

Lakeland Care & Support Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Lakeland Care and Support Services Limited provides personal care to people living in their own homes in the Furness and Copeland areas of Cumbria. The service also provides personal care and support to people living at Station View, an extra care housing scheme in Barrow-in-Furness. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us this was a good service and said they would recommend it.

People were safe and protected against abuse and avoidable harm. There were enough staff to provide the support people needed. People received care from a small team of staff who they knew. Safe systems were used when new staff were recruited to ensure they were suitable to work in people's homes.

People received the support they needed to take their medicines safely. The staff identified if people were unwell and supported them to contact their doctors if they needed.

Care staff received appropriate training and support to ensure they had the skills and knowledge to provide people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were asked for their consent before care was provided and the decisions they made were respected.

People were treated in a kind and caring way. People told us the staff were polite, caring and helpful.

People had been included in planning and agreeing to the care they required. Each person had a care plan to guide staff on the support they needed and how they wanted this to be provided. A member of the service management team reviewed the care plans regularly to check they were up to date and continued to be appropriate to ensure people received the support they required.

The provider had a procedure for receiving and responding to concerns about the service. Where people

had raised concerns the management team in the service took action to resolve the issue raised and to further improve the service provided.

The agency worked with other appropriate services to support people who were reaching the end of their lives.

There were arrangements in place to ensure the effective management of the service. The registered manager was supported by a senior management team and local area coordinators. People who used the service knew how they could contact a member of the management team if they needed.

The provider had systems to monitor the quality and safety of the service. People were asked for their views and action was taken in response to their feedback.

The management team in the service worked in partnership with key organisations such as the local authority to ensure people received the support they required.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Lakeland Care & Support Services 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.

This comprehensive inspection took place between 23 January and 16 February 2018 and was announced. We called the service on 22 January 2018 to arrange our visit on 23 January 2018 because we wanted to be sure the registered manager would be available to speak with us.

The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of service. The expert-by-experience had experience of caring for older people.

We visited the agency offices on 23 January and 16 February 2018 and visited people who lived at Station View on 5 February 2018. During our inspection we spoke with 17 people who received care from the service. We also spoke with relatives of four people. We spoke with the service registered manager and care manager, three members of the service management team and six care staff. We looked at care records for 11 people who used the service and at the recruitment and training records for five staff. We also looked at records relating to complaints and how the provider checked the quality of the service.

Before the inspection, 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. We reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work teams and local health care providers for their views of the service.

Is the service safe?

Our findings

People who used the service and the relatives we spoke with told us they were confident people were safe receiving care from the agency. One person told us, "I am very safe with them [care staff]." A relative we spoke with said "I'm very happy people are safe".

All of the staff told us they had completed training in keeping people safe. They told us this included using equipment in people's homes safely and how to identify and report abuse.

Robust risk assessments had been carried out to ensure hazards to people's safety were identified and managed. The staff told us they knew the actions to take to protect people because there was guidance about this in their care records. The staff said that, if they identified risk assessments needed to be updated, they contacted the staff in the agency office and this was actioned promptly. People who used the service were protected against abuse and avoidable harm.

People told us there were sufficient staff to provide their care. They said they were supported by a small team of staff who they knew. They said that the staff usually arrived at their homes at the agreed times and they were informed if a staff member was going to be late. People said it was important to them to know if their care staff had been delayed.

Safe systems were used when new staff were employed to check they were safe to work in people's homes. All new staff had to provide evidence of their good character and were checked against the records held by the Disclosure and Barring Service. This helped to check they had not been barred from working in a care service and were suitable to work in people's homes.

People told us the staff provided the support they needed in handling their medicines. One person told us, "The staff do my medicines and write it down." All of the staff we spoke with told us they had completed training in how to give people their medicines safely. They understood the importance of keeping accurate records of the assistance they had given to protect people from errors in the administration of their medicines.

