Living Carers Ltd

Live in 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?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 30 July and 1 August 2018.

Live in Care is a care service registered to provide personal care to people in their own homes (domiciliary care). The service specialises in providing live in care and support for people in the community. They cover a wide area across the country. Not everyone using the service receives a regulated activity; 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.

This was the first inspection since the provider registered the service in August 2017. The service does not directly employ staff. They interview staff and create personal profiles to present to prospective clients who decide on the staff member they prefer. The client then pays the staff member as their employer. The service does maintain an overview of the clients care plans and staff training which is why they are registered with the Care Quality Commission (CQC).

There was a new manager recently employed. The new manager was in the process of registering with CQC. 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.

Previous systems had not been effective in monitoring the quality of the service. The new manager had introduced a system which they had started to use and we saw that action plans were in place and some actions had already been completed. This meant the ongoing improvement of the organisation would be overseen by a system that would be robust in highlighting and managing shortfalls in the future. However, the system was new and had not been used long enough to evidence sustainability. This would be assessed at the next inspection.

People told us they felt safe with the care provided and care workers who lived in their homes. People were protected from harm because the provider had a robust recruitment process and staff received training in how to recognise and report abuse. The new manager had developed an information poster to include in people's care plans. This gave them the contact details for their local safeguarding teams and other agencies they could seek support and advocacy from. We discussed the need for care workers to have a risk assessment if issues were raised during the recruitment process. This was completed immediately.

There were sufficient staff to meet the needs of people and an ongoing recruitment programme was in place. This meant the staff profiles were available for people to look at and choose from. This enabled people to maintain choice and control over the care package and who they wanted to provide that care.

People were supported by staff who knew their needs and understood the importance of delivering effective

care and support. Records showed all staff completed the organisations mandatory training and training relevant to the needs of the people they provided care and support for. Plans were in place to ensure all staff received one to one supervision. Spot checks had been carried out however, this had not been formalised. The new manager explained they had introduced a system when staff would be met regularly and given the chance to discuss their performance through an annual appraisal.

People were supported by staff who were kind and caring. People said, "The carers were very caring and respectful." And, "My [relative] was cared for with upmost respect and understanding."

People received care and support that was responsive to their changing needs. Staff had a clear understanding of people's needs and how to meet them effectively. People were involved in discussing and setting up their care plans. However, the new manager was in the process of reviewing care plans. They planned to include the initial assessment which was very comprehensive, as part of the overall care plan.

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.

People were supported by staff who knew how to recognise and report abuse.

People were supported by staff who received pre-employment checks before commencing work.

People received their medicines safely from staff who had received training to carry out the task.

Is the service effective?

Good

The service was effective.

People received effective care and support because staff were well trained and supported.

People had their needs assessed and reviewed to make sure the care provided met their up to date needs.

Staff worked with other organisations to make sure people received effective care.

Is the service caring?

Good

The service was caring.

People received their care from staff who were kind and caring.

People were involved in decisions about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received care which was responsive to their needs and wishes.

People could discuss any concerns and complaints with staff or the provider.

The organisation had systems in place to care for people at the end of their life if necessary.

Is the service well-led?

Requires Improvement

The service was not always well led.

System's in place had not been used effectively to identify shortfalls and drive improvement.

Staff were supported, but the system in place had not been formalised and used to it's best to identify and staff needs and development.

People had opportunities to share their views about the service.

Live in 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.

The inspection took place on 30 July and 1 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had requested and received a 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.

Live in Care provides care and support to people living in their own homes. We were unable to talk with people or staff face to face as they lived and worked in a variety of areas around England. However, we were able to speak with two people, one relative and one staff member on the telephone. We also received emails from two staff members. We reviewed people's comments on the care at home review website, homecare.co.uk.

We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans held at the office. We also looked at quality audits, three staff personnel files, training and supervision records.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and with the staff supporting them. One person said, "I wouldn't continue to have them if I didn't feel safe." A relative said, "Never had any worries."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. However, one record did not include a risk assessment for a staff member with a disclosure on their DBS which could have indicated a potential risk to people. We discussed this with the new manager. On the second day off the inspection a risk assessment had been completed retrospectively.

Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. The new manager was confident in how to raise a concern and who they could speak with. They had worked closely with the local authority safeguarding team in a previous management post. The staff member spoken with said, "The office is only on the end of the phone so I know I can call them." The staff member was also aware the organisation had a whistleblowing policy.

People's care plans/information packs did not include information on who to contact if they thought there was any risk of abuse. The new manager had already identified this as a shortfall. They showed us the poster they were planning to include in people's information packs. It included what abuse was and the contact details for the local authorities in the counties in which they were providing staff. They had also included the contact details for other helplines such as domestic abuse, MIND and Age UK. This meant people could access advocacy services if they felt they needed the support to raise concerns.

There was sufficient staff to meet the needs of the people being supported by the service. The new manager confirmed they only took on new clients if they could offer a care and support package. They also confirmed they had used other agencies when necessary. The care workers allocated were recommended to the clients who became their employer for the length of stay. People had a regular staff team so they built relationships with care workers they knew. One person said they knew the care workers who lived in with them and had seen their personal profile before they had decided on who would provide their care and support.

Some people required support with their medicines. The people we spoke with were happy with how staff supported them. Care plans showed clearly if help with medicines was required and at what level. For example, one care plan said, "I need help remembering to take medicines at the right time, care worker to prompt only."

The organisation's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled.

Before providing care and support, risk assessments were completed. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. The environmental risk assessment included any pets and any precautions staff needed to take. One care plan said to maintain the exercise plan for the person's dog. This showed the care and support provided took all elements of the person's needs into consideration.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments in care plans considered areas such as assisting people to move around their home, use of a stair lift and assisting people to access the local community. However, not all risks had been fully documented. One person's care plan had very clear directions for assisting them to eat as they were at risk of food, "Coming back up." However, they did not have a risk assessment for choking. We discussed this with the new manager who reassured us that the person did not have a history of choking. However, they showed us a risk assessment which they had put together for this person on the second day of the inspection. The care worker and the electronic care plan system had been updated to include the new guidance.

Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons. Senior staff visited people's homes and carried out "spot checks" where they observed staff practiced safe hygienic care.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One relative said, "I think they have been very good, they seem to have had the training they need." One staff member said, "They remind us when training is due an update."

Staff records showed and the new manager confirmed all new staff completed a full induction programme which followed the Care Certificate. The Care Certificate is a nationally recognised training programme which sets standards that social care and health workers follow in their daily working life. All new staff received basic training in the service's essential subjects, before working with people in their homes. When taking over from another staff member a hand over was carried out to introduce the new staff member and discuss the care needs and care plans of the person.

Records showed, and staff confirmed they had plenty of training opportunities. However, as self-employed staff they were responsible for keeping their training up to date. The service kept a record of all staff training and the system in place would alert managers when training needed up dating. Staff were directed to an online training provider for their training needs. The new manager was also a moving and handling trainer so had plans to ensure all staff were assessed and up to date with moving and handling training. This meant people could be reassured they would be supported by staff up to date with current best practice in moving and handling.

People received their care from staff who were supported and supervised. However, this had not been formalised and clear records of staff supervision had not been kept. The new manager showed us their plan for formalising a staff supervision programme. This included a six monthly one to one meeting, a spot check when management would also meet the client and an annual appraisal. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. The manager explained that with a countrywide staff group getting together for a full team meeting had not been practical. We saw regular meetings were held in the office when people's care needs and any issues raised were discussed.

People received their care and support from a small team of staff. This was provided on a live in or night care basis. All staff members were chosen by the client who was shown a personal profile of the staff member the service felt reflected their interests and could meet needs. This enabled staff to get to know people well and the staff member spoken with said they would recognise if someone was unwell.

Prior to receiving care and support from the organisation an initial assessment of the person's needs was carried out. People were able to request the amount and type of support they needed. Each person was assessed in the same way and a plan of care agreed that met their needs and preferences and complied with current good care practice. The assessments we looked at were comprehensive and provided plenty of information for staff.

Some people required assistance and support with eating and drinking. Some people also required

assistance with shopping or food preparation and this formed part of the general service agreement with the live-in care. Although this is not regulated by us it is essential to the maintenance of people's well-being and independence. People's care plans were very clear about their food likes and dislikes.

