

Live Life Well Limited

Red Hill House

Inspection report

Hope Street
Saltney
Chester
Cheshire
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Tel: 01244689322

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Ratings

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

Summary of findings

Overall summary

This was an announced inspection, carried out on 18 December 2015.

Red Hill House is a domiciliary care service which provides personal care and daily support for people who live in their own homes within the local community. Support in everyday activities such as shopping can be provided, which helps people to live as independently as possible. The agency is based in Saltney near Chester and is close to public transport routes. At the time of this inspection the service was supporting 17 people with their care and support needs.

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

People were safe and staff understood what is meant by abuse and they were aware of the different types of abuse. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Staff told us they would not hesitate to raise concerns and they felt confident that they would be dealt with appropriately.

People supported told us "I feel confident with the staff who look after me, it's a great service and I know they would always make sure I am kept safe". Relatives told us "I know [my relative] is in good hands, I can rest knowing that the staff know them well". Accidents and incidents were reviewed and analysed on a monthly basis to ensure that the service looked at what improvements could be made to ensure people were kept healthy and safe.

People were happy with the care that they had received and told us staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to maintain their independence. Relatives and visitors told us that they had no concerns about the care that people have been given.

The registered manager had a good knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibility linked to this. Staff had received training in the Mental Capacity Act 2005 and were able to show an understanding of the key principles when asked. People told us and records confirmed that staff always sought people's consent prior to any care being delivered.

People's needs were assessed and planned for and staff had information about how to meet people's needs. People's wishes and preferences were reflected in their support plans. Support plans and risk assessments we reviewed were personalised and completed in full and reviews always promoted the involvement of the person or other important people such as family members. Staff worked well with external health and social care professionals to make sure people received the care and support they

needed. People were referred onto the appropriate service when concerns about their health or wellbeing were noted.

Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs.

Staff received support through supervision, regular observations and team meetings which enabled them to discuss any matters, such as their work, training needs or areas of development. There was a bespoke programme of training which was relevant to the work staff carried out and the needs of the people who used the service.

The service was being well managed by a person described as amenable, approachable and supportive. Robust systems were in place to check on the quality of the service. Records we saw were regularly completed in line with the registered provider's own timescales.

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

Staff had attended safeguarding training and had a good understanding of abuse and how to protect people.

Robust recruitment procedures were in place.

Risks to people's health and safety had been assessed and were well managed by the service.

Is the service effective?

Good ●

The service was effective

People were cared for by staff who were well trained and supported with their personal development.

People were always consulted and consent sought prior to care being delivered.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring

People were always treated with dignity and respect.

Staff promoted independence at all times. People were supported and encouraged to make their own choices and decisions and staff understood the importance of this.

The service considered people's wishes and beliefs. Support in areas such as end of life care and the right to vote were maintained.

Is the service responsive?

Good ●

The service was responsive

The assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

Regular satisfaction surveys were undertaken by the registered provider to ensure that people's views were heard and used to develop the service provided.

There was a clear complaints procedure and people were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led

The provider had effective quality assurance systems in place to monitor the service provided which were always completed in line with the providers timescales.

Policies and procedures were reflective of the values of the service. Records provided staff with clear guidance and support in their roles.

The service had a manager who was registered. Staff had confidence in the manager and shared their passion for caring for people.

Red Hill House

Detailed findings

Background to this inspection

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

The inspection took place on the 18 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people who live in the community and are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information that the provider had given us. We looked at information provided by the local authority and safeguarding teams. No concerns were raised with the service. We also looked at information we hold about the service including previous notifications, any complaints or safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with two people who received a service from the provider and three relatives. We interviewed three staff, and the registered manager. We also looked at three care plans, medication records, three staff files, training information and some policies and procedures in relation to the running of the service.

Is the service safe?

Our findings

People told us they felt safe and were very happy with the service they received. One person commented "Staff always ensure I know what they are going to do, this makes me feel safe when they support me". Family members raised no concerns with staff support and commented "Staff are very caring and they will always look out for [my relatives] safety and well-being".

Staff spoke confidently about their role and responsibilities in ensuring that people were kept safe from harm. Records we viewed showed that staff had completed safeguarding adults training. Through discussions it was clear that the registered manager and staff knew what abuse meant, they described the different types of abuse and how they would report concerns they had about people's safety. The registered manager had a good awareness of the local authority safeguarding procedures and records showed that they worked in partnership to address any concerns raised.

Staff were familiar with the registered providers whistle blowing policy and information about the process to follow was clearly described within the staff handbook. Staff informed us that they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with thoroughly and in confidence.

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment records for three staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form which required the applicant to provide details of their skills, experience and previous employment. References obtained from applicants previous employer and a Disclosure and Barring Service (DBS) check were obtained prior to applicants starting work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

Staffing rotas showed that each day and night there was a team of care assistants led by senior care assistants. In addition to this the registered manager and assistant manager were on duty and available for people to contact. Through discussions it was clear that some staff who worked for the registered provider had been there for a number of years. This ensured the familiarity and consistency of staff for people they supported. The registered manager discussed the support needs of one person who would become quite distressed if they did not know who was coming to support them. The registered manager informed us that the same small group of staff would rotate support to ensure familiarity for the person. In the event of a change of staff being required a communication system had been implemented to ensure that the person had at least 24 hours' notice to changes to support them to cope with the change. This showed that the registered manager considered how to ensure that people felt safe when they received their care and support.

