LJM Homecare Ltd

LJM - Homecare Lincoln

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced inspection of the service on 22 August 2018 and 3 September 2018. LJM Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

This was the first comprehensive inspection for this location.

A process for quality checking was in place but this had not identified some of the issues we found at inspection. There were enough staff on duty, however there were occasions when staff did not have sufficient time between calls to ensure they arrived at people's homes on time. People told us that they received person-centred care according to their wishes.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their independence was respected. Medicines were managed safely. There were sufficient staff to safely meet people's needs. However, support was not consistently provided at the times people expected. Background checks had been completed before new staff had been appointed.

Arrangements to prevent and control infection were in place. Action had been taken when things had gone wrong to prevent the risk of them reoccurring.

Staff had been supported to deliver care in line with current best practice guidance. However, records were not consistently clear about people's ability to consent to care.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were helped to eat and drink enough to maintain a balanced diet. People were supported to access healthcare services so that they received on-going healthcare support.

People were treated with kindness, respect and compassion. They had also been supported to express their views and be actively involved in making decisions about their care. In addition, confidential information

was kept private.

Information was provided to people in an accessible manner. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to improve the quality of care. Arrangements had been made to support people at the end of their life.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were sufficient skilled staff to provide safe care to people. However, people did not consistently receive visits at the right time.

Arrangements were in place to keep people safe.

Medicines were administered and managed safely.

Arrangements were in place to safeguard people against the risk of infection.

Is the service effective?

Requires Improvement

The service was not consistently effective

Records did not consistently record people's consent.

Staff received effective training and support. Arrangements were in place to provide support and supervision for staff.

Peoples nutritional needs were met. People were supported to access a range of healthcare services.

Is the service caring?

Good

The service was caring

People were treated with kindness and respect.

People received care according to their choices and preferences.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive

Care was personalised and people were involved in developing their care plans.

A complaints policy was in place and people told us they knew how to complain. Where issues had been raised they had been resolved.

Arrangements were in place to support people at the end of life.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Regular checks were carried out on the quality of the service provided to people. However the checks had failed to identify the concerns we identified at this inspection regarding call times.

Staff were supported in their roles and felt able to raise issues and concerns.

A registered manager was in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people.

The provider had notified us of accidents and incidents.

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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 was a comprehensive inspection.

This was the first comprehensive inspection of this location. At this inspection we found the domain was rated as 'requires improvement'.

This inspection took place on 23 August and 3 September 2018 and was announced. We gave the service 48 hours' notice of the first inspection visit because the location provides a domiciliary care service and we needed to be sure the relevant people would be available.

The inspection was carried out by an inspector. An expert by experience carried out telephone calls to people and their relatives who used the service during our inspection. 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 we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with two members of care staff, the provider, the registered manager and two service managers. We spoke with 11 people who used the service and three relatives by telephone. We looked at the care records for 11 people who used the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

Arrangements for staffing did not ensure that people received care at the right time. The registered manager told us that they had put in place arrangements to ensure there were sufficient staff to support people. However, seven of the people we spoke with raised concerns about the times of calls. We also received two concerns about the times of calls following our inspection. One person said, "They don't always come on time, sometimes they are very late. Yesterday (Wednesday 22 Aug) they were ¾ of an hour late in the morning, I rang them. I was told they were held up by traffic. They are late quite often." Another person said, "Occasionally I wonder where they are, they have been an hour late. They have arrived at 8:15am instead of 7am." Two relatives also told us the calls were late. One relative told us, "It can be any time as late as 10:30am (instead of 9:00am)." They said they had raised this with the office on more than one occasion. They told us the impact was that his family member had to wait for care." We spoke with the registered manager about this who told us there were a number of factors which could affect call times, including traffic and location but assured us they would look at this in more detail.

Staff we spoke with told us that sometimes they thought there was insufficient time between calls but this depended on the area they were working in and people's circumstances on the day. However, they told us they would always ensure people's needs were met before leaving a call but this sometimes meant they were late for their other calls.

We examined records of the background checks that the registered persons had completed when appointing two new members of care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

People told us that they felt safe. A person said, "'They make sure I'm safe getting in and out of the shower." A relative told us, they thought their family member was safe they said, "I am happy to leave [family member] with them."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that they knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to support people when being supported to move. In addition, the provider was in the process of putting in place more specialist risk

assessments for example, a risk assessment for people who required support with nutrition.

