

Lifestyle Care Services Limited

Lifestyle Care Services Limited t/a Home Instead Senior 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?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 February 2016 and was announced. We gave the provider 48 hours' notice because the location provides a home care service and we wanted to make sure someone would be available to speak with us.

The agency was registered with CQC since 13 May 2011. The last inspection took place on 21 January 2014 and the provider was compliant with the regulations we checked.

Lifestyle Care Services Limited t/a Home Instead Senior Care is a care agency that provides personal care and support to people living with dementia, learning disabilities and autistic spectrum disorder, as well as older people, people who misuse drugs and alcohol and people with an eating disorder, physical disabilities or sensory impairments.

On the day of our inspection, the agency provided support for 61 people out of which 38 were receiving personal care.

There was a registered manager in post, who had been managing the service since June 2011. 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 2008 and associated Regulations about how the service is run.

The registered manager was supported by a director who was the owner of the company and a deputy care manager as well as an administration team that consisted of a care workers' coordinator, an in-house trainer and a community developer. At the time of our visit, the agency employed 47 care workers.

All people using the service and family members we spoke with told us they were happy with the agency and they described it as caring and responsive.

The agency had effective safeguarding procedures and people using the service were protected from harm and abuse. The agency assessed risks to people's health and safety. Care workers had access to risk management plans that gave them guidance on how to mitigate/manage these risks.

The agency managed people's medicine in a safe way and ensured any changes to people's medicine were promptly noted and addressed. Any medicine errors were reported and investigated.

The agency had a rota system to ensure all care workers knew who they were assigned to visit that week and that all care workers' planned absences were covered. People said they received regular support from the same care workers and the agency informed them if a different care worker was to attend instead.

The service had robust recruitment procedures to ensure only suitable care workers were appointed to work

with people who used the service.

Care workers had sufficient skills and knowledge to provide effective support for people they cared for. Newly appointed workers received induction training before they started working unsupervised. All care workers were required to repeat trainings that the agency considered mandatory on a yearly basis.

Care workers received effective support in the form of regular one to one meetings, yearly appraisals, spot checks of their work and by attending team meetings.

The agency followed the principles of the MCA 2005. The agency discussed people's mental capacity and encouraged people to make their choices where possible.

The agency carried out initial assessments in which they gathered all information on peoples care needs, health and wellbeing and personal likes and dislikes.

The agency had introduced a variety of systems to ensure that people were involved in planning of their care, they were encouraged to give feedback on the service they received and to take part in the activities organised by the agency.

People told us that care workers, who supported them, treated them with dignity and respect while providing personal care.

The management team introduced a matching service, which enabled them to match a care worker to a person, based on certain attributes. By doing so, the agency encouraged development of lasting and friendly relationships between people using the service and care workers who supported them.

The agency had a complaints procedure and people and their relatives knew how to raise any concerns about the care they received. The agency dealt with complaints promptly and to the satisfaction of people and their relatives.

People using the service and their relatives described the service as well led and that said they would recommend it to others who needed the support.

The management team encouraged care workers, people using the service and their families to discuss any matters related to how the agency was run.

The agency recognized the value of their workforce and introduced a care worker of the month and a care worker of the year award. Therefore, care workers knew that the management team appreciated and noticed their hard work.

The agency had robust quality assurance and audit systems to ensure effective reporting, monitoring, analysis and review of all aspects of the service provision.

The agency had a folder of policies and procedures that were regularly updated and care workers had access to.

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.

Care workers received safeguarding training and people were protected from harm and abuse.

Individual risk assessments were put in place and were up to date.

People received their medicines as prescribed and the agency addressed any medicine errors in a prompt way.

The service had robust recruitment procedures in place to ensure only suitable care workers were appointed to work with people who used the service.

There were sufficient care workers deployed to ensure all scheduled visits took place as agreed.

Is the service effective?

Good ●

The service was effective.

Care workers received an appropriate induction and training and were able to meet people's needs.

Care workers received regular supervision to ensure best possible support for people they cared for.

