

Live Life Well Limited

Red Hill House

Inspection report

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21 December 2018

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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 undertaken on 20 and 21 December 2018 and was announced on both days.

At our last inspection we rated the service good. At this inspection the service remained good.

Red Hill House is a domiciliary care service which provides personal care and daily support for people who live in their own homes within the local community. The agency is based in Saltney near Chester and is close to public transport routes. At the time of this inspection the service was supporting 12 people with their care and support needs.

The service has 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.

Staff recruitment systems continue to be robust and this ensured that only staff suitable to work with vulnerable people were employed. All staff had completed an induction training and undertaken shadow shifts at the start of their employment. Staff at all undertaken training relevant to their role and completed refresher updates as required. There were enough staff employed to meet the needs of the people supported. Staff received support and service updates through formal and informal meetings and bulletins.

People's needs were assessed prior to them receiving support from the service. Information from the assessment was used to create individual care plans and risk assessments to meet people's needs. These documents included clear guidance for staff to follow to ensure people's individual needs were met. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

People told us they receive support from regular staff that knew them well. They described all staff as kind and caring. People told us their dignity was respected and their independence was promoted where possible.

The registered provider had an effective medicines management system in place and staff followed best practice guidelines. Staff had all completed medicines training and had their competency regularly assessed. People told us they received their medicines correctly and on time.

The registered provider had a safeguarding policy and procedure in place that staff fully understood. Staff had all completed adults and children's safeguarding training and felt confident to raise any concerns they had.

People told us that staff supported them with their food and drink needs. They described being offered a

choice at all times. Care plans included clear guidance for staff to follow to meet these needs.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we find. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken training in the MCA. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order (CoP). There were not any people on a CoP order at the time of our inspection.

People and their relatives told us they felt confident to raise any concerns they had. The registered provider had a complaint policy and procedure in place that people knew how to access.

The registered provider had quality monitoring systems in place that highlighted areas for development and improvement at the service. Audits were regularly undertaken and actions were promptly taken to address any areas identified for improvement. Feedback was gained informally through telephone conversations and visits to people's homes.

Policies and procedures were available at the service and these were regularly reviewed and updated. These gave staff clear guidance on all areas of their work role and employment.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Red Hill House

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 20 and 21 December 2018 and was announced on each day.

This inspection was carried out by one adult social care inspector.

Prior to the inspection the provider had completed 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 any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

The Care Quality Commission invited people and staff to complete questionnaires prior to the inspection. We asked people and staff about their experiences using and working for the registered provider. Some of the outcomes are included within the report.

We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our inspection two people and their relatives agreed to meet with us at their homes. We spoke with two support workers and the registered manager. We spoke with two people's relatives by telephone.

We spent time looking at records, including three care plan and risk assessment files, three staff recruitment and training files, medication administration records (MARs), daily records, complaints and other records that related to the management of the service.

Is the service safe?

Our findings

The registered provider had medicines policies and procedures in place that trained competent staff were familiar with and met good practice guidelines. Staff completed medication administration records (MARs). Each MAR held clear descriptions of all the medicines and creams required and included guidance for staff regarding administration. People told us they received their medicines consistently on time. Comments from people and their relatives included, "Staff manage [Names] medicines really well." and "Staff always say if there are any concerns around medicines, such as if stocks are running low." This meant people received their medicines as prescribed.

Risk assessments were in place that considered the environment staff were working within and also risks associated with people's individual needs and health conditions. These documents clearly identified each risk and gave guidance to staff to minimise or mitigate the risk. All risk assessments were up-to-date and regularly reviewed. When changes occurred, we saw documents were updated. This ensured staff were able to provide the correct level of support specific to the individual to promote their safety.

Individual personal emergency evacuation plans (PEEPs) were in place for staff to follow in the event of emergency. These documents included guidance for staff about where to switch off water, electricity and gas along with essential contact details. People's care plan files held contact details of relatives, GP and other health and social care professionals to be contacted in the event of an emergency. Staff told us they had access to a member of the management team through the on-call process at all times that they were working.

Staff completed accident and incident forms as required. These documents included the person's name, address, date and time of event, full details of the event including any injuries, a description of actions taken and the completion of a body map. These documents were reviewed by the registered manager to identify any areas for development or improvement.