Staff were supported to promote positive outcomes for people if they became distressed. Guidance was available in people's care plans so that they supported them in the least restrictive way.

We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines. A person told us, that staff always explained what tablets they were before assisting them. We saw staff received training and regular updates to ensure they were competent to manage and administer medicines.

Suitable measures were in place to prevent and control infection. Staff we spoke with understood how to prevent cross infection and had received training about how to prevent the spread of infection. They told us they had access to protective clothing and knew when to use it.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again.

Requires Improvement

Is the service effective?

Our findings

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 law requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that arrangements to obtain consent to care and treatment in line with legislation and guidance had not been consistently applied. It was not consistently clear if people had been involved in consenting to their care or whether people had capacity to make decisions. For example, in one record we found consent to treatment had been signed by a relative although records indicated the person had capacity to consent to their care and the relative did not have the legal arrangements to make the decision. Records showed that when people lacked mental capacity the registered manager had put in place decisions in people's best interests. Following the inspection, the provider informed us they had put in place a process to ensure consent was recorded in line with national guidance.

Most people we spoke with told us they thought that the staff knew what they were doing and had their best interests at heart. A relative told us, "They're good. I feel perfectly confident they know what they are doing. [My family member] is very comfortable with them helping them." Another said, "They seem to be able to do the things without prompting. I'm sure they've been trained properly. However, three people we spoke with did express concern about new staff and how much experience they had had before coming to care for them. A relative told us, "It bothers me when a new person comes, the first time they are here I have to explain everything." Another said, "Once or twice when we've had a new one, on their first time, they don't know what they are doing. However, most of them come with experience and training."

We checked with the provider and found that training was provided in a variety of formats to staff. The registered manager told us they had moved to more face to face training because staff had expressed concerns about online training. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs, arrangements were in place to provide relevant training to staff. For example, some staff had completed training around end of life care.

Arrangements were in place for staff to receive both supervision and appraisals. These are important to ensure staff have the appropriate skills and support to provide safe care to people. Staff told us they could speak with the registered manager at any time if they needed to. Observations of care were also carried out by managers to ensure staff were competent in providing care.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance people required and support was provided accordingly. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

Where people required supporting equipment we saw this was in place and arrangements in place to ensure regular checks were carried out on these. However, we observed some records were not fully completed which meant there was a risk equipment would be used that had not been maintained. We spoke with the registered manager about this who said they would address the issue.

People were supported to eat and drink enough to maintain a balanced diet. A person told us, "I tell them [staff] what I'd like. They take things out of the cupboard or fridge, then I can see what there is and choose. They're very good, I haven't had any issues about this."

People were supported to live healthier lives by receiving on-going healthcare support. Staff we spoke with could tell us how they linked with other health services to ensure people had access to health checks, for example dentists and GPs. One member of staff told us how they worked with the district nurses to ensure a person received support with a pressure sore.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care they received. A person said, "If I haven't been able to make the bed, they automatically help me with it." Another person told us, "They're very kind, they always ask if there is anything else I'd like them to do. And they make me a cup of tea if I want one." A relative said, "They chat to [my family member], they're very gentle and kind."

People were treated with kindness and were given emotional support when needed. For example, at Christmas the provider ensured that people who were alone were provided with a Christmas meal on Christmas day. One person said, "They talk to me and they do my flowers." Another person told us, "They're friendly. I like having them around." A relative said, "We look forward to them [staff] coming."

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. Information was available to staff about what things upset people and how to support them in the event of this. People told us staff were considerate. They said they always asked if there was anything else they could do before leaving. Staff told us they didn't mind doing 'extra bits' for people if they had time.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, a person's care record stated, "I would like the carers to knock and wait, say hello and enter through the side door." Another stated, "I require my care worker to give me a choice of clothes unless they have already been chosen by my husband." A person told us, "They are doing what I have asked them to, I'm happy with that." Another told us, "They don't do anything without me saying, they always ask me first." They said that when staff gave them their tablets, they always reminded the person what they were for. In addition, care records explained how to communicate with people. For example, a record explained how staff needed to speak slowly and wait for a person to respond to ensure they understood.

Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the service had developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. The registered manager told us they were keen to promote and maintain people's independence. A person told us, "They encourage me to do as much as I can, it's very little. I help open the cereal box with their help, things like that." We also saw in a review document a person stated their mobility had improved since receiving care.

We found that suitable arrangements had been made to ensure that private information was kept

confidential. For example, written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

We found that people received personalised care that was responsive to their needs. People were provided with individualised packages of care where support hours were provided according to the person's needs. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Care records included information about people's past life and what was important to them such as people and places. Most people told us they had been involved in developing their care plan however they were less sure about how care plans were reviewed. A person told us, "I was very involved, an office manager came here and we went through everything I needed." They told us if they needed anything changing they would ring the office and speak to the manager. Another person said, "They came round and we went through what I needed of them." They continued, "I would let them know if anything needs changing. I'm sure they would accommodate."

Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. However, we found two care records had not consistently been updated. For example, details about a person who experienced diabetes had not been detailed in the care record in all the relevant areas. The care record reflected their needs in the initial assessment but did not include details about diabetes in the section about nutrition. There was a risk the person could receive inappropriate care. However, we spoke with the registered manager who told us the person was not currently receiving support with their meals. Another person's needs meant they now required two carers to provide support however this had not been entered into a risk assessment plan. The provider told us they were in the process of reviewing the format for care records.

It is recommended the provider reviews their processes for reviewing and updating care records to ensure information is consistent throughout care records.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Care records included guidelines on how people liked to be communicated with in line with the Accessible Information Standard. Care plans and other documents were written in a user-friendly way so that information was presented to people in an accessible manner. This supported people to be involved in the process of recording and reviewing the care they received.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. The registered manager recognised the importance of appropriately supporting people if they were gay, lesbian, bisexual or transgender. Where people preferred a specific gender of staff to support them this was recorded and the provider told us they could provide this.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when complaints had been received these had been resolved to the satisfaction of the complainant. For example, a person had

expressed a preference about a carer and we observed the provider had acted to ensure the person received care from the care staff they preferred. When we spoke with people they told us they knew how to raise concerns. A relative told us, they had raised a concern about a member of staff and this had been dealt with promptly.

Care plans detailed people's preferences at their end of life. The provider had identified a team of staff who wished to work with people at the end of their life. In addition training had been provided to staff about end of life care. They had also linked with a local undertaker to ensure staff understood the process for making funeral arrangements. Weekly meetings had been put in place to ensure staff were aware of people's changing needs and were able to respond effectively.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of care people received. However the checks had failed to identify some of the issues we found at inspection. For example, the provider had failed to identify the inconsistency of call times. Although audits on care records had ben completed these had not identified the issues around consent and inconsistencies. Records showed that the registered persons had regularly checked to make sure that people benefited from having all the care and facilities they needed. Telephone monitoring and observational checks were carried out on a regular basis. These checks included making sure that care was being consistently provided in the right way, and staff had the knowledge and skills they needed. In addition, regular checks had taken place to ensure the service met regulations.

People and their relatives told us that they considered the service to be well run. There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that the provider had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. Regular meetings were held with staff to ensure they were kept up to date with changes to the service.

Staff and people who used the service told us they thought the people in the office were approachable and listened to them. However, some people we spoke with said staff at the office did not consistently let them know when staff were going to be late which meant they were left wondering if the staff were going to turn up or not. Staff received support from the provider when this was appropriate. For example, arrangements were in place to ensure staff could contact a senior member of staff at all times. This was particularly important for staff who were lone working.

Staff were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the registered persons had made several arrangements that were designed to enable the service to learn and innovate. The provider told us they wanted to provide quality care treating people as individuals. For example, they met regularly with other professionals. Staff had been invited to attend regular team meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that staff were suitably supported to care for people in the right way.

We found that the service worked in partnership with other agencies. For example, the provider had worked with a local hospice to ensure the palliative care they provided met people's needs and was provided in a timely manner. The provider told us they had previously put a package of care in place within a day to facilitate a person's wish to be at home with their family.

The provider also had arrangements in place to work with several voluntary organisations to provide a diverse range of support services to people. In addition the provider joined with voluntary organisations to

assist in raising funds for them. For example, some staff had participated in a local run to raise funds for a partner organisation.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.