The agency followed the principles of the MCA 2005 by considering people's ability to make choices and by encouraging them to do so.

The agency supported people to eat and drink sufficient amounts of the right food to meet their dietary and nutritious needs.

Is the service caring?

Good ●

The service was caring.

People said the care workers treated them with compassion and respect.

Care workers respected people's privacy and dignity when delivering personal care.

The agency matched care workers and people who used the service to meet people's interests and cultural needs, therefore they ensured consistency of care and encouraged development of friendly relationships between people and care workers.

The agency invited people to share their views about the service they received through introducing a variety of surveys and review visits by a member of the management team.

Is the service responsive?

Good ●

The service was responsive.

Support plans and care records were person-centred and reflective of people's care needs and individual preferences.

People who used the service and their relatives felt involved in the care planning and they said the agency and care workers responded to their needs promptly.

The agency had a complaints procedure and dealt with complaints in a professional and timely manner.

Is the service well-led?

Good ●

The service was well led.

People who used the service and their family members had trust in the agency and were happy to recommend it to anyone who needed support.

There was an open and transparent culture and communication with care workers and the registered manager encouraged care workers to discuss any aspects of their work.

Care workers felt supported by the registered manager as they could approach them at any time and talk about any aspects of their work.

Care workers were clear about the values of the organisation and spoke confidently about caring for people in a person centred

way.

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Detailed findings

Background to this inspection

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

This inspection took place on 24 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us.

The last inspection took place on 21 January 2014 and the provider was compliant with the regulations we checked.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we gathered information from a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information about the agency such as service satisfaction questionnaires that we sent to people using the service and their relatives prior to our visit.

During the inspection, we met the registered manager who had been managing the service since June 2011. We spoke with three care workers and we carried out telephone interviews with seven people using the service and nine family members.

We looked at the care records for three people who used the service, the care workers recruitment and support records for four care workers, the provider's record of complaints and compliments, and the provider's records of audits and quality monitoring.

Is the service safe?

Our findings

People using the service and their relatives told us they felt secure in the company of their care workers. One person said, "Yes (the service is) very safe".

The agency had effective safeguarding procedures, therefore people using the service were protected from harm and abuse. All care workers received safeguarding training. Care workers were able to describe potential signs of abuse and were aware of the provider's safeguarding policies and procedures.

The agency had a central safeguarding register that contained details of any safeguarding concerns and actions that the agency took in order to address and monitor these concerns. One care worker told us they raised an alert with the agency about a possible safeguarding concern. We saw that the registered manager recorded this information on the register and took appropriate actions to address this matter. Additionally, the register manager told us they discussed safeguarding matters with care workers in the team meetings. We looked at recent team meeting minutes and we saw evidence of such discussions taking place.

The agency assessed risks to people's health, safety and welfare and management plans were in place. People's care records showed that the assessor had gathered information on how people's circumstances and care needs might put them at potential risk of injury and harm. This information was then used to develop people's risk assessments and risk management plans, which instructed care workers how to minimise these risks. One person's care plan stated they were using a medical equipment to support their health needs. Their risk management plan gave clear instructions to care workers on how to manage the equipment when delivering personal care and what to do in case it stopped working. A second person using the service was susceptible to pressure sores. Their risk assessment consisted of detailed information on how to make regular skin observations and who to inform in case of change to the person's skin condition.

The service had robust recruitment procedures to ensure only suitable care workers were appointed to work with people who used the service. We looked in personnel files and saw that all required recruitment paperwork was in place. This paperwork included an application form, the right to work in the UK and professional and character references that were requested by the agency. All care workers had up-to-date Disclosure and Barring Service (DBS) checks.

The agency managed people's medicines in a safe way. We looked at people's care files and we saw that medicine administration records (MAR) were completed according to the agency's procedure. We saw that the management team checked completed MAR charts and took appropriate action to address any issues. Daily care records for one person using the service showed that a care worker had administered a medicine for the person, however, this was not agreed in the care plan. A completed client's audit report for the same person indicated that the manager discussed the matter with the care workers member and updated care documents so the care worker could support the person with their medicines.

