

LHS Care and Support Ltd

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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

The inspection took place on 07 and 14 October 2015 and was announced. This was the first time we inspected the service which provides care and support to a small number of older people in their own homes.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

Summary of findings

to protect themselves or others. At the time of the inspection we found that people's freedoms had not been restricted by the service and therefore, DoLS authorities were not required.

People told us that they felt safe and well cared for by the service. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that staff were suitable for the role performed. Sufficient numbers of staff were available to meet people's agreed care and support needs in a timely and patient way.

Appropriately trained staff prompted and, where necessary, supported people to take their medicines safely and at the right time. Potential risks to people's health and well-being had been identified and were reviewed and managed effectively.

People who used the service, their representatives, friends and healthcare professionals were very positive about the skills, experience and abilities of staff who provided care and support. Staff received training relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and to access and make appointments with health and social care professionals when necessary. They were supported to eat a healthy balanced diet that met their individual needs and preferences.

The manager and staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they supported and clearly knew them and their individual care needs very well. People who used the service, together with their family and representatives where appropriate, were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained.

Support was provided in a way that promoted people's dignity and respected their privacy. People received personalised care that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances and used this information to good effect in delivering person centred care.

People were supported to pursue interests and take part in activities of their choosing within their own home. They felt that staff listened to them and responded to any concerns they had in a positive way. People knew how to complain should the need arise but told us they had never had cause to do so.

People who used the service, their representatives, staff and professional stakeholders were very complimentary about the manager and how the service was operated. Arrangements were in place to monitor risks and the quality of services provided.

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.

People felt safe and were supported by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles performed.

Sufficient numbers of staff were available to meet people's individual needs in a timely way.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively.

Good



Is the service effective?

The service was effective.

People's wishes and consent were obtained before care and support was provided.

Staff were well trained and supported to help them meet people's needs effectively.

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their day to day health needs met.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

The confidentiality of personal information had been maintained.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support that met their needs and took account of their preferences and personal circumstances.

Detailed guidance enabled staff to provide person centred care and support.

Staff supported people to pursue social interests and activities in their own homes.

People were confident to raise concerns and knew how to complain.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Effective systems were in place to quality assure the services provided and manage risks.

People, staff and healthcare professionals were all very positive about the manager and how the service operated.

Staff understood their roles and responsibilities and felt well supported by the manager.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 07 and 14 October 2015 by one Inspector and was announced shortly before it took place due to the nature and size of the service. Before the

inspection, the provider to completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. In addition to this, we also reviewed all other information we held about the service.

During the inspection we spoke with one person who used the service, representatives of another person, the one staff member and the manager. We also received feedback from health care professionals familiar with the service and the people they supported. We looked at care plans relating to two people and one staff file.

Is the service safe?

Our findings

People who used the service told us they felt safe, happy and well supported by staff who knew them well. One person said, “I have no worries and definitely feel safe with them [the manager and staff]” The representative of another person commented, “I am over the moon with the service and confident in the knowledge that [name] is safe and very well looked after.”

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns and report potential abuse by whistle blowing, both within the service and externally. Information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was provided to staff and prominently displayed at the service.

Safe and effective recruitment practices were followed to make sure that staff employed at the service were physically and mentally fit for the roles they performed and of good character. One person told us, “The manager and [staff] are really very good at what they do. I am very pleased.”

There were enough suitably experienced and skilled staff available to meet people’s agreed care and support needs safely, effectively and in a calm and patient way. The manager told us that the service had never missed a scheduled call and that staff were rarely late. One person said, “They [staff] are always on time and ring to let you know if running late. They always stay for the agreed amount of time.” A representative of another person said, “They [staff] are very professional, punctual and stay longer if necessary to make sure that [name] gets what they need.” A healthcare professional with experience of the service and the people it supports commented, “Nothing is ever too much trouble, they [staff] go above and beyond what is required and stay for as long as it takes to provide the care needed.”

Where appropriate and necessary, people were prompted and supported take their medicines by staff who were properly trained and had their competencies checked and

assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. This included information about why medicines had been prescribed and the possible side effects to look out for in each case.

Where potential risks to people’s health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people’s changing needs and circumstances. This included in areas such as mobility, mental health, the environment, medicines, nutrition, physical health and welfare.

The manager adopted a proactive approach to risk management which meant that staff were able to provide care and support safely and in a way that promoted people’s independence and lifestyle choices. For example, effective strategies had been put in place to monitor and encourage the food and fluid intake of a person who frequently lost their appetite and was sometimes reluctant to maintain a healthy diet without appropriate levels of support.