There were enough staff available to meet people's needs. Observations showed that staff were always available and care and support was provided in a timely manner. Relatives told us, "Staff are very good with

their timings, if there is a delay they give us a quick call, but it is not very often that this happens".

Staff received training in the management of medication, and support plans clearly showed that staff only prompted people or reminded people to take their medication when visiting their home. Staff were able to describe how they would encourage a person to take their medication and what actions they would take if the person refused. People's medical history and any allergies were clearly recorded in support plans. The service was responsible for ensuring that new Medication Administration Sheets (MARS) were put in place each month for people to follow. Staff had access to policies and procedures in relation to the management of medication.

Risks to people's health and safety were well managed. There were risk assessments and management plans to help keep people safe, for example for their mobility, skincare, nutrition and falls. Staff had a good knowledge of people's identified risks and described how they would manage them. Regular reviews were undertaken by the registered manager with people or their families or representatives to discuss and highlight any changes to their care and support needs. People told us "I can speak to the staff or the manager about anything else that I need, they are very quick to respond".

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Is the service effective?

Our findings

People received care and support from staff who had the skills and knowledge to meet their needs. People and their representatives were positive about the staff who supported them. One person informed us "Staff always ask me what I want to do, they are respectful of my independence and how it is important to me"; another person told us "I really like [staff] as they anticipate what support I might need".

Training records we saw showed that staff were provided with the knowledge and skills needed to give people good care. Training completed by staff included person centred support, communication, Dementia awareness and dignity and respect. Records and discussions with staff confirmed that the registered provider supported their professional development by accessing National Vocational Qualification (NVQ) training. The registered manager informed us that a local training company was used to provide all staff training, policies and documents such as the staff handbook bespoke to the registered provider were used as part of the process. This meant that staff induction and training was centred around the organisations values that people should 'live life well'. Records confirmed that staff had received training in health and safety, moving and handling and fire safety. Regular updates were accessed in line with the registered providers policy and procedures.

Staff had individual training plans in place which were discussed as part of their supervision. One staff member told us "Supervisions are regular and we also have regular team meetings so we can discuss any changed to support needs for people or changes to our practise". We saw minutes of staff meetings and also a staff newsletter which had been introduced to recognise staff contributions and share helpful hints and tips on areas such as diabetes, medication and mouth care.

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.

Policies and procedures in place offered guidance to staff in relation to obtaining people's consent to the care they received. Support plans demonstrated that people had been consulted with about their care and relevant signatures were in place. The registered manager and staff had a good awareness of what actions would need to be taken if someone lacked capacity to make decisions for themselves. Daily records showed how staff had considered and discussed people's consent prior to delivering care and support. Comments recorded included "[name] was asked for their consent prior to being transferred from their bed to the chair". This showed that people's ability to make their own decisions had been considered.

Records showed that health professionals were regularly involved with people who had particular health concerns. Staff quickly and effectively assessed information and in consultation or at the request of people supported they made the relevant referrals to external health services for guidance and support. Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or wellbeing. Dates and the purpose of people's visits with health professionals were recorded in detail in support plans. Relatives told us "Nothing is too much for staff. If there is a change in health needs

then they will call the GP and then we are contacted straight away and updated".

People told us that where needed the staff ensured that people received something to eat and drink during their visit. One relative told us "I asked the staff to make sure they asked [my relative] if they want a drink or if there is anything they would like to eat. They are quite shy at times and will not always ask for something. They always do this". This demonstrated that people were offered sufficient food and drinks to meet their needs.

Is the service caring?

Our findings

People told us that staff treated them with respect and dignity at all times. Comments included "They help me to get sorted every day, they are great" and "They only do what I need them to do, the balance between them helping and my independence is always respected". Relatives told us, "The service is brilliant, it's the highlight of [my relatives] day when they come to see her. They are like friends of the family". It was clear from feedback that positive and caring relationships had been developed.

People were actively involved and encouraged to make decisions about their care and support. People said they were able to make choices about how they were supported and times of visits were planned to best suit their needs. There was good information available about people's likes, dislikes and preferences in regard to all areas of their care. Staff had a good knowledge of people and relatives told us that they knew what interested people to help engage in conversation which created opportunity for social interactions. Relatives told us that they were regularly kept informed about changes to their 'loved ones' care and support.

People were treated with dignity and respect; for example, we were informed that when being supported, staff spoke with people in a calm, respectful manner. People were given the time they needed to carry out any tasks and did not feel rushed. Relatives told us that staff were respectful and polite in their approach when supporting people. One relative said, "The staff are respectful of the fact that this is my home too. It was difficult at first, but I have complete trust and confidence in them now".