People who used the service told us they received regular support from the same care workers and the agency informed them if a different care worker was to attend in place of their regular care worker. People

told us care workers usually attended on time and as agreed.

The agency had a rota system to ensure all care workers knew who they were assigned to visit that week and that all care workers planned absences were covered. The agency used an online care monitoring system that allowed line management of daily home visits done by care workers. It had also implemented an additional back-up system in case of sudden care workers absence.

Is the service effective?

Our findings

Care workers had sufficient skills and knowledge to effectively support for people they cared for. People and their relatives told us they were confident in the care they were receiving from the agency. People said their care workers knew what they were doing and they looked forward to the visits. One family member stated that a care worker visiting their relative, who had a severe mental illness, took great care to communicate with them. They were doing it by using play techniques and in a way that the person could understand.

The registered manager told us and care workers confirmed they received an induction prior to starting their role as a care worker. The induction lasted up to five days and consisted of training videos and classroom based training. This included medicines administration, moving and handling, infection control and safeguarding training. Following this the agency asked new care workers to complete a training questionnaire that was designed to check their newly acquired knowledge. We saw induction certificates and evidence of completed training questionnaires in the personnel files we viewed. Additionally, the agency required that newly appointed care workers completed up to five days of shadowing of their more experienced colleagues.

The agency had a training coordinator in post whose role was to ensure that all training was up-to-date and that care workers had access to additional specialist courses if needed. For example, we saw evidence of care workers completing an Alzheimer's awareness training delivered by an external provider. All care workers were required to repeat all mandatory training on a yearly basis. Their personnel files consisted of an individual training matrix with clear information on which training they were due to refresh. Additionally, the agency was in the process of implementing an online Care Certificate training package. One care worker confirmed that they started this new training.

Care workers said they received effective support in the form of regular one to one meetings, yearly appraisals, regular spot checks of their work and by attending team meetings. We looked at care workers' files and we saw evidence of supervision taking place.

We checked whether the agency was working within the principles of 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.

Care records showed that the agency worked within the principles of the MCA. The agency representatives discussed people's mental capacity and their ability to make decisions during their initial assessments and the outcomes were recorded in people's care plans. Where people did not have capacity to make decisions, it was clear from the way the agency was working that they considered people's ability to express their choices and they encouraged people to do so. This showed that the service was working in people's best interest.

People were supported to have their dietary and nutritious needs met. The majority of people we spoke with had their food prepared and served by their families. However, the agency ensured that they had information on people's dietary and nutrition needs and care workers encouraged them to have these needs met. One person's care plan stated that they needed to drink plenty of fluids to boost their digestion. We saw daily care records for this person in which a care worker recorded offering a hot drink to help with this. A second person's care plan indicated that they were at the risk of malnutrition due to not eating enough. We saw instruction for care workers to ensure that they prepared small food portions and that they encouraged the person to eat it all.

The agency supported people to maintain their good health and have access to external healthcare professionals if needed. One family member told us, "Our care worker is a professional and knows how to handle minor difficulties – they are also able to tell us when a GP is required – we don't always recognise the need." In the file of a person who was prone to bed sores, there was a record stating that care workers must inform a district nurse immediately after noticing any change to their skin condition.

The agency assessed people's health care needs during their initial assessments. Gathered information was then used to inform people's individual care plans that care workers had access to. These included covering any agreed care support such as personal care or social support, for example, regular walks to the park.

Is the service caring?

Our findings

All people using the service and family members we spoke with told us they were happy with the agency and they described it as caring and responsive. One person said, "They really do care – and the carers are my friends – they know my little ways and I so look forward to them coming. They are accessible and very responsive – you only have to ask them once – yes they are loving and I definitely would recommend both the carers and the Agency." A second person said, "Carer is lovely and cares for my relative so well. They go to the park together and talk about football, which my relative loves. We have had the same lovely man (care worker) for 3 years – my relative has bonded with his care worker – he has become a family friend."