Information about incidents, accidents and injuries that occurred within people’s homes had been recorded, assessed and used to good effect in reducing the risks and likelihood of reoccurrence. For example, one person suffered falls during the hours of darkness because they did not turn lights on and found it difficult to navigate the environment. As a result of suggestions made by the manager, motion detecting lights had been fitted in some areas to make it easier for the person to move about when dark without the risk of bumping into objects, falling over and hurting themselves.

Staff and people who used the service were provided with information and guidance about how to respond to and deal with incidents, accidents and medical emergencies that may occur in the home environment, for example in relation to medicines and allergies. This included useful contact numbers for relevant emergency and support organisations. Information about accidents and incidents was used to monitor and review risks in consultation with people’s representatives and healthcare professionals where appropriate.

Is the service effective?

Our findings

People told us that staff always sought their views and preferences about the support they needed during each visit and obtained their consent before helping them with personal care. One person said, “I decide what I need. They [staff] ask what I would like and follow it through. They are happy, honest and do what’s needed.” A representative of another person commented, “They [staff] are very good at finding out what [name] wants. The key has been taking time to get to know them.”

Staff confirmed that in their view it was important to know people well in order to establish what they wanted and how they liked things to be done. One staff member said, “I have got to know [name] well, they are able to say what they want.” We saw that individual plans of care and guidance reflected the fact that the people concerned had consented to the care and support provided.

Staff received awareness training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. The manager was very knowledgeable about how these principles applied in practice together with the circumstances in which DoLS authorities may be necessary. At the time of the inspection we found that people’s freedoms had not been restricted and therefore DoLS authorities were not required. People’s capacity to make their own decisions was kept under regular review. This was to make sure they received appropriate levels of care and support that reflected both their changing mental health needs and the requirements of the MCA 2005.

People who used the service, and healthcare professionals we consulted, were very positive and complimentary about the skills, experience and abilities of staff and the manager, who also provided care and support. One person said, “They [staff and the manager] are very good and definitely both know what they are doing.” A healthcare professional who had seen staff help people with personal care commented, “They are very impressive, competent and able. I have never heard a bad word against them and people [who used the service] highly recommend them.”

New staff were required to complete an induction programme as part of a probationary period. They received personal ‘one to one’ tuition from the manager who they were required to shadow until confident they knew how to

provide the care and support required. They received training relevant to their roles, and had their competencies observed and assessed in the work place by the manager. Mandatory training was provided in a range of subjects designed to help staff perform their roles safely and effectively. This included in areas such as moving and handling, food hygiene and safety, medicines and infection control. A staff member told us that the training provided had been “very good.”

Staff felt well supported by the manager and had frequent opportunities to discuss issues that were important to them. They had regular supervisions with the manager where their performance and personal development was reviewed.

The manager and staff were very knowledgeable about people’s nutritional needs and preferences. Detailed guidance had been drawn up and provided to help them support people to eat a healthy balanced diet appropriate to their needs. A representative of one person who used the service told us, “[Name] can be quite difficult when it comes to eating properly. They [manager and staff] have been excellent at encouraging them to eat and drink enough, really good.” A healthcare professional commented, “They are very proactive when it comes to making sure that people’s nutritional needs are met. They are very patient and knowledgeable about the support people need to maintain a healthy diet.”

People received care and support that met their day-to-day health needs in a safe and effective way. Staff were very knowledgeable about people’s individual care requirements. These were reviewed on a regular basis to ensure that the support provided reflected people’s changing needs and personal circumstances. For example, a healthcare professional told us that the manager made suggestions for and had arranged extra care provision for a person when they had been discharged from hospital and were at a heightened risk of falling.

One person said, “They [manager and staff] look after me very well and make sure I am alright. I see them every day. I am definitely happy with my care and support.” A representative of another person told us, “They meet all of [name’s] health needs to a very high standard.” A healthcare professional commented, “The quality of care and support provided is excellent and I have always been very impressed. They are very proactive and quick to raise any concerns they may have about people’s health.”

Is the service effective?

We saw that a communications book had been used effectively to raise concerns and share information about a person's changing health needs with their GP. The doctor acknowledged receipt of the information, took appropriate action and provided an update in the book about what had

taken place together with additional advice and guidance for staff. This meant that staff had used information about a person's changing health needs to ensure they received safe and effective care.

Is the service caring?

Our findings

People were supported in a kind and compassionate way by staff who knew them well, were very knowledgeable about their care needs and who had taken time to develop positive and caring relationships with them. One person told us, “They [manager and staff] are very kind to me, I look forward to seeing them.” A person’s representative said, “They are very likeable and jolly; very kind and caring.”