People only received care and support with their consent. Everybody spoken with confirmed staff always asked them first before they carried out any care. One person said, "Well I am paying for the care so I am consenting, but they do ask me first such as, if I want to get up and listen if I prefer a lie in."

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff prompted people to see health care professionals according to their individual needs, such as district nurses and GP's.

Most people receiving support from the organisation at the time of the inspection were able to make their own decisions. When people lacked the capacity to fully consent to care the managers and staff knew how to act in accordance with the Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA. The registered manager and staff member knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

Good

Is the service caring?

Our findings

People were cared for by kind and caring staff. People told us they found all the staff who supported them were kind and cared about their needs. One person said, "I think it can be very difficult moving into a person's home to look after them, but I have always found them [the care workers] very caring and respectful." Another person said, "I think they have to have a very caring nature to do the job. Always found them very caring and compassionate."

The organisation ensured that each person was supported by a small team of care workers which enabled people to build trusting relationships with the staff. This meant staff got to know people well. By maintaining regular care workers for people they were able to support them to be as independent as possible and offer reassurance and encouragement. One person said, "I met and agreed who would be moving in and then I have regular ones who come in turn." Another person said, "It is far better knowing who you have and that they will be there with no gaps; wondering who is coming and if they will arrive, which could happen with a home care service."

People and their relatives told us they were involved in making decisions regarding their care and they felt listened to. One person said, "We were involved from the start because we were going to employ them [the care workers] so it would be difficult not to have a say." A relative said, "The assessment was thorough and we were both involved throughout. Then of course it is down to us to decide which profile we preferred."

Staff explained how they always discussed with people how they wanted their care and support managed. The staff member spoken with said, "It is important to remember you are living in their home. Therefore, anything you do they need to be involved in, consent to and have some input."

People told us they felt staff treated them with dignity and respect. One person told us how it was, "Strange at first having someone move in to look after you but it means I don't have to go into a care home and I am sure it has kept me out of hospital."

People said communication with the management team was "Excellent." Everybody knew the they could ring the office at any time and said they were polite caring and understanding.

The organisation kept a record of compliments received and communicated them to staff to say thank you. We looked at some compliments received. One relative had said, "Care and attention was amazing. All the carers provided were kind, caring and respectful to my [relative] and myself at this difficult time." Another stated, "Carers were dedicated and we felt [relative] was well looked after both physically and mentally. When one didn't gel, she was replaced very quickly."

Good

Is the service responsive?

Our findings

People received responsive care and support which was personalised to their individual needs and wishes. People told us they were involved in developing their care plans and they were personal to them. The staff member spoken with was able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after.

The way the care package was organised meant people could express a preference for the care worker who supported them. For example, they could choose the gender of the care worker who supported them. People were presented with staff portfolios so they could see what their expertise was and how they could support them. People could also interview the staff member before agreeing to employ them. The costings for care and support were very clear and agreed at the start of the package.

People's care needs were assessed on their first meeting with the manager or assessor. All needs were discussed and the initial package agreed with the person or their representative, if they were unable to take part. Following the initial meeting care plans were developed outlining how their needs were to be met. Everybody spoken with knew about their care plans and people confirmed they had been involved and had agreed the plan before they were finalised.

The care plans in place were clear about how to support the person and when. However, they lacked the finer details picked up in the assessment record. For example, one assessment stated clearly that the person was at risk of Urinary Tract Infections [UTI's] and they needed support to ensure they drank plenty of fluid. The assessment was clear on the signs to observe in case the person was coming down with a UTI. The care plan failed to identify this need. We discussed this with the new manager who had already picked up on some shortfalls in care plans. They were able to show us the changes they had made to the care plan on the second day of the inspection. The changes had been communicated to the staff involved with the person and were clearly recorded.

The assessments we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. The assessments and care plans were person centred and included what people liked and disliked. We discussed this with the new manager who explained they had already identified that the assessments gave staff plenty of guidance. They told us they planned to incorporate the assessments in the full care plan. This meant staff would have access to clearer guidance and understanding of what was important to people in receiving the care and support they expected.