People told us that care workers treated them with dignity and respect. One care worker said, "You need to get to know people and make them feel comfortable. I always close the door and ensure that body parts are covered when delivering personal care." A second care worker said, "I speak to people every step of the way to make sure they feel comfortable. One person I support told me "You make it so easy for me"."

The agency recognized that people who used their service were often at risk of social isolation and loneliness. Therefore, in order offer more support and companionship the agency introduced coffee mornings. The meetings took place in local community centres and people came there to chat, play games or read papers. The registered manager explained that all the people using the service were encouraged to attend, however, they were especially good for those individuals whose families were living further away from the service. On the day of our visit, we observed the agency director getting ready to attend one of the coffee mornings.

The registered manager said the agency kept consistency of staffing by ensuring that, when possible, the same care worker worked on a one-to-one basis with each individual who used the service. By doing this the agency had supported people in building a relationship of trust and friendship between them and their care workers. One person confirmed a positive impact of such an approach. They said, "More than just a carer - she is my friend and now also a family friend."

People using the service were encouraged to share their views and experience of the support they received. The agency introduced three monthly quality assurance visits and phone calls. A member of the management team did them and their aim was to ask people and their relatives if they were satisfied with the service offered by the agency. People and relatives we spoke with confirmed that the registered manager visited them regularly. One person said, "I've been with them 6 years and the manager pops in to see if I'm OK." A second person said, "Couldn't ask for better. Every three months the agency comes round personally to find out if everything is going well." We looked at people's files and we saw the evidence of such contacts in the form of completed quality assurance forms.

The agency had also employed an external service quality surveyor, who conducted an anonymous annual survey with both people using the service and care workers. The registered manager provided us with a copy of the final survey report. When we looked at the report, we saw that the agency used the findings to develop an action plan in order to improve the service they provided and to become a better employer.

Is the service responsive?

Our findings

Two people using the service told us that with a little bit of help they were capable of managing their own care. They said this was due to the openness and encouragement of their care workers who gently encouraged them to progress and improve. This evidence showed that care workers were ambitious for the people they supported and encouraged their independence and supported improvement of their health and wellbeing.

The registered manager stated, "Each individual client is central to our assessment and care planning process. A client, with or without the assistance of their chosen representative (where appropriate), chooses who, what, when, where and how services are provided. We listen to what they want and positively encourage the creation of their own care plan, based around their life experiences, relationships, preferences and routines.". People using the service and their relatives confirmed that they felt involved in the care planning process. We looked at records of people's initial assessments and care plans and we saw that people or their relatives signed them. This evidence showed that they were involved in planning of their care.

We looked at the initial assessment paperwork for three people using the service and we saw that it contained information on people's care needs, personal likes and dislikes as well as their hobbies and daily routines. This information was then used to develop people's plans of care. We looked at three individual care plans and we saw that they contained information gathered during an initial assessment and were person-centred. They also included an explanation of how care workers could support people to meet their needs. In one person's care plan, we saw that they liked to read a specific newspaper, the time they preferred to eat their dinner and how they liked to have their coffee. A second person, who was living with dementia, had their life story built into their care plan. This included their previous employment history, hobbies and interests and how many children they had. Care workers had access to this information and were able to use it when offering their support.

The care workers we spoke with recognised the value of knowing the people they supported. One care worker told us, "You have to be interested in the person you work with. You should make a point of knowing their background."

People using the service and their relatives told us that they felt involved in the care planning process and they found no difficulty asking for what they needed. They said both the agency and care workers were very responsive.

The person centred approach was at heart of the support offered by the agency. The management team introduced a matching service, which enabled them to match a care worker to a person, based on certain attributes. One relative told us the agency suggested a young care worker to care for their young relative. They said "The care worker was young at heart so could play with my relative and go to the park – so that I could care for the rest of the family. It is such a relief to see him happy and occupied."

