Lucmont Limited

Lucmont Limited t/a Home Instead Senior Care

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

Overall summary

This inspection took place on 18 November 2015 and was announced. This is because we needed to be sure that the registered manager and staff would be available. Lucmont Limited t/a Home Instead Senior Care is a domiciliary care service that is registered to provide personal care to people living in their own homes. At the time of our inspection there were approximately 90 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission (CQC) 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 were recruited through a robust recruitment process. This helped ensure that only those staff deemed suitable to work with people using the service were offered employment. People were cared for by a sufficient number of suitably qualified staff.

Safe medicines administration practice was adhered to. This was by staff who had been trained and had had their competency to do this regularly assessed. Audits and checks of staff's medicines administration helped ensure that the provider's policy for this was consistently applied.

Staff had been trained and were knowledgeable about safeguarding procedures and how people were protected from harm. Staff knew who they could report any concerns to including the registered manager, the local safe guarding authority or the Care Quality Commission.

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. The registered manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the Court of Protection and the provider was complying with the Court Order.

Staff supported people with their care needs in a way that respected their privacy, dignity and independence. Risk assessments were in place for subjects such as people at risk of falls and self medicating. Checks were completed to help ensure that people's homes were a safe place for staff to work in.

People were involved in determining their care needs. This formed part of a formal assessment process to help ensure that people received the care they wanted.

People were supported to access a range of health care professionals including their GP, community nurse or occupational therapist.

People were supported to eat and drink sufficient quantities of the foods and drinks they preferred. People could choose to be as independent as they wanted with their eating and drinking.

Staff received regular support, mentoring and training for their roles. This was through an effective programme of planned supervision and appraisals.

People were provided with information, guidance and support on how to report any concerns, compliments or suggestions for improvement The provider took appropriate action to ensure any complaints were addressed to the complainant's satisfaction.

The registered manager and senior care staff had effective audit and quality assurance processes and procedures in place. Any actions required to improve the overall standard and quality of care were raised at staff meetings and formal supervision.

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?
The service was safe.

Staff had been trained and were competent in administrating people's medicines. Staff were knowledgeable and confident about describing the reporting procedures and how to support people to be as safe as practicable.

People's needs were met by a sufficient number of suitably qualified staff.

The provider's recruitment process was robust. This helped ensure that only suitable staff were offered employment with the service.

Good

Is the service effective?
The service was effective.

People were supported to make and be involved in the decisions about their care. Staff were matched with people who shared similar interests. People's needs were met by experienced staff who had a good understanding of their needs.

People were supported to eat and drink sufficient quantities of the foods they preferred. People were encouraged to eat healthily.

Staff supported people to access health care professionals when required. People, their family members and relatives were kept informed about their health conditions.

Good

Is the service caring?
The service was caring.

People were supported with all their care needs. This was provided with dignity, sincerity and compassion.

Staff encouraged people to make their own choices about things that were important to them and to help them maintain their independence.

People were made to feel they really mattered and were put first and foremost.

Good

Is the service responsive?
The service was responsive.

People and those acting on their behalf contributed to the assessment and planning of their care. People's care plans were individualised and centred on the person.

People were supported to actively follow their hobbies interest and pastimes.

Concerns, compliments and suggestions about people's care were used as a way of recognising what worked well.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager used innovative ways to help people be as involved as possible in developing the service.

The registered manager had developed and fostered an open and honest culture with all their staff.

An effective programme of audits and quality assurance processes were in place. This helped drive continuous improvements in people's quality of care.

Lucmont Limited t/a Home Instead Senior Care

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 18 November 2015 and was announced. This is because we needed to be sure that the registered manager and staff would be available. The inspection was completed by 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.

Before the inspection, the provider 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 improvements they plan to make. We looked at this and information we hold about the service. This included the number and type of notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we visited and spoke with two people in their homes and spoke with 10 people and two relatives by telephone. We also spoke with the registered provider's representative, registered manager, two care supervisors, a care coordinator the provider's in house trainer and two care staff.

We looked at five people's care records, manager's and staff meeting minutes. We looked at medicine administration records and records in relation to the management of the service such as checks regarding people's health and safety. We also looked at staff recruitment, supervision and appraisal process records, training records, compliments, quality assurance and audit records.

Good

Is the service safe?

