

Live Life Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

We carried out this inspection 5 and 6 October 2016 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was last inspected in February 2014; we had no concerns at that time.

Live Life Care Ltd is a domiciliary care agency that provides care and support to adults, of all ages, in their own homes. The service provides help to people with physical disabilities and dementia care needs in Camborne, Redruth and Truro and surrounding areas. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 131 people were receiving a personal care service. The services were funded either privately or through Cornwall Council or NHS funding. The service employed 53 staff including management.

There was a registered manager in post. 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.

We had some concerns about the safety of the service. This was because there had been 16 missed calls over the previous six months. People who used the service and families told us they had experienced missed calls and the timing of calls was variable and inconsistent.

People told us they did not always receive care from the same care worker or team of care workers. Some people had spoken with the service management about this issue and wherever possible the service had attempted to rectify this. However, we found continued issues with how the staffing rotas were operating. This had resulted in a number of missed visits, significant time variations between pre-arranged calls and calls where two staff members were required and one staff member undertook the call alone. People who used the service told us, "The main difficulty with the service is the uncertainty about the time of the carer's arrival. It is difficult to plan your day when the carer can arrive anytime between 8:15am and 10:15am for a nominal 9 am appointment" and "We never know which carer is scheduled to come. I appreciate we can't expect a seven day service from the same person, but it would be good if we had fewer carers" and "The same faults occur regularly. Arriving later than agreed time schedule, as it means I am then late for agreed appointments" and "At one time I had the same care workers regularly but for many months there has always been someone new."

People who used the service commented favourably about the quality of care provided by staff saying, "The carers they supply are kind and considerate" and "I am very happy with my care. Any concerns raised by my family were dealt with effectively"

The service had a contingency plan in place to manage any emergencies. Risks to people, in the event of an emergency, had been assessed and rated, in order to identify who would be at the highest risk. There was 24 hour telephone contact available to people to be able to contact staff in an emergency. This demonstrated the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies.

Staff were recruited safely, which helped ensure they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. All staff received an appraisal of their work. Staff comments included, "I think the training is good. It is always being updated and important issues such as how to safely move people and the importance of infection control are always highlighted."

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "I really enjoy working for Live Life Care."

People told us they were involved in decisions about their care and were aware of their care plans. Care plans provided staff with direction and guidance about how to meet people's individual needs and goals. These were reviewed regularly and updated when people's needs changed.

The service worked successfully with healthcare services to ensure people's health care needs were met and had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One healthcare professional told us, "They are good at seeking advice when needed and keeping us informed of changes in people's needs."

Management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a relatively positive culture in the service, the management team provided leadership and led by example. For example, the provider herself would undertake caring shifts in the community when needed. Staff described the service as 'a good company to work for'. Other staff commented that issues with the current rota system had proved frustrating and were aware that the provider and management had a plan to improve the situation. Comments included, "It is a culture which is well meant but circumstances sometimes affect the smooth running of the work in the community, such as how rotas have been operating."

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. The system had recognised there were issues with the current call monitoring system and rota management. This had led to the recruitment of an additional supervisory member of staff and the implementation of an electronic call monitoring system. This was being implemented at the time of the inspection.

Most people and their families told us the management teams were approachable and they were included

in decisions about the running of the service. Some people felt the communication and responsiveness of the management could be better at handling situations. People had details of how to raise a complaint if they needed to and we saw that this happened. Comments from people included, "I have no real concerns about the service. I recognise the faults but no situation is perfect and I am very happy with my carers" and "I don't have any complaints. The carers collect my weekly state pension and some grocery items each week for me." A relative commented, "Live Life Care are very good to my mother. One carer will sit and chat with her, which is very kind and probably very important for some clients. The administration has made a few mistakes but they have been quickly rectified."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe. We found issues with people not receiving their scheduled calls.

Staff and the registered managers had a good understanding of how to recognise and report any signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

Is the service effective?

Good 

The service was not consistently effective. People had mixed views about how well staff understood their needs because of a perceived high turnover of different staff who provided care.

Management had a clear understanding of the Mental Capacity Act 2005; and knew how to make sure people who did not have the mental capacity to make decisions for themselves and had their legal rights protected.

People's changing care needs were referred to relevant health services when concerns were identified.

Is the service caring?

