

Liver Care Ltd

370a Marsh Lane

## 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

### About the service

370a Marsh Lane (Liver Care) is a domiciliary care agency providing personal care and support to six people aged over 18 at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People who received a service, social care and healthcare professionals spoke positively about the service and told us staff were professional and did everything that was expected of them.

Liver Care had developed good relationships and worked closely with social care and health care professionals, providing effective care and support for people.

Positive relationships had been developed between staff and people they supported. People said calls to their home were never missed and that staff arrived on time.

People using the service and staff were involved in the development of their care through regular review meetings, and questionnaires were sent to people every year. Feedback received was positive. Actions were identified and addressed to bring about improvements.

People told us they had no complaints or were confident they would be listened to if they did. Complaints had been addressed through the providers complaints procedure.

People's care records provided information about individual backgrounds and their support needs, to guide staff effectively. The service worked with family members to maintain people's health and wellbeing.

Staff had been recruited safely. The recruitment process had improved and was now robust. There were sufficient numbers of staff employed to support people.

Staff received a comprehensive induction and regular training and support. Staff told us they enjoyed working for the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Effective quality assurance systems were in place to monitor key aspects of the service. The introduction of

the electronic monitoring system provided up to date information about the quality of the service provided and helped ensure people received their support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 21/12/2018) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 370a Marsh Lane

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The team consisted of an inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 December 2019 and ended on 18 December 2019. We visited the office location on 17 December 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, operations manager, care managers, practice lead and two care workers.

We reviewed a range of records. This included three people's care records and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We contacted with two professionals who regularly visit the people supported by the service. They provided very positive feedback about the management and care staff at Liver Care.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to consistently adhere to safe recruitment practices. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had been recruited safely. The provider completed police checks and received references for all staff.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. People told us staff visited at the times agreed within their care plans.

### Systems and processes to safeguard people from the risk of abuse

- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident reporting safeguarding concerns.
- Any safeguarding concerns were recorded appropriately within 'care planner'
- People said they felt safe when receiving support from Liver Care staff.

### Assessing risk, safety monitoring and management

- Individual risks to people and the home environment had been assessed and were managed appropriately. Care records provided clear information around identified risks for staff to keep people safe.

### Using medicines safely

- Staff involved in handling medicines had received relevant training and were assessed as competent to support people with their medicines.
- Records relating to the administration of medicines had been completed accurately by staff.
- A person receiving support with medicines as required (PRN) did not have written protocols in place to ensure staff administered them consistently. Managers gave us an assurance this would be completed.

### Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment (PPE).

### Learning lessons when things go wrong

- The service kept a record of any significant events including incidents that occurred within people's homes. Incidents were reviewed regularly by the registered manager to look at patterns and trends. Action was taken to prevent incidents occurring in the future.
- Staff had the ability to instantly record incidents using their SMART phone.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were completed and provided guidance for staff to support people based on their needs and choices.
- Regular reviews were carried out to ensure the support provided was meeting people's needs.
- Changes to people's needs and support were recorded, and staff were informed through the care record system on their mobile phone. This ensured that staff had up to date information about people.
- Staff knew people well and how to best meet their needs.
- A healthcare professional praised the response from management and care staff when a person was discharged from hospital with incorrect assessment information. They said, "The discharge summary was very vague and did not fully explain the patients' needs. We found ourselves with a very vulnerable patient needing full care in the community without warning. I visited the patient last week for a pressure area check and was amazed at how well the patient was doing. The carers have done an amazing job."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked together with health care professionals to ensure that people received consistent, timely, coordinated, person-centred care and support
- Staff had developed good relationships with health and social care professionals who had contact with the service.
- Staff worked with relatives to keep them informed of any changes in people's health needs.
- A healthcare professional told us, "Without Liver Care working closely with the district nurses as they did the only other option would have been to readmit the patient back into hospital."
- A social care professional told us, "I appreciate that Liver Care keep me updated via email and telephone call (without delay) regarding any issues that may have an impact on the person's wellbeing. As such I was able to arrange prompt Multi-disciplinary meetings that have helped resolve any issues that may be impacting on the individual."

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction at the beginning of their employment with Liver Care, which included shadowing shifts with experienced staff.
- Many staff had completed the Care Certificate as they had not worked in the care industry before. Support was provided from senior managers and the training provider if they needed. Staff said the training prepared them for the job.