Staff had all received adult and children safeguarding training and had regular refresher updates. The registered provider had a policy and procedure in place that staff were familiar with. Staff described the signs and symptoms of abuse they needed to be aware of and the process they would follow to report any concerns they had. Staff told us they felt confident to raise any concerns and understood the reporting process within the service and directly to the local authority.

The registered provider had safe recruitment practices in place and sufficient numbers of staff were available to meet people's needs. People told us they were supported by regular staff that stayed for the required time. This meant the registered provider ensured that only applicants of good character were employed to support the vulnerable people living at the home.

Staff had access to personal protective equipment (PPE). This equipment that included gloves and aprons was used to protect staff and people from the risk of infection being spread during personal care tasks. Staff described the importance of hand washing between tasks to reduce the risk of infection being spread.

Is the service effective?

Our findings

People and their relatives were mostly positive about staff skills and knowledge. Comments included, "They [staff] do everything we need them to do, to a good standard", "I've been very impressed by the amount of support and supervision they have before they lone work" and "The staff are very 'switched on' and understand [Names] needs really well." One relative highlighted a need for a specific area of training to be addressed. We discussed this with the registered manager who offered an assurance the additional training would be immediately sought.

All staff completed an induction at the service and undertook multiple shadow shifts with an experienced member of staff. Staff were assessed by the registered manager and deemed competent before they worked independently. The Care Certificate was completed by staff who had no previous qualifications in care. The Care Certificate is a nationally approved set of standards all care staff should be competent in. Staff had all completed regular training that had included moving and handling, health and safety, fire safety, first aid and food safety. Staff completed refresher updates in accordance with good practice guidelines. Additional training had been undertaken in dementia awareness to ensure staff had appropriate skills and knowledge for their role. This meant people received support from staff that had up-to-date knowledge and skills.

Staff received regular supervision through a formal and informal process. Staff told us they felt well supported by the management team and that there was always someone available for them to contact when they were working. Observations and spot checks of staff were regularly undertaken to highlight areas of good practice and identify areas for development and improvement.

People's care plans included guidance and information about people's individual food and drink needs. People told us they always chose their own meals and that staff always encouraged this. One person required thickener in their drinks, as they were at risk of choking and clear guidance was in place for staff to follow for the preparation of this. This meant people's food and drink needs were met safely by staff had appropriate guidance available for them to follow.

People and their relatives told us that staff were proactive to seek advice from health and social care professionals as required. Details of important contacts were held within people's care plan files. People and their relatives told us "Staff manage [Name's] skin integrity really well and contact the district nurse if they have any concerns", "Staff feedback is second to none, they keep me really well updated at all times" and "Staff contact the GP or district nurse very promptly as and when required."

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 or are helped to do so when required. 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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order (CoP). There were not any people on a CoP

order at the time of our inspection.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff team had all undertaken Mental Capacity Act training and had a basic understanding of this. The registered manager told us they would work alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions.

Is the service caring?

Our findings

People and their relatives spoke highly about the staff that visited their homes. They described staff as kind and caring. Their comments included, "I really like the staff that visit me", "The carers [staff] are excellent", "The girls [staff] have a good sense of humour", "The girls that visit are all lovely" and "All the staff are very good, can't fault them at all." 100% of people and relatives that completed the CQC questionnaire thought the support workers were kind and caring. 100% of people thought they were treated with dignity and respect.

People told us that staff had enough time to complete all the tasks they required. They told us they did not feel rushed and that staff understood their needs well. 100% of people that completed a questionnaire thought they were treated with dignity and respect. People said they were supported by regular staff understood their routines and particular likes and dislikes. Staff demonstrated a good understanding of the people they supported and were knowledgeable about their histories as well as individual needs. Staff told us they had developed positive relationships with people and this helped them to fully meet people's needs. People told us they were very happy and relaxed with the staff that supported them.

