

Lowbirch Limited

Laurel Bank Support at Home

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



Overall summary

This was an announced inspection which took place on 8 and 9 June 2015. We made telephone calls to speak with people using the service following that visit to find out their views about the service.

We last inspected Laurel Bank Support at Home in April 2014 followed by a desk based follow up inspection in July 2014. Following these inspections, the service was found to be compliant.

Laurel Bank Support at Home is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing in excess of 1,160 hours of support per week, delivered by a total of 52 care staff employed by the service.

Laurel Bank Support at Home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People told us they felt safe with the staff that visited and supported them. They did say however, that staff sometimes arrived late and no telephone call had been received to inform the person of this.

We found that medicines were not being safely administered and recorded.

People who used the service, who we asked, were positive about the caring nature and attitude of the staff who visited them.

Staff who we spoke with told us they received training that supported them to carry out their job roles safely and effectively.

Staff we spoke with also confirmed that supervision to date had been inconsistent although they did say that the manager and senior staff were always available to speak with. The registered manager also confirmed that no staff appraisals had been carried out in the last 12 months.

A system was in place to record and respond to any complaints raised about the service and people we spoke with told us they would be confident to ring or approach the registered manager with any concerns they may have.

We found that the quality monitoring systems were not being carried out consistently and this had resulted in many of the shortfalls and breaches or regulations we had found during in our inspection process.

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 not safe.

There was a lack of systems in place to ensure the safe handling and administration of medicines in the service.

People who used the service, who we asked, told us they felt safe with the staff who visited them.

Requires improvement



Is the service effective?

The service was not always effective.

Staff supervision was inconsistent and the registered manager also confirmed that no staff appraisals had been carried out in the last 12 months.

Training records indicated that staff had received training that would help them to safely care and support people using the service.

Requires improvement



Is the service caring?

The service was caring.

We received positive feedback about the staff from people using the service.

A discussion with staff showed they had a good understanding of the needs of the people they visited and provided a service to.

Good



Is the service responsive?

The service was responsive.

People told us they knew how to make a complaint and would feel comfortable approaching the registered manager with their concerns. They also felt the manager would listen and respond.

The registered manager or one of the senior staff would regularly visit the people who used the service to check that they were happy with the care they received.

Good



Is the service well-led?

The service was not well-led.

Although there was a registered manager in place, they did not operate effective systems to monitor the quality of service people received.

Staff told us the manager was approachable and supportive, as were both care coordinators. Staff said they enjoyed working in the service.

Requires improvement



Laurel Bank Support at Home

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 Care Quality Commission (CQC) had recently received some anonymous concerns about the service. In response to this we undertook an inspection of the service sooner than planned to check the information that had been received.

The inspector contacted the registered manager two working days before our visit to inform them of our visit. This was to make sure the registered manager and any relevant staff would be available to answer our questions during the inspection process.

The inspection was carried out over two days. The inspection team consisted of two adult social care inspectors on day one and one adult social care inspector on day two.

We had not requested the provider complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. Before our inspection of the service we reviewed the information we held about the service including any notifications the provider had sent to us.

During the inspection we looked at the care records for five people who were using the service. We looked at five staff personnel records, staff training records and policies and procedures. We also looked at a range of records relating to how the quality of service was monitored.

We talked with eight people who used the service, seven members of staff, and the registered manager of the service.

Is the service safe?

Our findings

We had recently received an anonymous concern that new staff were being employed before proper recruitment checks had been fully completed and that calls to people using the service were being rushed and not logged.

We looked at the systems in place for the administration of medicines in the service. We saw there was a policy in place to support the safe administration of medicines; this policy referred to the different levels of support staff were able to provide to make sure people who used the service received their medicines as prescribed. When we reviewed the care records we noted that there were no care plans in place to describe the level of support people using the service needed from staff in relation to their prescribed medicines. Lack of such details meant people could be placed at risk of not receiving their medicines as prescribed.

In our discussions with the registered manager about medicines administration to people using the service we were told that most medicines were dispensed to people via a monitored dosage system (blister pack). We looked at the Medication Administration Record (MAR) for three people. Each MAR had been handwritten by a member of the staff team and details just stated 'Blister Pack'. No record was maintained of what or how many tablets were included in the blister pack and staff had signed 'A' for administration of the blister pack, not with their signature. We also found gaps on the MAR where staff had not entered an 'A' or a signature. A signature is important to identify who had been responsible for the medicine that had been administered. The recording on the MAR's was untidy and some details had been 'scribbled' through making it difficult to see what information had originally been recorded. Staff we spoke with confirmed this was how medicines were administered to people who used the service. This meant there was a risk people's medicines would not be administered safely and as prescribed.

One of the MAR charts we looked at showed that staff had administered antibiotics to one person without recording the strength and actual dose being given. We also saw gaps on the MAR indicating the antibiotic had not been administered at certain times on certain days.

Of the eight people using the service we spoke with, only one had their medicines administered to them by the staff. They told us that they received their medicines as prescribed.