The agency had a complaints procedure. People using the service and their relatives were aware of it and knew what they could do in case of any concern or complaints they might have had about the service they received. Relatives told us they felt comfortable with raising any issues with the management team. They said, "We have regular meetings with the manager and the deputy in the office and we can sort out any minor difficulties."

The agency had a central complaint register where the registered manager recorded all formal and informal complaints and concerns. The agency dealt with complaints in a timely manner. All the people we spoke with said they were satisfied with the way the management team dealt with difficulties. One relative told us, "I'm very happy - I've had this agency for over a year and when there was a minor problem the agency straightened it out at once." One person using the service said, "I found my carer a bit brusque, I told the agency and now I have a lovely lady who even takes me to the hairdresser."

On further inspection of complaints received by the agency, we saw that when dealing with individual cases the agency used them as an opportunity to learn and improve the service they offered. In one case, a relative complained that a care worker was late. The management team apologised, they analysed the reasons for the lateness and subsequently changed the care worker's visiting schedule to allow them more time for travel.

Is the service well-led?

Our findings

People using the service and their relatives told us that the agency was well led. Everybody we spoke with said they would recommend it to others who needed support. Person centred care was at the heart of the agency's values. One person using the service told us, "This agency is excellent, so is the carer – I am very satisfied with both. Very tactful personal care, alert about my medication needs. Very trustworthy, I would definitely recommend this agency."

The agency had a registered manager in post who was experienced and had been managing the service since June 2011.

The registered manager told us they had an open door policy and they encouraged care workers to speak to them about any aspects of their work. They said, "Communication is very important and everybody, people using the service and care workers, should be informed about all changes." To ensure open and transparent communication the management team held regular team meetings. The agency recognised that it was important that all the workforce took part in these meetings, however, due to busy schedules not all care workers could attend. In order to increase the turnout and support the staff, the meetings were held in the community, for example, local coffee shops. As a result, it was easier for care workers to fit the meetings into their work schedules.

We looked at the team meeting minutes which showed that the team used these meetings to openly discuss any areas of work that needed to improve as well as to appreciate good work done by the care workers. The agency acknowledged that it was important to recognize the value of their workforce. Therefore, the management team introduced a care worker of the month and a care worker of the year award. We saw pictures of recent champions presented on the board in the agency's office. This evidence showed that the agency promoted a positive, person centred and empowering culture within the organization.

Care workers told us they felt supported by the management. One care worker said, "I never had any problems with the management. I am always well informed. I am very happy here, and we (care workers) are looked after very well. I am confident I can come to speak to them any time".

Care workers said they were clear about their roles and expectations of the service and the organisation they worked for.

People and family members we spoke with told us that a member of the management team would visit them in person to check if they were happy with the care they received and if they needed any changes to their care package. By conducting these visits, the management had an in-depth knowledge of needs and preferences of the people they supported.

The agency had robust quality assurance and audit systems to ensure they delivered continuous, high quality care. We saw evidence of completed yearly quality support audits. These documents consisted of a detailed evaluation of different aspects of the service delivered. They included quality checks of people's

care plans, personnel files of care workers, and rota and scheduling practice. The auditor then used their findings to inform any improvement plans. The findings were also fed back to care workers in their team meetings. This evidence indicated that the agency had systems in place to ensure that identified shortfalls were addressed and actions were taken to avoid similar situations in the future. We also saw evidence of more frequent audits such as client audit reports, training matrixes for individual care workers and quality assurance spot checks that aimed to assess day-to-day care delivered by care workers.

The registered manager showed us central logs for safeguarding concerns, accidents and incidents reports and any complaints made by the people using the service and their relatives. Therefore, they could evidence that the agency had systems to ensure effective reporting, monitoring, analysis and review of the safety and wellbeing of people supported.

The agency ensured that people using the service and their relatives had their say in the planning of their care and service development. The agency achieved this by regular care reviews and a yearly survey in which they asked people, their family members and care workers to give their feedback on the service offered by the agency.

The agency had a folder of policies and procedures that care workers were aware of and had access to. These had been regularly reviewed and updated and the most recent reviews of policies and procedures had taken place in August 2015.