People told us their privacy and dignity was respected at all times particularly during personal care tasks. People told us that staff encouraged them to do as much for themselves as possible and allowed them time for this. For example, one person liked to partially wash themselves and staff wash the areas they could no longer reach. They described staff working at their pace and always asking consent before commencing any task. People described always being given choices that included what they would like to wear, if they would like to sit in their comfortable chair in the lounge or the dining room for their meal and what they would like to eat or drink. They told us this was really important as it was their home and staff were visitors.

People's communication needs were considered throughout the care plan documents. This included details about any sensory loss gave staff guidance about how each person's needs could be met. for example, if a person required glasses for reading or to watch television.

Advocacy services were available to people supported by the service. Information would be made available in different formats if it was required. There was nobody accessing the advocacy services at the time of our inspection.

People's records were stored securely on a password protected computer and only accessed by specified staff.

Is the service responsive?

Our findings

People's needs were assessed before they were supported by the service. The registered manager undertook the assessment and spent time with the person and their chosen friends and relatives to fully understand their needs. The information from the assessment formed the details of the care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics. People and their chosen friend and relatives told us they had felt fully included in the creation of their care plans.

People's care plans included clear descriptions of their preferred daily routines as well as goals and targets to be achieved. Examples of these included, to remain living at home independently with some support, to reduce the number of hospital admissions and to maintain my personal hygiene and monitor my skin integrity every day. The information held within the care plans reflected people's individual needs and included information about tasks to be undertaken as well as guidance for staff about the way people would like these tasks to be completed.

Staff ensured that people who had been assessed as needing to wear a falls pendant or falls wrist band had them in place at all times. This was clearly documented within the care plans and tasks to be completed. Some people had key safes in place for staff to access their home's due to them not being able to answer their door. People had consented for staff to have the key code to access their home.

People's care plans and risk assessments were regularly reviewed and updated. Any changes to care plans and risk assessments were promptly shared with staff to ensure continuity of care. People and their relatives confirmed that they were involved in all reviews and updates of the care plans and risk assessments.

Staff completed an electronic record during each visit to a person's home. Information within these records included time that staff had arrived and left, details of tasks undertaken, medicines, personal care, diet and were signed by the staff in attendance. This information was reviewed regularly by office staff to ensure full completion.

The registered provider had a complaints policy and procedure in place that would be made available in accessible formats to include easy read and different languages if required. People and their relatives told us they felt confident to raise any concerns through the office. Relatives comments included "I have never had cause to complain or raise a concern", "Staff always respond very promptly to any messages I leave" and "I haven't ever had cause to complain but would feel confident to raise any concerns I had."

Is the service well-led?

Our findings

People and their relatives were mostly positive about the management team. Their comments included "I have regular contact with the registered manager and feel well supported by them", "The manager or 'on call' staff member always answer any questions or queries promptly" and "We receive a call from the office if staff are running late for any reason." One relative told us they did not know the manager or feel they had been asked for feedback about the service. We discussed this with the registered manager who stated they would make arrangements to visit this relative.

The service had a registered manager who was also the responsible person registered with the Care Quality Commission since the service had opened. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality assurance systems were completed to assess and monitor all areas of the service. The registered manager completed audits of the care plans and risk assessments, infection control, accidents and incidents as well as medicines. Staff receive supervision, training and guidance for areas highlighted development and improvement. When medicines audits highlighted areas of concern, staff members involved undertook refresher training and had their competency reassessed before undertaking medication administration with people.

Staff received regular bulletins from the registered manager that included key information that staff needed to be aware of. These included prompts for staff to leave additional drinks for people during hot weather and to make sure windows were closed prior to leaving people's houses for the night. Staff meetings were held during the year and minutes were recorded. Staff had the opportunity to raise any questions and put forward suggestions.

Staff told us they enjoyed working for the service and they were a great company to work for. 100% of staff that completed a questionnaire told us that the management team were approachable and dealt effectively with any concerns they had. 100% of staff also stated their views were always taken in to account by the registered provider.

The registered provider had an up-to-date policies and procedures in place that gave clear guidance to staff on all areas of their work role and employment.

The registered provider sought feedback from people and their relatives through regular visits to people within their homes. They were in the process of developing a questionnaire for people to complete to have a more formal system in place for the recording of feedback. 100% of people and relatives that completed the CQC questionnaire stated they would recommend the service to others.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

