Live-In Comfort Limited

Live-in Comfort

Inspection report

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Ratings

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

Overall summary

We inspected Live-in Comfort on the 17 December 2015 and this was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that people would be in the office that we needed to speak with. Live-in comfort supports people in their own home, including those with dementia type illness, physical disabilities, sensory impairment and / or medical (including terminal) illness. They provide staff who live with people to provide regular and consistent care and support to people who wish to retain their independence and continue living in their own home. On the day of our inspection there were four people receiving support from Live-in Comfort.

The service 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.

Summary of findings

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care

tasks before they proceeded. However there was no formal specific recording where someone may lack capacity to make day to day decisions regarding their care and support. This is an area that needs improvement.

Staff felt supported to carry out their roles and were in regular contact with the registered manager. Staff had received training relevant to the care and support they provided but some of this was not current and needed to be updated. We identified this as an area that needs improvement.

People were supported to have their nutritional needs met and there was detailed guidance in care records as to how to meet these. People were supported to access support from the appropriate health professionals.

Risks to people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

Staff had a very good understanding of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care. People told us staff were kind and caring. One person said I'm very well looked after".

There were clear lines of accountability. The agency had good leadership and direction from the registered manager. Feedback was sought by the provider. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a

complaint and felt they would have no problem raising any issues. In respect to the registered manager one relative told us they were "On the ball and has been a great help and guide".

Summary of findings

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. However capacity assessments were not recorded in people's care records. This is an area that needs improvement.

Staff had the skills and knowledge to meet people's needs. Staff received an induction. Some training was not current and needed updating. This is an area that needs improvement.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Is the service caring?

Good

The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Summary of findings

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and supportive.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

Live-in Comfort

Detailed findings

Background to this inspection

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

The inspection took place on the 17 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us. The inspection team consisted of two inspectors.

Before the inspection we checked the information that 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. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with one person in their home and two relatives on the telephone, three care staff and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with the care and support provided by Live-In comfort. One person said of staff "Yes I feel very safe in her hands, she's lovely and is always around for me". Relatives told us that they thought their relatives were safe with the care and support provided by Live-in Comfort and one said that they "Had no qualms about [the staff's] ability to care for my wife".

There was a policy for the safeguarding of people and staff we spoke with told us that they had received training on safeguarding procedures. The staff we spoke with was able to explain these to us, as well as describe some of the different types of abuse that people might suffer. Staff were given different scenarios and answered knowledgeably about their course of action should they suspect an incident of abuse. One member of staff told us, "You have to be aware. If people become withdrawn or have a change in behaviour it could be an indicator." Another said "You get to know your client so well that you would quickly notice certain mood changes and being agitated could mean all is not well and I would report it to the office". The registered manager showed us how they accessed the local authority policy via their website. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

Care records had risk assessments in place that identified areas of need for a person where they may be at risk of for example a fall. This was documented and methods used to reduce this risk recorded. For example risk assessments were in place around moving and handling and for someone who needed a hoist this was documented and described. A referral to an occupational therapist had been made to ensure the correct equipment and process for using it was in place. Where someone had fallen their risk assessment was updated.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this were recorded by care staff and then sent to the registered manager for oversight. The provider had a policy that stated should a person have a fall or accident and needed to go to hospital the staff member would accompany them until the person was admitted to a ward.

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People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake. They had received training which supported them to carry out this task. We reviewed some of the MAR sheets and saw that he registered manager checked these on a regular basis. We did not identify any gaps in recording.

People and relatives told us that they knew staff well and care and support was provided by consistently the same staff. The registered manager told us that recruiting the right staff with the right skills was very important to them as staff needed to be able to work and live in people's homes on a day to day basis. The registered manager always ensured there were enough staff to support people and each person had a team of care staff that the person knew well and that staff were familiar with people's needs. Where a person requested a particular carer, this request was respected by the registered manager. The registered manger told us that they liked to provide care and support to a limited amount of people and that this ensured there were always enough staff to provide regular and consistent care and support to people. The registered manager had recruited a stable staff team many of whom had worked for the company for several years.

The recruitment procedures that were in place were robust. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained for each member of staff. This included up to date criminal records checks, three references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

Requires improvement

Is the service effective?

Our findings

People and relatives we spoke with told us that they thought staff were well trained and had the right skills to carry out their roles. One relative said of staff "They absolutely have the right skills to care for my Mum". Staff told us of the induction training they received at the start of their employment. One member of staff told us, "The induction included having our mandatory training before I started working". The manager said that people would shadow for at least 24 hours before working alone, "We would make sure people are confident about their role before they started as a lone worker". The registered manager was aware of the new Skills for Care, Care Certificate. The certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care. The registered manager planned to implement this when recruiting anymore new staff. Staff we spoke said that the manager tells them what training is available and they can agree to sign up. One member of staff said "we get plenty of opportunity to do training, when [the manager] rings every month she tells us what training is due" Another member of staff said she had just completed safeguarding training and said "[the manager] is very supportive when it comes to training". Staff demonstrated that they had a good knowledge around how to provide good quality care and support. When we looked at records we saw that staff had received training in areas such as safeguarding adults, medicine management, infection control and pressure care. They had received some additional training in areas such as supporting people living with dementia. When we saw the training plan we saw that training had taken place but that some of this needed to be updated including First Aid and food hygiene. The registered manager also did not have a system that identified when training needed to be refreshed. We identified this as an area that needs improvement.