Our findings

People who used the service told us that they were supported with their care needs at the times they had requested. One person said, "They [care staff] arrive spot on time, stay for the allotted amount of time and do everything I want in this time." Another person said, "I feel safe as the staff are so careful helping me." People told us that the office staff contacted them if any staff were delayed or were to be replaced due to weather or traffic conditions. A third person said, "There are enough staff. I have had staff in the past which have been a bit late but not anymore."

Staff told us that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of the different types of harm and what action they would take to report such incidents and protect people as much as possible from the risk of harm. Staff were aware of the external agencies such as the local authority and the Care Quality Commission that they could also report any concerns to. This showed us that there were processes in place to reduce the risk of abuse.

Staff told us that if ever they had concerns about the standards of care provided they would report these by whistle blowing. One care staff said, "I would definitely have no hesitation at all in reporting anything I was concerned about if I ever needed to. I feel very confident that [name of registered manager] would act appropriately and fully support me."

Risk assessments were in place for subjects including people at risk of falls, their health conditions and medicines' administration. These included limited information about the risks each person presented and what the control measures were. The registered manager showed us the new risk assessment forms they were introducing. These risk assessments were reviewed regularly to ensure people were supported to be as safe as practicable. Other risk assessments included checks that were completed to help ensure that people's homes were a safe place for staff to work in. This was for any cleaning equipment as well as access to the utility supply isolation points.

During our inspection we saw and people we spoke with confirmed that there were sufficient numbers of staff to meet people's care needs. One person said, "They [care staff are very seldom more than 15 minutes late and they [office staff] always ring me." The registered manager said, "We only accept people to be cared for where we are certain that there are staff resources to meet these. Sometimes we have to say 'no', but it is for the right reasons." We saw that the staff recruitment process was about recruiting the right staff and not just about numbers. The registered manager and care staff confirmed that additional staff were being recruited and trained. This was for a planned increase in people being cared for. One person said, "They [care staff] stay for the right time. Sometimes they are here over the time."

Arrangements were in in place for unplanned absences such as staff calling in sick. Care staff told us and the registered manager confirmed that permanent staff covered extra shifts. In addition, office based staff kept their care skills up to date by undertaking care calls and covering absences. The registered manager told us that by only using their own permanent staff that this helped ensure a consistent level of continuity of care. This also helped staff to know people's needs that much better. One person said, "It is always nice when [name of staff arrives. We get on so well and I feel as safe as houses."

Accidents and incidents such as where people had experienced a late or missed call and medicines administration errors were recorded. One person told us, "I have [experienced] some bad falls. So they [care staff] now have to be with me when I bath, dress and go downstairs." We saw that actions had been taken to prevent the potential for any recurrences. This included liaison with the person's GP for alternative medication options as well as issues about medicines administration recording being raised with individual staff.

Staff told us and people confirmed that staff gave people the time they wanted and needed with their care provision. For example, having the time to have a "good conversation" and engage with the person with what they had to say. One care staff said, "I have worked for other care agencies and having a minimum of one hour with people is much better."

Records confirmed that the checks completed before staff commenced their employment were robust and effective. These checks included those for staff's previous

Good

Is the service safe?

employment and at least two written references and Disclosure and Barring Service (DBS) check for any unacceptable offences. One person said, "I feel safe because I get the same staff most of the time." This helped ensure that only staff who were deemed suitable to work with people were offered employment.

People were supported to take their medicines in a safe way. Each person's medicines administration records (MAR) contained the level of support, dosage and timings specified by the prescriber. Records and staff confirmed that they had been trained and assessed as being competent in the safe administration of medicines. Medicines were recorded accurately and were stored appropriately in people's homes. People's MAR included any allergies and who the person wanted to help them take their prescribed medicines. One person said, "They [care staff] remind me to take my medicines, get me a glass of water and make sure I take them."

Good

Is the service effective?

Our findings

People told us that staff were skilled in meeting their care needs. Staff explained people's care needs to us. This showed us that staff understood the things that were important to people. One person said, "It is the small things that make such a difference. [Name of staff] knows me and my likes and dislikes ever so well." Care staff told us and the provider's quality assurance survey confirmed that staff were well matched to the people they cared for. Another person said, "I have nine carers and there is a terrific relationship between them [care staff] and me." The registered manager held a morning meeting with office staff each day. This was to ensure that every person's care needs were up-to-date and being met. This included any changes to people's prescribed medications.

