received training in food handling and hygiene. We saw that some people were on

a special diet; and staff were supporting people with 'PEG' feeding. (PEG feeding is supporting people to receive food and fluid through a tube). Staff told us, and records showed that staff had been trained by a nurse to enable them to support these people effectively.

People we spoke with told us that staff supported them with their health needs. One person told us, "The staff can tell when I am not myself and feeling under the weather, and always offer to help me with things". Staff told us that if they did notice that a person was not well, they would contact the office so that it could be documented and followed up if needed. Staff also said if people's health needs had deteriorated they would contact the emergency services if they needed to. This meant that staff supported people to access professionals if needed.



## Is the service caring?

### Our findings

People told us they were happy with the way they were treated and staff were caring and kind when they provided support. One person told us, "I really can't fault them; they are all really nice, kind and polite. I feel like I can really trust them and they'll do anything they can to help me". Another person told us, "They really are a smashing bunch of girls, they work really hard and nothing is ever too much trouble for them. They are all really kind and nice people". A relative told us, "The staff really are caring and respectful". Staff told us how they ensured they provided support to people in a kind and caring way. One staff member said, "I always make sure that the person is happy with what I'm doing, and by having a chat and a laugh and a joke if that's what they like, it can help them relax as it can be difficult for people who need to have personal care".

People we spoke with told us they were able to make choices in their care and staff listened to their wishes. One person told us, "The staff always ask me what I need and what I would like doing". We saw that where people had no one to support them to make a decision that an advocate had been sought for these people to help support them.

People and their relatives told us staff were patient when they provided support, and also felt that staff were respectful and treated them with dignity. One person told us, "They always think about me, and what I want. If one of my regular carers leaves the company they always introduce me to the new staff before sending them out to me to make sure we're a good fit for each other". A relative told us, "All the staff are very respectful; everything they do is all centred around [relative]". A staff member told us how they maintain people's dignity when supporting them, they said, "I always make sure that the person is as covered up as they can be during personal care, and little things like making sure the curtains are closed when the person needs to get undressed so that the person feels comfortable being supported".

Staff told us ways that they are able to communicate effectively with people by using the care plans and by the relationships they had formed with people they supported. One staff member told us, "Even when people can't tell you that they are in pain, or when they want something or are not happy, then you can tell by their faces or gestures they use and the more you get to know them then the easier it gets. When you support somebody new you can use the care plan and risk assessments to guide you, but it is all about how the person is on that day and what they want you to help them with". One member of staff told us how they ensured people received a good quality of care and why this was important to them. They said, "I love my job, being able to support people so they can stay in their own homes is great, I feel we really make a difference".

## Is the service responsive?

### Our findings

People told us that staff knew their needs and how they liked to be supported. One person said, "The staff know me now, but will always ask even though they usually know what I'm going to say". Staff told us they knew people's likes and dislikes. Staff were able to explain the level and type of support people needed, and what people were able to do for themselves. One staff member told us, "I always ask the person what support they want as it may be different depending on the time of day, or just how they feel that day. It tells us in the care plans what things they usually can do, but everyone can be different on a different day". We found that the care plans contained clear, detailed information for staff to follow to help them support people. These included specific instructions for staff to follow for manual handling, personal care tasks and also people's preferences, likes and dislikes.

People we spoke with told us that they had been involved in the planning and review of their care. One person said, "I was involved before my package started and the manager came out to check everything was ok after a while". We saw there were regular reviews of people's care, which were held with the person and their representative where possible. This meant that people were involved in the planning and on-going review of their own care.

People told us that staff usually arrived on time and the same staff provided support. One person told us, "Staff come when they should, but if they're a bit late they will always call me to let me know". And another person told us, "This all works out perfectly, we always seem to get consistent carers and they do usually get to us on time, but if they're running a little late we always get a call and an apology. The only time we get a different carer is when usual ones are on holiday, and that can't be helped but they tell us when it will be someone else".

People told us that they were able to maintain relationships and access the community with the support provided by the service. One person told us, "The staff really help me, they support me and help me go out and to get to my appointments as I don't feel so worried when they are with me". □

We saw that the service was responsive to people's needs and had been able to offer bespoke packages of support to people. For example, we saw that staff supported a person to return home following a hospital admission and had received specialist training to enable them to support this person safely. Staff also supported a person on end of life care to return home instead of having to stay in hospital. This meant that support was being provided in a person centred way that enabled people to remain in their own homes.

People told us that they knew how to complain if they had any concerns about the service provided. One person said, "I've never needed to complain, I've never had any issues to bring up, but I would have no problems doing so as I'm sure it would be taken seriously". Another person told us, "I know how to complain, they told us we could ring up with any issues, and they very often ask us how everything is going". We saw that the provider had a procedure in place to deal with complaints about the service. We viewed the complaints records and saw that the registered manager had investigated complaints and responded to people's concerns in line with the provider's policy.

## Is the service well-led?

### Our findings

People we spoke with told us that they felt that the service was well led. One person told us, "It's an absolutely outstanding service and I recommend them to anyone who needs support. The staff and the management are all very approachable". Another person said, "The manager is very easy to talk to, all the staff are". Staff told us that they felt supported by the registered manager and that they were approachable. One member of staff said, "It's a really nice place to work, the manager is really approachable and friendly, and I feel I could go to her at any time for support".

We saw that a satisfaction questionnaire had been sent to people who used the service for their feedback, and where negative feedback had been received the registered manager had conducted a home visit to discuss the concerns with the person, and also conducted a follow up visit to check that the issue had been resolved. This meant that the provider was actively responding to feedback given.

Staff told us they received supervisions and that they underwent 'spot checks' when they were attending care calls to ensure they were completing their roles competently. One staff member said, "We get supervisions so that we can talk about any problems and discuss our performance, and also go through any training we might need. If we've had a spot check recently then that will be discussed as well, but if anything was wrong at the time of the spot check this is talked about straight away".

Staff we spoke with told us that they had confidence that the registered manager would deal with any issues they may report or discuss with them such as whistle blowing concerns. One staff member said, "I feel very comfortable discussing any issues I might have as I know they would be dealt with".

Quality monitoring and auditing systems were in place that included accident and incidents, medication records and complaints. We saw that any issues reported to the branch were logged onto the electronic system as a concern. For example, if an accident had occurred or if a person had raised an issue about a staff member these were logged as concerns on the person's record. The community support supervisor looked at these when staff were due for a supervision or when an person who used the service was undergoing a care plan review. We also saw that where medication administration record (MAR) audits had taken place, issues identified such as missing signatures had been discussed with staff; however these discussions were not always documented. Staff told us that any errors were discussed with them during supervision.

Following the inspection the registered manager informed us that all MAR sheets would now be audited on a monthly basis. They also told us medication spot checks would now take place so that any issues could be highlighted in a timelier manner and actions taken be recorded. This meant that the provider acted on issues highlighted during inspection to ensure continuous improvement.