The registered manager confirmed that medication audits were not being completed on a regular basis. Such audits are important to help identify when policies and procedures are not being followed and when practice needs to be improved to ensure medicines are always handled safely by staff.

The lack of systems in place to ensure the safe handling and administration of medicines in the service is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people who used the service, who we asked, told us they felt safe with the staff who visited them. One person said, "absolutely" and another said "yes, absolutely."

Staff who we asked were confident that the way in which the service was provided was safe. They told us they had received safeguarding training. This was confirmed by the training record we saw which the registered manager provided us with. Staff also told us they were confident that members of the management team would respond quickly to any safeguarding concerns they may raise. Staff understood the principles of whistleblowing and their responsibility to whistleblow if necessary. One said, "I would have no hesitation in whistleblowing on a colleague if it concerned poor practice."

The registered manager told us that appropriate recruitment procedures were followed. We looked at seven staff personnel files. All had information from the Disclosure and Barring Service (DBS) and references from previous employers. We found that on two of the files, gaps in employment history had not been fully explained with details being recorded. Discussion with the registered manager confirmed that this information was now fully checked out for all new staff being recruited.

We looked at assessment and care planning information for five people who used the service. These all provided evidence that a health and safety / hazard checklist relating to their home environment and issues such as moving and handling had been undertaken. Staff who we asked

Is the service safe?

confirmed that risk assessments were always undertaken before their first visit and that they were also appropriately trained to use equipment such as hoists or any aids and adaptations a person may require support with.

Staff who we asked confirmed that they were provided with person protective equipment such as disposable vinyl gloves and plastic aprons, to minimise the risk of cross infection.

Is the service effective?

Our findings

We were provided with a list of staff supervision dates by the registered manager. From the information recorded, some staff had only received one supervision session since January 2015, and other staff, none. Staff we spoke with also confirmed that supervision to date had been inconsistent although they did say that the manager and senior staff were always available to speak with. The registered manager also confirmed that no staff appraisals had been carried out in the last 12 months.

The lack of consistent staff supervision and annual appraisal meant that it could not be shown that staff had acceptable levels of competence to carry out their role unsupervised. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the people who used the service who we asked said they thought that staff were competent and had the right skills and experience to provide effective care. One person told us, "We don't always know who is visiting but they do know what they are doing and they are very good." Other comments included, "Yes, I tell the staff about my illness to give them an understanding and they listen", "Definitely, [staff have] been fantastic all the time" and "Yes, the staff are very well trained and now how to use the hoist."

We asked people using the service if they felt that staff respected their choices. Comments we received included, "staff are very good and pleasant", "Yes, they do", "I wasn't happy with the change of staff initially", "not always", "Oh, yes" and "Yes, staff are very caring."

The relative of one person using the service said they didn't feel they always received support from staff who know

what they are doing and another person using the service said that regular staff provide support and know what they are doing but "don't understand why we can't have regular staff [all the time]".

The registered manager told us that all staff had access to training and provided evidence that staff had access to a range of appropriate training. This included induction for new staff following the Skills for Care Common Induction Standards. Training records indicated that staff had received training that would help them to safely care and support people using the service. The care staff we spoke with confirmed they had received training that allowed them to do their jobs safely and effectively.

We asked the registered manager to tell us what arrangements were in place to enable people who used the service to give consent to their care and treatment. We were told that the decisions about any care and treatment to be delivered was always discussed and agreed with people who were able to give their consent. On the care files we looked at, people using the service had signed a Service User Agreement Plan that confirmed they had given consent to an agreed service being provided.

The registered manager told us they were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what was needed to ensure people who used the service who may lack mental capacity to make decisions are protected. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Staff who we asked had a basic knowledge and understanding of the MCA and DoLS and confirmed they had received specific training. One member of staff said, "Although I've done the training I think I would benefit from some further training in these matters." Training records we saw indicated staff had completed MCA training or were booked to start the training.

Is the service caring?

Our findings

People who used the service, who we asked, were positive about the caring nature and attitude of the staff who visited them. Comments from people who used the service included, “Yes, the staff are very kind and good” and “without a doubt very good.” We also asked people if staff respected their privacy and dignity and comments we received included, “they [staff] maintain a good service”, “[the] curtains are closed and the hoist moves easily”, “[staff] close the doors”, “very much so” and “yes, they take me to the toilet, leave me in privacy, close the door and wait for me to call them.” When asked about staff support to maintain independence, one person told us, “they [staff] verbally encourage mother, where this isn’t possible they will do it for her.”

The registered manager told us they tried to maintain the service so that care staff visited the same people whenever possible, to provide consistency of service. People who

used the service, who we asked told us, “No, I don’t always know who is coming”, “I have a printout, which identifies who is coming, any changes I am informed”, “It’s the same two [staff] in the morning, different [staff] at night and I don’t know in advance” and “mainly [the same staff], sometimes hit and miss and [they] don’t let us know.”