Good 

The service was caring. People, and their relatives, were positive about the care provided and the way staff treated the people they supported.

People's privacy and dignity was respected and staff supported people to maximise their independence.

Staff respected people's wishes and provided care and support in line with those wishes. □

Is the service responsive?

Good 

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care

and support they received.

People knew how to raise a complaint and the service had a process for handling complaints.

Is the service well-led?

The service was not consistently well-led. Management were aware of problems with the management of staffing rotas and had not made a timely response to address this.

There was a frustrated staff culture amongst community staff. Staff felt that service management could be more effective at sorting out rota issues.

There were quality assurance systems in place to gather feedback from people who used the service.

Requires Improvement 

Live Life Care Limited

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 announced inspection took place on 5 and 6 October 2016. The inspection was carried out by one adult social care inspector. We told the service 48 hours before that we would be coming. This was in accordance with the Care Quality Commission current procedures for inspecting domiciliary care services.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. The provider completed 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. CQC sent out a questionnaire to 50 people who used the service and received a 68% response rate.

Prior to the inspection we spoke with 14 people who received a service from Live Life Care. We also spoke with four professionals familiar with the service. During the inspection visit we accompanied a carer on their visits and met with three people who received a service from the agency and three relatives. We went to the service's office and spoke with the registered manager and provider for the service. We looked at three records relating to the care of individuals, staff records and records relating to the running of the service.

Following the inspection we received feedback from eight staff members.

Is the service safe?

Our findings

From discussions with people who used the service, staff and management we found there had been an issue with people not receiving their scheduled calls. This had occurred 16 times over the preceding six months from April 2016 to the beginning of October 2016. There were also issues with how staffing rotas were operating. This had resulted in significant time variations between pre-arranged calls, and calls where two staff members were required and one staff member undertook the call alone.

People who used the service told us, "The main difficulty with the service is the uncertainty about the time of the carer's arrival. It is difficult to plan your day when the carer can arrive anytime between 8:15am and 10:15am for a nominal 9 am appointment" and "We never know which carer is scheduled to come. I appreciate we can't expect a seven day service from the same person, but it would be good if we had fewer carers."

Management told us this had occurred due to human error in making changes to the rota once it had been written. Two relatives and a person who used the service told us this had happened on more than one occasion. This meant that people could not be confident that their care needs would be consistently met.

The staff rota recorded details of the agreed times of people's visits and which staff were allocated to go to each visit. Management, staff and people who used the service all commented there were issues with how rotas had been operating. This had contributed to late and missed calls. Comments included, "Rotas are a weakness. It impacts on clients in terms of continuity and changes of times for people. It becomes a particular problem when you factor in staff annual leave and sickness."

People who used the service said times could be 'extremely variable'. For some people this was not an issue because they were generally happy with other aspects of the service. For other people it was frustrating, "The same faults occur regularly. Arriving later than agreed time schedule, as it means I am then late for agreed appointments." Management confirmed they were aware of the problems and had recently recruited an additional care co-ordinator to help manage the rota system.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered manager told us of plans to introduce an electronic call monitoring system to address the concerns about missed calls and the inconsistent timing of calls. The new system, which went live on the second day of inspection, required staff to register the time and duration of each call using the new system. When a person did not receive their scheduled visit this would be automatically reported back to the office. The provider and registered manager both acknowledged that the situation regarding missed calls had not been satisfactory.

People told us they felt safe using the service, commenting, "I feel safe and am happy with the staff." A relative of a person who used the service commented, "My [mother] is safe in the care of Live Life Care staff. I

have peace of mind knowing they are going in to provide care." Other people who used the service and their relatives said the service was 'unreliable' and complained of missed calls and poor timing of calls.

Rotas demonstrated there were enough staff employed by the service to cover the visits and keep people safe. However, the registered manager told us there were on-going vacancies and recruitment campaigns to fill vacancies, particularly for weekend cover. Staffing levels were determined by the number of people who used the service and their assessed level of needs. The service recruited staff to match the needs of people using the service, and new care packages were only accepted if suitable staff were available.

Staff understood their role in protecting people from avoidable harm and had received training in safeguarding adults. Staff had a working knowledge of the service's safeguarding and whistle blowing policies and confirmed they felt confident to raise any concerns with management. A summary of the service's safeguarding policy and the local reporting arrangements were available to staff.