The provider had a comprehensive and effective induction and training programme in place. This was for subjects including dementia care, medicines administration, infection prevention and control, and moving and handling. The training staff received helped enable them to do their job safely and effectively. Another person said, "The staff are well trained, very efficient and they do a good job." The registered manager showed us the electronic system they used to monitor staff's completion and attendance at training events. We saw that this system demonstrated the percentage of staff and their details of when training had been, or was to be, completed. We saw that some staff had also received specialist training to support the people they cared for. This training included catheter care for people with this care need. This showed us that staff were supported to provide effective care and support with regular training.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the Court of Protection and the provider was complying with the Court Order. Care staff told us about the MCA and when the Court of Protection was required to make decisions and rulings about people's care and where this was in their best interests. Staff told us that they always, in the first instance, assumed that people had the capacity to make informed decisions about their care. This showed us that there were processes and procedures in place as well as skilled staff to help determine when people needed support with their decision making.

Staff had received training on the MCA and Deprivation of Liberty Safeguards. Staff members told us about the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. Processes were in place to monitor people's mental capacity as well as staff's knowledge of the person. For example, reminding people to eat and drink and when to take their medicines. The staff trainer told us about the five key principles of the MCA and how people's decisions, even if unwise, were always respected unless a person lacked the mental capacity.

People were supported with their hydration and nutritional needs. One person said, "They [care staff] get me a good breakfast and water when I need it. No problems." People could choose what, where and when they ate. People's care plans included any food preferences and allergy details. This helped staff encourage people to eat a healthy balanced diet as much as practicable whilst respecting people's choices.

Staff informed people or their relatives if they identified a change in the person's health. Staff involved external health care professionals to provide assistance if there were any concerns about people's health. Care records showed external health care input was provided when needed. These included but were not limited to: GP visit, occupational therapist input and visits by a district nurse. People told us that they were also supported by staff to visit or be seen by a dentist or chiropodist. One person said, "They [care staff] have taken samples to my GP." A relative said, "I organise the GP but they [care staff] have phoned the doctor whilst I have been away." Another person said, "They [care staff] take me to the dentist and go to the pharmacy for me." We saw and were told by staff that they adhered to the advice health care professionals had offered. For example, where topical creams needed to be applied.

Good

Is the service caring?

Our findings

The registered manager explained to us how they put people first and foremost. Staff respected people's privacy and dignity. One person said, "They [care staff] look after me well. They have a good sense of humour. Another person said, "The staff are very caring and they treat me as an individual." A third person said, "I was asked if I would recommend [name of provider] and I already have, to my friend."

People we spoke with confirmed that staff always knocked on their door, introduced themselves and gained permission before entering people's homes. One person said, "I have got used to the same staff and they are always very careful covering me up." Care staff described and people we spoke with confirmed various methods they used to help support people with their privacy and dignity. This included enabling people to do the tasks they could do on their own. Other examples included engaging in conversation with people and explaining each aspect of the person's care. Care staff spoke with people in a way that was respectful and compassionate. Another person said, "My [care staff] are persistent, positive, and extremely efficient and they do treat me with respect." A third person told us, "They [care staff] would always ask unless they know my routine."

People had their personal care provided in the room or place of their choice. One person said, "The girls [care staff] make sure I am showered when I want. If I need anything from upstairs they get it for me. They do whatever I ask." Another person said, "It is only the new staff I need to remind where everything is and what my preferences are. They soon learn." Care staff told us that people had a minimum of a one hour care call. This meant that people could do things at their own pace without any pressure to rush. Care staff told that this meant that they noticed the little things or changes in a person much easier and helped them get to know much more about the person. People we spoke with confirmed that this was the case.

People, the registered manager and care staff confirmed that people were involved as much as possible in their care planning. This included visits by staff to the person in hospital as well as families and to the person's home. Regular reviews of people's care also included a telephone call to check if everything was as the person wanted. This gave people as much opportunity as possible to be listened to and their wishes acted upon.

Staff described to us people's care needs and what people really liked to support their independence. One care staff said, "What I like most about my job is the difference I see that I have made and continue to make each day. It is so rewarding." One person said, "They [care staff] are introduced via the existing [care staff] and the existing staff shows the new staff."

The registered manager told us that most people had a spouse, friend, relative or court order for advocacy arrangements. All 10 people we spoke with confirmed that they had not required the use of an advocate but that they knew how to request this. Advocacy is for people who can't always speak up for themselves and provides a voice for them.