Staff also told us that the service tried to maintain consistency with who they visited. One member of staff said, “wherever possible our rotas are done so that we are visiting the same people. The only changes are when a member of staff is off sick or on holiday, that is when we might visit people we have not previously been to.”

A discussion with staff showed they had a good understanding of the needs of the people they visited and provided a service to. Staff told us, “Listening to people is really important, what they like, don’t like and involve the person in all that you do” and “I try to treat the person as I would like my mum and dad to be treated, always in the best interest of the person.”

Is the service responsive?

Our findings

We asked people who used the service if they got support at a time when they needed it and wanted it. One person said, “Most of the time, however there can be emergencies and traffic. I used to have two agencies but preferred Laurel Bank and requested all visits were carried out by Laurel Bank”. Other comments were mainly about staff sometimes being up to half an hour late but not always informing the person using the service they would be late. We discussed this with the registered manager who said that rotas had been changed to provide staff with more geographical visits, meaning they had less distances to travel between calls.

The service had a written complaints procedure and staff who we asked, were confident that any complaint would be dealt with appropriately by them or if necessary, by the registered manager of the service. We asked people who used the service if they knew how to make a complaint and their comments included, “Yes, and I will”, “My daughter would do this” and “Yes, just once over a carer” (the carer was never sent again). Other complaints made were mainly about calls being late and not being informed. One person said, “I would just ring the office. They do respond to my call but they can’t do anything about staff being late.”

The registered manager told us they or one of the senior staff would regularly visit the people who used the service to check that they were happy with the care they received. We saw evidence on some files that spot checks had been carried out whilst staff were at the persons house delivering care.

We looked at the complaints recorded in the complaints log. There was evidence that indicated the registered

manager had responded appropriately to the complaints made, other than one, where there was no evidence that the matter raised had been resolved. This was discussed with the registered manager who understood the need to ensure full details of the final outcome of any complaint was fully documented in future.

We looked at five care files relating to people’s initial assessment of needs, and their care and support plans. The care plans seen were based on an assessment of need of the individual. We were told that most people who used the service were referred to Laurel Bank Support at Home by health and social care professionals. Although the initial referral would include a recent assessment of the person, the registered manager told us that the service always undertook their own assessment of the individual before agreeing to provide a package of care.

Staff we spoke with confirmed that each person had a care plan in their home and that these plus an assessment of the person’s needs were always available to the staff when a service started.

Following staffs visit to a person using the service, a record was then made of the visit. This was confirmed as happening by the staff we asked and we saw examples of archived records to demonstrate this. However we did note that staff were occasionally leaving empty lines / spaces on recording sheets. No empty lines or spaces should be left between recordings to ensure records cannot be altered or added to once completed and signed off by each visiting member of staff. The registered manager confirmed that this would be discussed individually with staff during their next one to one supervision session.

Is the service well-led?

Our findings

There was a registered manager in post at the service. The manager had been registered with the Care Quality Commission since January 2015.

Of the seven people who used the service, who we asked, knew who the registered manager was and told us they would feel comfortable if they had to speak with her. Comments included, “yes, they [registered manager] are approachable and do listen” and “I don’t know her that well but I’m sure she would listen.”

There was a clear organisational structure within which people understood their roles and responsibilities.

Staff who we asked said the manager was approachable and supportive, as were both care coordinators. One member of staff said, “the support you receive is very good and the manager and senior staff are very approachable”. Other comments from staff included, “this is a well managed service”, “on the whole, I think it is a well led service”, “they [senior staff] are pretty much on the ball, I have no problems with them, everything is fine” and “We all work as a team and support each other and the manager and coordinators always respond to anything you ask.”

We asked the registered manager about quality assurance processes and systems that were in place for monitoring the quality of the service being provided. They told us this

was mainly through telephone and personal contact with people and spot checks being carried out whilst staff were delivering a service. One member of staff told us, “Seniors [staff] check how service users are; they regularly telephone you whilst you are with the service user to check how they are.” We saw evidence of two spot checks that had been completed on staff files we looked at.

We were also told that monthly random checks were carried out of care plans, staff files, staff rotas and scheduled visits and documentation such as completed daily records and completed medication administration records returned to the office for archiving. We found that the quality monitoring systems were not being carried out consistently and this had resulted in many of the shortfalls and breaches or regulations we had found during in our inspection process.

An annual questionnaire was sent to people and staff were subject to spot checks. We saw that 45 returned questionnaires had been checked by the registered manager to make sure people’s experience of the service being delivered was a positive one, or if any action needed to be taken to improve the service.

The lack of a consistent and robust system in place to monitor the quality of the service people received was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have systems in place to ensure the safe handling and administration of medicines in the service.

Regulation 12 (1)(2)(g)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider failed to ensure that staff received appropriate and consistent levels of supervision and appraisal.

Regulation 18 (2)(a)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have sufficient and effective systems in place to regularly assess and monitor the quality of service that people received.

Regulation 17 (1)(2)(a)