Staff could access client's care plans and also completed a daily log which management were able to review. Sometimes it was necessary to hand over to another care agency involved in the client's care. This would be to enable live in care workers to have some time off. Or when the live-in care package was just a sleep in at night. All handovers were carried out face to face as part of the care agency process to ensure client's care plans and any changes were handed over correctly.

The new manager explained how they would discuss with the person the support they were able to provide. If they felt the organisation could not meet the person's needs they would refer them to another service who may be able to provide a package of care. This was to make sure the organisation could meet the person's needs and expectations. The organisation had also used the support of a care agency when live in care workers needed a break.

The new manager told us how some staff could go above and beyond what was expected of them to respond to people's individual needs. They gave one example of a care worker who supported a person who was living with dementia and "stuck in the 30's" The person had been distressed at a care worker moving in with them and became upset as they did not understand what was happening. The care worker did some research on the 1930's and obtained a nurse's uniform in the style of the era. They explained to the person they were their personal nurse and they settled and became happy to receive the care and support required.

The organisation had also supported a community group to visit a local cricket club and museum. Staff had helped support the visit and worked alongside staff from a local community centre.

People and their families were encouraged and supported to raise any issues or concerns with the staff or management team. In the time the organisation had been providing personal care packages they had received one formal complaint which was managed appropriately. The organisations policy and procedure for managing complaints was available in peoples care agreements in their home. It also directed people to other external agencies they could raise concerns with.

The new manager explained that they had a system in place to sample the views of people, relatives and other health care professionals who used or were in regular contact with the service. The new manager confirmed the office staff regularly spoke with people and their relatives to seek feedback about new care packages and new staff working with them.

The organisation worked with other healthcare professionals to ensure a robust care package was in place. They worked closely with an elder care specialist when assessing people and planning their support. They also had accessed to the expertise of local occupational therapists [OT] to assess people's needs and arrange for suitable equipment to be provide. The OT would also train staff in the safe use of the equipment within the persons home.

When supporting a person at the end of their life clear care plans were in place which recorded their wishes and preferences. Care workers would work closely with the persons health care team and local hospice.

Requires Improvement

Is the service well-led?

Our findings

There were quality assurance systems in place to monitor care and plan on-going improvements. However, these had not been used effectively to identify shortfalls, recognise trends and drive improvement. The new manager had identified this shortfall and showed us their action plan to ensure robust quality monitoring took place in future. They had plans in place which included regular sustained supervision of staff, both face to face and through electronic means, including more regular unannounced spot checks. One area they had identified for improvement was an audit of medicines management. They showed us the plan in place and the form they planned to follow. They told us this would ensure people were kept safe by a robust system to identify any areas requiring improvement. All the systems in place were new and had not shown proven sustainability. Evidence of the sustained use of effective governance systems will be reviewed at the next inspection.

There were systems in place to share information and seek people's views about the running of the service. However, these had not been formally followed up and used as a plan to drive improvement. Comments from people were mainly positive and praised the level of care and service provided.

People told us they felt the organisation was well led. One person said, "There have been some changes recently and they have been open about that and kept us well informed." A relative said, "I can't say anything against the management it all went very smoothly and has continued to do so, even with recent changes." However, there was some work needed to ensure new measures in place were used consistently to drive improvement.

At the time of the inspection there was a manager registered with the commission however, they had resigned and a new manager was in place who was in the process of obtaining their registration. 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.

The new manager had a clear action plan in place which showed some areas identified as requiring improvement had already been actioned. For example, the new manager had introduced the use of a hospital passport to be completed and kept at each person's house. This meant people could be reassured that vital information about their needs and wishes could be communicated to emergency personnel and hospitals if necessary. They had also designed a stop abuse poster to be included in people's care records held at the home. This meant people, relatives and care workers would know how to raise concerns. The poster included the contact details for local authority safeguarding teams and other organisations that could provide support and an advocacy service.

There were further plans in place to increase the office team to ensure people's needs could be assessed and met. The new manager explained they had a new care co-ordinator starting and had plans to employ a person who would be responsible for recruitment and supporting staff and ensuring training and

supervisions were kept up to date.

The new manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This was evident during the inspection when they were prepared to say things had not been done and show what action they had taken to improve the service. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The organisation had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. The new manager also confirmed they had agreements with other local care agencies which they could call on if necessary.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.