The management team in the service had good systems to monitor the safety of the care provided. Where they identified issues with the service provided they had taken action to ensure improvements were made and lessons learnt.

People told us the staff helped them to remain safe in their homes. One person told us, "The staff always remind me to lock my door."

All of the staff we spoke with said they had completed training in infection control and were issued with disposable protective equipment to use when providing care. This helped to protect people from the risk of infection.

Is the service effective?

Our findings

People who used the service and the relatives we spoke with were very complimentary about the staff who worked for the service. People told us the staff were trained and provided their care as they wanted and needed. One person told us, "They [staff] know what to do." Another person said, "They [care workers] are learning what I want them to do." We were also told the staff were "very professional in their conduct".

We looked at 11 people's care records. We saw that where people had complex care needs appropriate specialist services had been included in assessing and planning their care. This helped to ensure people received appropriate care to meet their needs.

Records we looked at showed all new staff completed a range of training before working in people's homes. The staff we spoke with said they had received the training and support they needed to ensure they were confident and competent to deliver people's care.

Some people required support from staff to make their meals and drinks. People told us the staff always asked them what they wanted and provided this. One person said, "I don't usually need help, but the girls [care staff] will always make me a drink if I'm not feeling well." People received the support they needed to prepare their meals and drinks.

The management team in the service worked with other health and social care agencies to ensure people received the support they required promptly. We saw that people had been supported to contact their doctors if they were unwell. Where people had complex needs the service had, with their agreement, involved other professionals in planning their care such as the Speech and Language Therapy Team and Occupational Therapist.

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 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People told us they had agreed to the support they received. They said the staff who supported them always asked for their consent before providing their planned care. People told us they could refuse any aspect of their support if they wished and said the staff respected the decisions they made.

All of the staff we spoke with confirmed that they asked for people's consent and only provided care with their agreement. One staff member told us, "People have the right to refuse. We encourage people to agree to their care because it's important. But, if someone doesn't want a shower, we record this and let the office

know." The managers of the service told us they would monitor any regular refusals an individual made regarding important aspects of their care. They said if they believed this was impacting on an individual's health or wellbeing they would take advice from appropriate services such as the person's doctor or social worker.

Is the service caring?

Our findings

Everyone we spoke with told us the staff who visited their homes were kind, caring and helpful. One person told us, "The girls [care staff] are lovely, very kind." Another person told us, "They [care staff] are very respectful and go out of their way to be helpful to you, nothing is too much trouble."

People also told us that the staff employed in the service office were helpful and treated them in a respectful and helpful way. One person told us, "I have only had to ring them [office staff] once and they were really helpful".

People told us the staff who visited their homes and managers in the agency asked for their views about their care and took action in response to their comments. One person told us, "They [service management team] are always checking with you and altering things if needed".

People told us they trusted and felt comfortable with the staff who provided their care. During our visits to people's homes we saw that people looked to the staff for reassurance if they felt anxious. We saw that people enjoyed laughing and chatting with the staff who visited them. The staff knew the people they visited well and engaged them in conversations about their interests and families. We observed this supported individuals' wellbeing.

The staff we spoke with said the service was a good organisation to work for. They said they felt valued and able to provide a high quality service to people they cared for.

The registered provider had a range of information leaflets that could be given to people who used the service and their families. These included how to contact other agencies that could support people to make choices about their care. This meant people had access to a range of information to help ensure they received the support they needed.

People's care plans gave detailed information for staff about the support they needed and the choices they had made about their care. Where people required staff to communicate in a particular way this was included in their care plans. The staff we spoke with knew how to communicate effectively with people they supported.

Everyone we spoke with said they were confident the staff respected their privacy and confidentiality. One person told us, "They [care staff] are very discreet, people ask about me and they get nothing from them."

The staff we spoke with understood it was important to keep people's personal information confidential and not to talk about individuals in front of other people. One staff member told us, "We're told at induction that we must never talk about clients in front of anyone. I wouldn't like it if care staff were talking about me or my relative where people could hear."