An on call system operated when the office was closed outside of office hours and the on-call staff member carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits.

Staff had completed a thorough recruitment process to help ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Management carried out assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and any potential risks within the person's home such as pets.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a reoccurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

Is the service effective?

Our findings

Comments from people and their relatives regarding how effective the service was, were mainly positive. Comments included, "They're all lovely, we have a laugh" and "I have found Live Life Care to be caring and supportive in all respects."

People told us they generally received care from staff who knew them well, and had the knowledge and skills to meet their needs.

New staff completed an induction when they started their employment that consisted of a mix of training and working alongside more experienced staff. The service had introduced a new induction programme in line with the care certificate framework which replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. The service used a combination of hands on practical and classroom based training with an external training consultant and computer based training modules. The service used a training calendar to monitor required training and make sure staff were up to date with their required training. Staff told us they felt well supported in their roles with the training they received. Comments included, "Our company is very good for training. Very on the ball."

Staff had achieved, or were working towards, a Diploma in Health and Social Care. One support staff member commented how supportive management had been in enabling them to successfully complete their qualification. Staff received training specific to meeting people's health needs. For example, training in understanding and working effectively with people living with dementia. Staff comments included, "I have found the training for the job really useful. I certainly feel we are offered lots of training and where a package requires additional or different training the manager is straight on it". In addition, all staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults, fire safety and food safety. One relative commented, "In my opinion staff are well trained and competent in the care they provide."

Management met with staff regularly for either an office based one-to-one supervision or an observation of their working practices. Staff appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by management and team leaders. They confirmed they had regular face-to-face supervisions and an appraisal to discuss their work and training needs.

The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

External professionals who were familiar with the service commented positively about the service, "I find them professional and always aware of seeking appropriate advice when it's needed" and "In my experience the care packages have been good and people have only ever spoken positively about the care they have received."

People were supported to have sufficient to eat, drink and maintain a balanced diet. Information recorded on care plans demonstrated the service had assessed people's nutritional needs and in conjunction with people, appropriately planned for and recorded what people chose for their meals if this was something that had been agreed as being part of their care package during their assessment. During our visit to a person's home, we saw food and drinks were offered and this was recorded as a daily occurrence in the care plan. People were provided with a choice of food and drinks and told us they were happy with the way staff prepared and served their meals.

We observed that staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse care and support. People confirmed staff asked for their agreement before they provided care and respected their wishes if they declined care. Care records showed that people, or their advocates, signed to give their consent to the care and support provided.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possibl

Is the service caring?

Our findings

People told us the care provided by Live Life Care staff was good. Comments included, "I am very happy with my care. Any concerns raised by my family were dealt with effectively" and "The care is good, I have to say that." People received care from staff who knew them well and had the knowledge and skills to meet their needs.

Care was provided, as much as possible, from the same care worker or team of care workers. However, recent issues with the management of the rota system had affected consistency of staff provided to people. One person told us, "At one time I had the same care workers regularly but for many months there has always been someone new." Other people told us their experience was more consistent in terms of who provided their care. Staff told us they generally did have the same group of people who they visited. Staff comments included, "Generally I know the clients I see from week to week" and "Rotas can get changed due to staff illness and annual leave and we might get changed around a bit but on the whole they try to keep us with the same clients."

We were told staff were respectful, did not rush people and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. Comments from people and their relatives included, "They're all lovely. We have a laugh", "I find the carers respectful and helpful", "I look forward to their visits and it makes sure I take my medicines" and "[Persons' name] is very happy with all the staff".

During our visits to people's homes we observed staff providing kind and considerate support appropriate to each person's care and communication needs. Care was provided in a discreet and respectful way to ensure people's privacy and dignity were ensured. A relative commented, "The staff know [person's name] likes and dislikes and are always patient and caring."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to move around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency. Staff communicated with each other using a communication log kept in each person's home to ensure that important messages would always be picked up by the next staff member to arrive.

Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals. During our visits to people's homes we saw how staff really tried to communicate and work with people in a way that made them happy. This included ensuring people were given time to go at their pace, taking time to talk to people and their relatives and ensuring people's choices were followed. Comments from staff included, "I love my job" and "I am happy knowing what I do makes a difference to people."