Staff said that they received supervision from their manager every month in the form of a telephone conversation using a question and tick box form. Staff told us that they received regular contact in the form of a weekly telephone call from the registered manager and felt supported by them. One staff member said "[The manager] helps a lot, she visits and we talk on the phone". Another staff member said "If I have any issues or anything to discuss I just ring [the manager]". The registered manager told us "I do look after my staff and that's why they stay". The registered manager also carried out quarterly monitoring visits to the person's home to review the persons care but also to see the member of staff.

Staff told us that they had received training in the Mental Capacity Act (MCA). Staff told us they always gained consent from people when providing care and support. One said "I always ask them what they want before helping I always get their agreement before I do anything for them". Staff told us that they always asked people whether they were happy to have their care and how they wanted it to be delivered. One care worker told us, "I am not allowed to do it if I don't get their consent or they are not happy with it". We saw documented that a person did not have capacity and that a relative had lasting power of attorney for making decisions around care and welfare and finance. We did not see any capacity assessments recorded for specific decisions regarding the care that they received. Not recording assessments of capacity when needed means that people's human rights are not being considered and best interest decisions are not being recorded evidencing how the care and support for a person is decided upon. The registered manager agreed that this was an area of practice that needed to be addressed. This remains an area that needs improvement.

People were supported at mealtimes to access food and drink of their choice. People told us they were happy with the support they received regarding their diet and nutrition. One person told us "Nothing is too much bother for her. She is always asking me if I'm ok, if I want a drink or something to eat. At times she brings three or four things out of the cupboard and asks me what I want for dinner". A relative told us how their family members weight had stabilised following needing to lose weight. This had been part of the care plan for this individual and had been supported by staff. This relative told us that their family member was supported to eat "Little and often" and that the staff knew the person's dietary preferences such as the person doesn't like fish. Another relative said that staff always made sure their family member had "Something tasty" to eat. Staff said that they always monitored whether people had eaten and drunk sufficient amounts to maintain their well-being and always encouraged people to eat and drink.

Requires improvement

Is the service effective?

People told us that they chose what they wanted to eat and staff supported them with this. For one person we saw that prior to deterioration in their health condition they had worked alongside the staff member to prepare meals, but now the staff member prepared these for them. People's nutritional needs were recorded alongside monitoring of their weight. People's dietary preferences were recorded. For example, one person who had diabetes, it was clearly recorded alongside guidance regarding what foods to eat. It was recorded that the person should be "Encouraged to make healthy choices, due to their diabetes "Cake should be an occasional treat". Where there may be adverse effects if a certain food was eaten alongside taking a medicine this was also recorded.

People and relatives told us that staff sought support from professionals such as GPs, community nurses and occupational therapists which was recorded in people's care records. For example, a staff member told us that an occupational therapy assessment had been carried out for a person following a hospital admission and a change in their care needs. The appropriate equipment had been provided as a result of this, which ensured the person was supported to move safely. This was detailed in their care records.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and knew them well. One person said "Yes I feel very safe in [the staff member's] hands, [staff member] is lovely and is always around for me, I'm very well looked after, [the staff member] looks after me very well, we get along and have a laugh, [staff member] is really great. Nothing is too much bother for them." Relatives we spoke with also told us that staff were kind and caring. One relative said of staff "They are extraordinarily patient". This relative reported that their family member had told them "I'm well cared for". Another relative told us about the way staff communicated well with their family member who was living with dementia and said of staff "They are kind in their tone".

This relative also told us that staff treated their family member with dignity and respect. They told us staff were "Friendly and respectful". They described how staff implemented this approach in the way they provided care and support day to day. The relative said care tasks were carried out "Very carefully" and that staff "Explain what they're going to do and chat to [family member]." This relative told us that staff treated their family member as "They would their own relative", and that care staff supported their family member to remain part of the family.

Another relative told us that staff provided care and support with "Amazing respect and dignity". They commented that their family member's appearance "Always looked good" and that staff ensured the person had regular appointments with the hair dresser. Staff told us how they made sure people's privacy and dignity was respected. They said they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks.

One staff member told us, "I always let people know what I am doing I try and let them do as much as possible for themselves." Another said "I always make sure the curtains are drawn, doors are closed and keep them covered as much as I can when doing personal care". Staff told us that they involved people in the care and support and always offered choices. One staff member told us, "It is all about choice. I wouldn't want to be told what I was having for my lunch or when I had to have a bath." Another staff member explained how they offered choice to people living with dementia by showing them alternatives, whether it was clothing to wear or meals available to them. One staff member said "I always try and get the client to make a choice, sometimes they might choose some clothing that's not appropriate for the weather, so we have a sit down and talk about it".