The aim of the service was to support people to remain as independent as possible in their own homes.

People's care plans gave guidance for staff on how to support people in a way that maintained their independence and control over their care. One person said, "The staff let me do what I can, they know I like to be independent."

Is the service responsive?

Our findings

People told us the service provided was responsive to their needs and wishes. They said that they had been included in agreeing to the care they received and, if they requested any changes to their support, the agency agreed to their requests where possible. One person told us, "The office has been very helpful if we have needed to change things." Another person told us a staff member had stayed in their home at short notice when they required additional support. They told us, "One girl [care worker] had to get the ambulance for us and she waited until they came, that's above and beyond."

Each person had a care plan to guide staff on the support they required and how they wanted this to be provided. People told us they had a copy of their care plan in their home. They said a member of the service management team regularly visited their homes to review their care plan with them to check it was still appropriate to meet their needs. One person told us, "They [member of management team] did the care plan with me and they have a constant review system, they are always checking with you and altering things if needed." Another person said, "The care plan is here with the paperwork and someone comes every six months to see if it still alright."

People's care records included information about their families and personal life history. The staff we spoke with said this was useful as the information meant they could speak to people about the things that were important to them.

The registered provider had a procedure for receiving and responding to complaints about the service provided. People said knew how to contact a member of the management team if they had any concerns about the care they received. Most people said they had never had to raise a formal complaint. People who had raised concerns said they were happy with how these had been responded to.

We looked at records of complaints that had been made to the service. These showed that the management team had taken action to resolve the issue raised and to further improve the service provided.

Some people who used the service were reaching the end of their lives. The service had good links with local health services such as the community nursing teams and specialist services that could support people reaching the end of life. Where appropriate, people had been asked how they wished to be cared for at the end of their lives so the agency could work with other services to meet their needs.

Is the service well-led?

Our findings

Everyone we spoke with told us this was a good service and said they would recommend it. One person told us, "I would recommend them to anyone wholeheartedly, I am delighted to have found such a good company". Another person said, "I cannot speak highly enough of them ... this [agency] has been marvellous." We were also told, "It [the service] is grand it is, I've told people about them, so I do recommend them."

There were arrangements in place to ensure the effective management of the service. The registered manager was supported by a senior management team and local area coordinators. People told us the service was well managed and said they knew how to contact a member of the service management team when they needed. People who had contacted the management team told us they were approachable and listened to their views.

Arrangements were in place to ensure people who used the service and the care staff were able to contact a member of the management team when the agency offices were closed. People told us they had been given the telephone number to use when the office was closed. One person said, "They have an out of hours number which works, they do answer if you ring."

The registered manager and provider had good systems to maintain oversight of the quality of the service provided. They carried out checks on staff as they worked in people's homes and asked people who used the service for their views of the support they received.

People told us they were asked for their views of the service in formal and informal ways. The registered provider had asked people to complete a quality survey to share their views. People said they were also asked for their views at meetings to review their care or by calls from a member of the management team. One person told us, "They [a member of the service management team] come and see us and do the reviews and they do ring us to check as well."

The registered provider and management team in the service were committed to providing a high quality care. A staff member we spoke with told us the managers were "passionate" about providing a good service. The registered manager and provider had identified where areas of the service could be improved such as support for staff and improvements to rotas so staff had more regular hours. This showed that the managers identified areas where the service could be further improved and addressed these.

All of the staff we spoke with said they felt well supported by the managers of the service. They told us the agency was a good organisation to work for.

The management team in the agency had developed positive relationships with local commissioning and health service teams to ensure people received the support they needed. Where they identified a person required additional support the agency managers contacted appropriate services to request a review of the individual's care.

Providers of health and social care services have to inform us of significant events that happen in their services such as serious injuries to people or allegations of abuse. The registered manager of the service had notified us of important events promptly. This meant we could check appropriate actions had been taken.