Good

Is the service responsive?

Our findings

Prior to people starting to use the service their care and support needs were assessed and evaluated. This included information from the person, their families, health care professionals and local care charities. This information provided guidance to staff on the care the person needed. The provider's representative told us that, "Having a detailed knowledge of the care people wanted or needed allows us to determine the level of care to be provided and if we can provide this safely." They added that they provided care to people where the risks to the person could always be safely managed as well as all care needs being met.

Areas and subjects that were important to people were identified in their care plans. For example, support with their favourite pastimes, hobbies and interests such as playing a musical instrument going to a garden centre and going to the cinema or theatre. This also included people's life histories as well as relatives, and staff's knowledge of the person being cared for. One person said, "They [care staff] take me to my [own language] drama session." A relative told us, "[Family member] was an academic. Sometimes the staff get some old photos out to look at." Another relative said, "They [care staff] read the newspaper to my [family member] and sometimes they watch a video with [family member]." People were supported with their care needs in an individualised manner. Other areas the provider and their staff used to take a key role in the community and help prevent people experiencing social isolation was by arranging visits of a community warden, clergymen and a local charity. This showed us that the service and its staff supported people to reduce the risk of social isolation as well as developing people's independence.

People's views about their care and the way it was provided were sought regularly. This included, during care visits, telephone monitoring and also by an independent quality assurance survey. This helped people to have an individualised care based upon the most up-to-date information. One person said, "They [office based staff] have come round." Another person said, "They [staff] have had three or four meetings with [name of person] which were very helpful." One person said, "If I ever need to alter may care I just need to call the office or speak with my [care staff]." This showed us that the provider and its staff considered the aspects of people's care that were meaningful and important to the person.

Care plans contained a level of information based upon each person's needs and these plans prompted staff, especially new staff, to assist people to maintain their independence. For example, the times and days of the week people preferred their care visit and what the person's favourite pastimes were. This included going to a day centre, shopping or doing a crossword. Staff told us that they found care plans easy to follow and that these could be referred to at any time. One person said, "They [staff] write in my care plan and they tell what they have put in."

Complaints, compliments and suggestions were recorded by the provider, responded to and acted upon where this was required. Compliments were also used to recognise what worked well such as where staff had been particularly well matched with the people they cared for. One person said, "I have rang the office and spoken with [name of provider]. Nothing has ever been too much trouble [for the provider]." Complaint records showed us these were of a general nature. We saw that there was a variety of topics and that any trends would be identified and actions taken. For example, reminding staff to always fully complete medicines administration records. The registered manager told us and evidence we found confirmed, "If any action is required or arises, such as staff being formally reminded of their responsibilities, then this is what happens.

People were supplied with information and provided with support, if necessary, on the ways they could raise concerns, suggestions or compliments. This included other organisations people could contact such as the Local Government Ombudsman or the CQC. One person said, "I see [name of registered manager] when they come to check I am happy with everything so I know who they are and how to contact them." Another person said, "They [management] are very professional [name of staff] and eager to respond to improvement."

One person said, "I am regularly asked if everything is alright by my regular care staff." Another person said, "I have never had to contact the office." A member of staff

Good

Is the service responsive?

said, “Even if it is something I can resolve straight away I always inform the office to make sure that these changes are included in the person’s care plan.” This showed us that staff knew how to respond to people’s requests.

Good

Is the service well-led?

Our findings

Strong links were maintained with the local community and included assisting people to attend a day centre, going to the cinema, local gardens or the hair dressers. The provider told us that as well as using community wardens, the risk of people experiencing social isolation was also reduced by involving people in charity events. We saw that over 550 hats had been made as part of the 'Big Knit' event and money raised from this went to the charity. This benefitted people who used the service by involving them in the community. This also helped the provider maintain links with charitable organisations including Age UK.

The registered manager told us and we saw that staff were rewarded and recognised for their achievements. For example, having their award presented by the person they cared for. People confirmed that staff assisted them with the items and subjects that were of most importance to them. Care staff told us about the values of the service. These included putting people first and foremost. Examples given by people, the provider's representative, registered manager and care staff included community events. These included workshops run by the provider using their own material. This material had been drawn from their City and Guilds accredited training. In addition, these events had been presented by a former community Matron. One person told us, "I used to be in education. This was the best presentation I have seen. I now know so much about Alzheimer's disease and I can now help my friends more to access help and support."