People were supported to express their views and be actively involved in making decisions about their care

and support. The service had a Quality Assurance Manager who regularly contacted people to gather their views about the service and an annual satisfaction survey was sent to people requesting their views about the service they had received.

Regular reviews of care plans were carried out and wherever possible, people and/or relatives were involved in updating care plans. We saw people had signed their care plans and people said they knew what was contained in their plan of care.

Is the service responsive?

Our findings

Each person who received care from the service had a completed needs assessment. This enabled the service to consider whether they were able to meet the person's needs and draw up a suitable care plan to direct staff about how to meet each person's needs. People told us they, or a close family member had been involved in putting their care plan together and the plans reflected their wishes. People's comments included, "I know what is in my care plan because I'm part of putting it together and I read it."

Care plans were personalised to the individual and contained appropriate and detailed information about people's needs to allow staff to understand the specific care and support each person needed. Clear guidance and direction was provided for staff about how to provide care and support that met people's needs and wishes. For example, one person's care plan was clear about the support which could be offered and when staff should respect the person's desire to be independent with their personal care because this was their stated wish.

Processes were in place to routinely listen and learn from people's experiences, concerns and complaints. We looked at how the service managed complaints. This was appropriate and regular reviews of care plans took place. Changes in people's needs were communicated to staff in daily records and directly to staff by the registered manager. This meant staff could update themselves on the previous visit and ensure continuity of care for each person the service supported. These records were returned to the office at regular intervals where they were checked by a manager and any updates to the care plan were made. A relative commented, "I believe Live Life Care to be a good service. They do a good job caring for my [relative]."

Everyone we spoke with said they would not hesitate to speak with staff and management if they had any concerns. A survey of people's feedback on the service performance was taken annually and results showed that people were mainly satisfied with the service they received. People told us they were aware of the process for making a formal complaint and would be happy to raise any issues they had. We saw from the service complaints log that management followed up on any identified issues with an explanation and solution if this was appropriate. Comments from people who used the service included, "I have raised a complaint in the past, it was sorted out" and "I speak to the office fairly regularly and if there was anything I need to say I wouldn't hesitate to say it."

From analysis of quality assurance questionnaire responses, management were aware of patterns of concerns such as late visits. Identified issues were discussed by senior management who worked to find an acceptable solution. For example, timing of calls had been identified as an issue which management hoped could be partly managed by the introduction of a new electronic call monitoring system.

Is the service well-led?

Our findings

Most people and their relatives told us of the good standards of care and support they received from Live Life Care Ltd. Comments included, "The staff have always been extremely kind towards me. They are very understanding and patient. I enjoy a nice chat with them."

There was a management structure in the service which provided clear lines of responsibility and accountability. The service was headed up by the registered provider along with the registered manager who had overall responsibility for the day to day running of the service. They were supported by a finance and quality assurance manager, three client co-ordinators and 53 care support workers.

The provider told us the service priority was to place people at the heart of the service and expressed their frustration with recent issues regarding missed calls. The provider told us, "I am aware we have areas we need to improve on. It's not good enough and we know that we have to get the basics right."

There was a relatively positive culture in the service, the management team provided leadership and led by example. For example, the provider herself would undertake caring shifts in the community when needed. Staff described the service as 'A good company to work for'. Other staff commented that issues with the current rota system had proved frustrating and were aware that the provider and management had a plan to improve the situation. Comments included, "It is a culture which is well meant but circumstances sometimes affect the smooth running of the work on the community, such as how rotas have been operating."

Staff felt able to approach management with ideas and suggestions and were confident they would be listened to. Comments included "I have recently joined the team and have been made to feel welcome. It is a supportive organisation. No question is a silly question. I feel I am valued as part of the team."

Staff meetings were held and staff confirmed attendance at these. Records of discussions at these meetings were not kept. This meant it was difficult to action any points which came out of the meetings. A quarterly newsletter was put together and provided to all staff. This highlighted what was happening in the service, particular points of interest and requested staff to provide their ideas for future newsletters.

People told us senior staff completed "unexpected" spot checks on care staff and telephoned them to ensure they were satisfied with the service. People that used the service and their relatives were pleased that this occurred so that the management team could check that the care provided was good.

Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the consistency of calls to people who required care. There had been a series of 16 missed calls over a six month period preceeding the inspection in October 2016.</p> |