Care records reiterated the need to offer people choices during their days regarding what they wanted to wear, eat and activities they wanted to participate in. People were involved in reviews of their care on a regular basis and encouraged to give feedback regarding the care and support they received. The registered manager did this through telephone contact and visits to the person's home.

A relative told us that their family member, when able to, had been encouraged to prepare meals to remain as independent as possible. The staff member confirmed that this had been important to the person and that they had supported them with this.

Good

Is the service responsive?

Our findings

People and relatives told us that the registered manager and staff were very responsive to their needs and that they could contact the registered manager whenever they needed to discuss any concerns. A relative told us "I have regular contact with the carer, if there's any change the carer lets me know immediately". Another relative said that staff "respond and react" to situations in a timely way. Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. For example staff were able to let us know about people's favourite foods, choice of clothes and activities. They were fully aware of the details of the practical care that people required. For example one staff member was able to tell how they supported someone to transfer from bed to chair using a hoist. A relative told us that when this task was being carried out staff completed it carefully and always talked to the person maintaining good eye contact. By maintaining eye contact this showed us that staff were using a method to involve the person in their care.

Detailed assessments were undertaken prior to someone receiving care and support from the agency. These were carried out by the registered manager and then reviewed regularly once the care started. These assessments identified people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people's needs and what support the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required on a day to day basis. Care plans were reviewed regularly by the registered manager and if there was a change of need the care plan was updated immediately. For someone who had recently been in hospital we could see that the care plan had been updated following this to reflect the change in need.

There were two copies of the care plans. An electronic copy in the office and a paper copy in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. The registered manager told us it was a priority for the organisation to promote person centred care "Looking at the client in a holistic way" and that as a staff member "You've got to be able to communicate". The details of people's preferences were recorded, such as the specific foods people liked to eat and their favourites. Other examples included clear guidelines for someone wearing dentures and how these were worn with the polygrip. There were further guidelines around communication, and for someone who wore hearing aids it was noted that although the person needed these, they often chose not to wear them.

People were supported to access activities either inside the home or if possible outside the home. The activities people they liked to do were recorded. For example one person took small walks in their garden and if they became confused or distressed they liked to look at a book of photographs. Another staff member told us how they supported a person with activities that were meaningful to them, like painting the person's nails. They were able to describe the television programs that the person enjoyed and what support they needed to lift their mood. For another person it was recorded having their dog with them was a source of comfort.

In order to ensure that new staff coming on duty were aware of any changes in a person's care or of any tasks that needed to be completed while they were working with the person, a detailed handover sheet was completed containing all the relevant information. This ensured that the staff member was fully up to date and the person received the care and support they needed.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. People were given a copy of the complaints policy along with their contract when they started receiving care and support. There had been no formal complaints but there was evidence that the registered manager had responded to an informal concern raised and resolved it to a relative's satisfaction.

Good

Is the service well-led?

Our findings

People and relatives all said how happy they were with the management and how supportive management was of them and their needs. One relative said of the registered manager they were "On the ball, they've been a great help and guide, she chases things for us". Another relative told us that the registered manager was "Great" and that the "Whole process is managed well; they recruit really good staff, if all firms in the country provided this quality of care it would be great".

Staff told us that they valued the registered manager's expertise found her to be approachable. Due to the nature of live-in care, it is important for people receiving care and staff that they are supported by management on a regular basis. One staff member said the registered manager was "Really good at keeping people safe and secure and making sure everyone is happy." Another staff member said "The manager is approachable. She is very nice. If I ever needed her, I know she would pick up the phone". A further staff member told us they were "Happy" with the registered manager and that they "Help a lot". They told us about their job, stating "I love it". Another staff member said "I feel well supported; I am very comfortable talking to the manager. If I have any problems we can discuss anything with the manager, the door is always open" and "The manager is supportive, she is there for us".

The registered manager told us that they were able to provide a high quality of care as "I know all my clients really well". They said of their care staff "If they've got a problem I ask them to come and have a chat". The registered manger said that they encouraged people to "pick up the phone and speak to me". Staff were able to explain the provider's vision and values. One staff member told us, "It is making sure clients keep their independence in their own home and giving good quality care."

The registered manager had a variety of systems in place to ensure the quality of the care and support provided. These included quarterly monitoring visits carried out at the person's home. Care plans were updated following these visits or reviewed when there was a change. The registered manage also carried out observations of practice to ensure staff were managing their roles. The registered manager collected the MAR charts and daily recording sheets and had oversight of any issues with these. They also held a record of any accidents and incidents and any actions taken. We saw that when people first start receiving a service from the agency the registered manager was in regular contact and visited again after two months. A list of the organisations policies were available to people and relatives that they could request from the registered manager. This was included in the initial contract given to the person.

Questionnaires were sent out to people in order to gather their feedback about the agency. We saw that questionnaires had been completed earlier in the year and that feedback was positive. The registered manager had also gathered feedback from professionals and we saw that a community nurse had complimented staff on their "Professional expertise".

The registered manager, who was also the provider, ensured that they remained up to date by updating their training and attending local forums, for example the West Sussex County Council care forum. They also attended briefings provided by Brighton and Hove City Council. This included a briefing earlier on in the year regarding The Care Act and its implications for the provision of care.