The registered manager told us how people and staff were actively involved in developing the service. This included regular meetings and discussions with people. Other ways quality assurance monitoring was undertaken was by management staff completing spot checks of moving and handling, infection control and audits of medicines administration. This helped identify if staff were adhering to the expected standards of care. Any trends or information gained from people's care records were identified and action plans put in pace to prevent the potential for any recurrence. For example, reminding staff to always enter the correct times they arrived at and left people's homes. The most recent quality assurance survey had identified that communications to people and within the provider's head office required improvement. This had already been acted upon and further improvements were in progress.

We asked people what they considered that the provider did well. One person said, "They [management] are polite, prompt, courteous and on the ball." People repeatedly commented favourably or mentioned several staff by name for the excellent way they were cared for by them. A third person told us, "[Name of provider's representative] cares about the individual." This helped confirm that the registered manager and provider's representative considered and acted upon what people told them. Examples of this were improvements to the way people were supported before and after their discharge from hospital including any training staff required in the use of any new equipment.

The provider had processes in place to monitor the effectiveness of any actions taken as well as people's care plans. This included a change of care staff if a person had requested this and also after people's first care visit people were contacted to seek assurance that the plans in place were what the person wanted or had expected. Another person said, "They [care staff] are punctual apart from having traffic problems. They phone the office and they [office based staff] ring me." Other processes to manage the quality of people's care included an electronic call monitoring system. This monitored the times staff arrived and left people's homes and alerted managers if there was more than a 15 minute delay. Measures such as the time or way medicines had to be administered were then implemented.

Staff were supported with supervisions, appraisals and on the job mentoring. Regular staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. One care staff said, "The meetings are a great opportunity to voice our opinions, make suggestions and learn from other staff." Staff, included those who worked in areas away from the branch, were kept informed about developments within the branch such as future plans for the provider's fund raising charity. If there was a situation needing urgent attention staff told us that they didn't have to wait. For example, If they felt that the length of someone's care visit needed reviewing. One person confirmed that they had received a fast response from management after requesting extra time for their care.

All of the staff commented very favourably about the support the registered manager provided. One member of staff said, "They are as good at bouncing ideas off me as I am off them." Another said, "If I ever need support [name of

Good

Is the service well-led?

registered manager] is always available. Their door is literally always open." The provider's representative supported the registered manager to be as effective as possible. They said, "[Name of registered manager] has been a great asset to the branch. They brought many new ideas and implemented them as well." We saw that staff meetings were used as an opportunity to involve staff in making a difference to the service they provided. Examples included where staff had been reminded to ensure they accurately recorded the length of their care calls and to return completed MAR sheets promptly. This helped ensure people and the care they received was as individualised as it could be.

We also found that the registered manager had worked and liaised with their in house trainer. This was to help ensure that new training requirements, including the Care Certificate [A nationally recognised standard for staff training], and other health care diploma level qualifications were made available. This helped in delivering a consistent standard of care provision.

The 2015 audit and quality assurance survey records viewed showed how actions taken had been taken and improved the overall score, since the 2014 survey. People could also add individual comments. This enabled the provider to tailor their response to all people using the service and not just those who responded. This allowed the provider to compare their branch with others offering a similar service. The majority of people's comments described their care as being very good or excellent.

Staff told us that they were aware of whistle-blowing procedures and would have no hesitation in reporting their concerns. This was if ever they identified or suspected poor care standards. They said that the registered manager was always supportive of staff if ever a concern was identified.

The registered manager confirmed that they had signed up to alerts and guidance from national organisations. These included those organisations that helped domiciliary care providers promote high standards of care as well as those that set guidelines for the minimum length of home visits. We found that the provider exceed this time by at least 30 minutes. We found that this had enabled the provider to focus on what people could, or would like, to do. Guidance from these organisations was passed on to staff immediately by phone, e-mail or text message

Staff had been established in roles such as a being a champion for Alzheimer's and dementia care. This helped mentor those staff in developing a similar level of knowledge and skills in caring for people living with these diseases.

The registered manager had notified the Care Quality Commission (CQC) of incidents and events they are required to tell us about. We also found that any actions required as a result of these had been completed promptly. For example, to ensure people were safely supported with their medications.