Staff helped and supported people in a way that maintained their dignity and respected their privacy. One person commented, “Yes they are respectful, definitely.” A healthcare professional commented, “[Name] is very happy with the care and their eyes light up when they [staff] are there. They are very nice and good with people, they don’t talk down to them and always have their best interests at heart, accommodating their wishes.”

We found that people, together with their relatives and representatives where appropriate, had been fully involved

in the planning, reviews and delivery of the care and support provided. This was reflected in the detailed guidance made available to staff about how people wanted to be supported and cared for.

One person said, “They [staff] are always asking me if I am happy and talk about what I need.” A representative of another person told us, “We are fully involved and kept informed of developments.” We saw that communication books were used to good effect in people’s homes to share information and updates between staff, people who used the service, relatives and healthcare professionals. A healthcare professional commented, “They are very good communicators and make sure that [people] are fully involved in their care.”

Confidentiality was well maintained at the service and information held about people’s health, support needs and medical histories was kept secure. Information about how to obtain and access independent advice and advocacy organisations was contained in guidance provided to people who used the service.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. One person told us, “They [manager and staff] do things the way I like it. They really know what I want every day, simple as that.” A representative of another person commented, “They really do know [name] very well and make sure things are done their way which is extremely important to them.”

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual likes and dislikes, preferences and health and welfare needs. This included practical guidance about people’s preferred routines and how they liked to be supported with personal care, the medicines they needed help with and their dietary needs. For example, an entry in guidance for one person noted that woollen garments were to be avoided as it made their skin “very itchy.” Another entry noted, “When people talk too quietly I can’t hear or understand what they are saying.”

People were supported to pursue activities and social interests they enjoyed in their own homes. These were incorporated into care planning in the form of short and long-term goals based on information provided by people who used the service, their family and representatives. One

person told us, “Sometimes they [staff] take me for a walk up the road and into my garden. They make sure I’m safe and don’t fall over.” Staff had access to detailed information about how to support people in a person centred way.

For example, an entry in guidance for one person noted, “I like watching tennis and snooker. I enjoy strawberries and cream with sugar when watching tennis.” Another entry noted, “I like talking about my garden, birds in the garden and my past times.” One person told us that staff found out they used to enjoy dominoes and so had encouraged and helped them to play again. A healthcare professional commented, “The manager and [staff] work very hard to provide person centred care, they are very professional and kind hearted.” Staff helped one person to grow tomatoes in their greenhouse for the first time in many years and supported another to obtain mobility aids tailored to their needs which meant that friends were able to take them to church, a gardening club and other social events.

People and their relatives told us they were consulted and updated about the care and support provided and were encouraged to have their say. They felt listened to and told us that the manager was always quick to respond to any issues raised in a prompt and positive way. Information and guidance about how to make a complaint made available in guidance provided to people who used the service. One person commented, “They [staff and manager] often asked me about my views and for feedback. I have no complaints whatsoever.”

Is the service well-led?

Our findings

People who used the service, relatives, staff and professional stakeholders were all very positive about how it was run. They were very complimentary about the manager in particular who they described as being well organised, professional, approachable and supportive. One person told us, “[The manager] is lovely, they are very good at what they do, definitely very good.” A representative of another person commented, “[The manager] is excellent and I am really happy with the service.”

We were told that the manager led by example and demonstrated strong and visible leadership. They were very clear about their vision for the service, how it operated and the levels of care and support provided; “We pride ourselves in providing a friendly, supportive and professional team of trained carers suited in compatibility wherever possible. We aim to create a positive environment for service users, their family members and our staff.”

The manager was very knowledgeable about the people who used the service, their needs and personal circumstances. Staff understood their roles and were clear

about their responsibilities and what was expected of them. A healthcare professional commented, “I have never heard a bad word about them, [the manager] genuinely cares and always goes the extra mile.”

Information gathered in relation to accidents and incidents that had occurred in people’s homes was personally reviewed by the manager and used to develop plans to reduce the risks and likelihood of reoccurrence. They forged positive and effective working relationships with healthcare professionals to improve and enhance the quality of care and support provided.

We found that the views and experiences of people who used the service, together with their relatives and representatives where appropriate, had been actively sought and responded to in a positive way. Regular reviews and questionnaires were used to obtain feedback about all aspects of the services provided. Measures were in place to identify, monitor and reduce risks. These included audits and checks carried out in areas such as medicines and care planning. One person told us, “I would not hesitate to recommend [the service] to other people.”