Staff considered people's different communication styles, social, emotional, cultural and sexual needs and support plans always clearly reflected people's personal individual needs. An example of this was where one person had an 'Advance decision' in place regarding their end of life care wishes. This information was very detailed and all staff were aware of their personal requests. Consideration and support had also been given to people to ensure that they maintained their right to vote. A description of what support the service could provide in relation to meeting people's political, social, emotional, cultural and sexual needs was written in the service user handbook.

We saw that the registered provider had six staff who had been trained to be the Dignity Champions of the service. This training included reflection of the top ten National Dignity Challenges by Dignity in Care and how this could be incorporated into the support the service gave to people. A copy of the dignity challenges was in place in staff and people's personal files and had been discussed to ensure people knew what to expect from the service. Compliments received by the service showed that staff reflected this learning into their practice. One stated "You are all very committed and build a good rapport with people. You always show great kindness and respect".

Where people did not have family members to support them to have a voice, the registered manager had a good knowledge of how to access local advocacy services. The service provided accessible information to people on how to obtain advocacy support. This was included in the service user agreement. An advocate

supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People told us "I will always tell the carers if I'm not happy with something, they sort things out straight away". Staff confidently told us how they would deal with a complaint that someone raised. People told us that they knew how to complain and that they would tell the staff or managers if they had any problems. One complaint had been received at the service since 2013. Family members told us they had no concerns or complaints about the service and they were confident that any complaints would be dealt with. There was a complaints process in place which fully described how any complaints or concerns would be dealt with. The registered manager told us, and the records confirmed that when concerns or complaints had been received they were responded too appropriately. The registered provider had a robust complaints policy in place and a copy of this was provided in the service user and staff handbooks.

People received personalised care that was responsive to their needs and personalised to their wishes and preferences. People's needs had been fully assessed prior to a service being provided. People were able to make choices about all aspects of the support they received and support plans showed individual needs were being met and preferences were openly discussed with people.

People told us that they received the care they need when they needed it. Support plans were person centred and highlighted what specific needs, goals and wishes they had in relation to their care. Support plans and risk assessments had been devised from an initial assessment and had been reviewed and updated on a regular basis to ensure that they continued to meet individual's changing needs. Support plans contained information relating to peoples likes, dislikes, preferred activities, life history and communication needs. Clear information was provided to staff about what support they could undertake with people and what the individual wanted to do for themselves. Daily records kept for each person also helped to ensure staff had up to date information about people. Were people had refused care and support staff had ensured that the reasons for refusal were recorded alongside what alternative support had been provided or offered.

Staff knew how to support people and said that they had good information in the support plans to enable them to meet people's needs. Records we viewed confirmed this. One staff member said, "We are a close team and keep up to date about any changes on a regular basis. We are always contacted by the registered manager if there is something important that we need to know".

People were asked for their views on a regular basis. People told us that they had regular discussions with staff and the manager to ensure that they were happy with the service they received. The registered provider had undertaken quarterly service user and family satisfaction surveys. Positive comments such as "We have continuity with the same carers" and "I would recommend this service to anyone" were recorded on the feedback sheets.

Is the service well-led?

Our findings

The service was well managed by a person registered with CQC. The registered manager, assistant manager and staff had a good understanding about their roles and responsibilities and displayed a positive commitment to providing good quality care for people.

There were clear lines of accountability and responsibility within the service. The service benefitted greatly from the management support in all aspects of administration and record keeping. The service maintained a robust and effective system for monitoring the quality of the service. Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and the records confirmed that health and safety, medication, support plans and accidents and incidents had been checked monthly.

We viewed accident and incident reports and these were recorded appropriately and were reported through the provider's quality assurance system. Each accident or incident that occurred was reviewed with staff and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

We examined all the policies and procedures relating to the running of the home. We found the majority of policies were reviewed and had been adapted to reflect the service. Records we saw consistently incorporated the values of the service. An example of this was the dementia policy, which highlighted the importance of life history and the use of memory boxes to support communication. Comments such as "A carer must remember people are individuals who have led a life that is as full and as interesting as our own" were included in the policies. Records ensured that staff had access to up to date information and guidance.

Regular staff meetings had taken place and the issues discussed had included care practices, staff training, equipment and support plans. Staff told us that they felt fully involved in how the service was run and that the registered manager regularly sought their views for development. Monthly spot checks and shadowing alongside staff on duty was undertaken by the assistant and registered manager. This enabled the management team to review and discuss staff competencies and provide feedback on both positive performance and areas of development.

Family members and visitors told us that they could speak with managers as and when they wanted to. Staff and relatives had confidence in the registered manager and said that she was approachable and supportive. They said that she was always available and that they responded positively to any requests. We saw good relationships amongst the managers, people supported and visitors to the service. Staff told us that the registered manager was very amenable and supportive and will always try to help if they have a problem or need advice.

The registered manager had a good awareness of her responsibility in line with the Health and Social care

Act 2008. Providers are required to inform the Care Quality Commission of important events that happen within the service. The registered manager was aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. There had been no significant incidents that had occurred at the service.

Personal records were stored in a locked office when not in use. The managers had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.