- Staff received regular face to face training and completed E-Learning courses throughout their employment to maintain up-to-date skills and knowledge. Records showed staff training was up-to-date. Specialised training was arranged through the local hospital or district nurses when required to support people's healthcare needs.
- Staff received regular supervision and appraisal to support their developmental needs and attended regular staff meetings.
- People told us they had confidence in what staff were doing when supporting them, for example, when assisting them with personal care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutritional needs and any risks related to their eating and drinking.
- Staff supported people to eat and drink enough throughout the day.
- People said they were happy with food staff prepared for them as they needed it.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's ability to consent to receiving care and to manage their own medicines was recorded.
- People had given consent for taking photographs, medicines, sharing information.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke about people with kindness and compassion. There was a stable staff team who knew people well.
- Positive and caring relationships had been developed between people and staff.
- Staff were able to tell us about individuals and their lives and families. This enabled them to engage well with people.
- People spoke positively about the staff who supported them; comments included, "Staff are great, I couldn't fault them. I get on well with them [staff]."
- A social care professional told us, "When challenges have presented themselves Liver Care have kept their commitment to maintaining the service and promoting the person's wellbeing, choice and dignity."

Supporting people to express their views and be involved in making decisions about their care

- Regular review meetings were held with people and family members to discuss their care and obtain people's views.
- Questionnaires were sent regularly to people who received support in their home to monitor the quality of the service provided. Feedback we saw was positive.

Respecting and promoting people's privacy, dignity and independence

- People spoke highly of the care they received from staff and how they respected their privacy and dignity.
- Comments included, "They [staff] keep me covered with a towel. Never rushed. We have a laugh to cover any embarrassment [when having a shower]."
- Care records showed what people were able to do for themselves, to ensure they kept their independence.
- A social care professional told us, "A person requested that staff who attend to their personal care should be of a similar age to themselves; this request was made in respect to protecting their dignity. Liver Care were able to accommodate the request without issue."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and identified people's needs and routines. Plans included some information regarding their social history and likes and dislikes to allow staff to get to know people before providing support.
- The service used an electronic care planning system which meant staff had access relevant and up-to-date information regarding people's call times and tasks to be completed at each call.
- The electronic devices allowed for both office staff and care staff to send immediate messages about changes in people's needs to ensure that records were updated where required.
- People received the care and support at their preferred times.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded and shared information relating to people's communication needs.
- Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- The service maintained a record of complaints to show how complaints had been dealt with; those recorded had been dealt with appropriately.
- People told us they knew who to contact if they had any concerns and were confident any issues would be dealt with. However, we received only positive and complimentary feedback.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- Care records we saw were still to be updated with people's end of life wishes and identify if any 'Do Not Resuscitate' (DNAR) decisions were in place, so staff supporting people were aware. However, managers were aware that no-one was currently subject to a DNAR decision.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we recommended the provider reviewed and updates its practices to ensure the quality assurance systems are always effective. The provider had made improvements.

- Effective quality assurance systems were in place to monitor key aspects of the service. These included, reviews/audit of medication administration records returned from people's homes; the introduction of a checklist for recruitment overseen by operations manager and discussions in managers meetings of all incidents reported.
- The introduction of the electronic monitoring system provides up to date information about the quality of the service provided and helped ensure people received their support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and health and social care professionals spoke very positively about the service.
- People received their support when they needed it and said the support met their needs. They said visits by the same staff helped people to get to know them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was supported by the operations manager, practice lead and two care managers who worked closely with care staff and health care professionals to help provide better outcomes for people.
- The managers and provider were aware of their legal responsibilities and the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sent out questionnaires for people's feedback about the service. Feedback from this year was positive.
- Some of the comments recorded included, "I am happy with the service, wouldn't go anywhere else", "They are all good, loving and caring people. Thank you for everything", "Happy with my decision to move to

Liver Care, would recommend your agency to others in needs of care", "Having care has impacted in a positive way on my quality of life and management of my condition for the better. Staff are friendly and polite and cheer up my day" and "I cannot fault the staff, they are very good in their profession and lovely people".

- Staff were engaged and involved through regular team meetings.
- Staff told us they enjoyed working for the service; they appreciated the support they received, particularly how their shifts were managed because of family commitments. Comments included, "I get brilliant support from the office" and "I wouldn't think of working anywhere else".

#### Working in partnership with others

- Liver Care is an active member of the Liverpool Home Care Providers and Community Interest Company (LHCP CIC); they regularly attend meetings and contribute to discussion and new initiatives and innovations.
- Feedback received demonstrated that Liver Care worked closely with social care and health care professionals, providing effective care and support, providing updated information about people.
- A social care professional told us, "Liver Care management have attended meetings and visits with the person when requested to and have contributed pertinent detailed information to these meetings."