

Live-in Care Solutions 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?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This announced inspection took place on 30 November & 1 December 2015. This domiciliary care service is registered to provide personal care support to people living in their own homes. At the time of the inspection the service supported five people in 24 hour live in care packages in different counties.

There was a registered manager in post at the time of our inspection. 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.

People were actively involved in decision about their care and support needs, however there were no formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Summary of findings

People were supported by staff that had the necessary skills and abilities to meet their needs, however there wasn't evidence of this training in staff files.

People told us that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. People told us there were sufficient staff to meet their needs. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who they cared for. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and made monthly visits to people using the service to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and comfortable in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was not always effective.

Although staff told us they had received training to deliver care effectively; this was not evidenced by training certificates.

People had capacity to consent to care and treatment but this was not documented in their care files. People were actively involved in decisions about their care and support needs and how they spent their day.

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review. People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Requires improvement



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted peoples independence to ensure people were as involved and in control of their lives as possible.

Good



Summary of findings

Is the service responsive?

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Good



Is the service well-led?

This service was well-led.

A registered manager was in post and they were active and visible in the service. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

People using the service, their relatives and staff were confident in the manager. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



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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 30 November & 1 December 2015 and was announced and was undertaken by one inspector. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.'

Before the inspection we contacted health and social care commissioners who place and monitor the care of people

living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

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.

During the inspection we spoke with two people who used the service, three members of staff including care staff and the registered manager and one relative.

We reviewed the care records and of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People felt safe where they lived. One person said “I’m safe here with my carers; no problem at all.” One relative told us “[my relative] is absolutely safe with the carers; everyone is really good.” The service had procedures for ensuring that any concerns about people’s safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help keep people safe. A range of risks were assessed including environmental risks to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said “We all read the risk assessments because they guide us how to safely support people”. When accidents did occur the manager and staff took

appropriate action to ensure that people received safe treatment. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People thought there was sufficient staff available to provide their care and support. Each person was individually assessed and a care package was developed to meet their needs. All people had a live-in carer; some people required two staff to support them certain times and people told us this happened. Throughout the inspection people said there was enough staff to meet their needs.

People’s medicines were safely managed. The staff confirmed they had received training on managing medicines from district nurses, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

The registered manager told us that new staff received training from an external provider and the training was a thorough five day session which covered the provider's mandatory training. Staff confirmed they had received this training however; there were no training records to confirm this. Some staff who had completed training before working for the service had copies of their training certificates; for other staff there were none in place. We brought this to the attention of the registered manager at the end of the inspection. The registered manager was already in the process of looking at alternative training providers and was acting on our concerns raised by the end of the inspection.

New staff received a five day mandatory training induction and also received a very detailed handover from the previous live-in carer which included people's preferences, routines and important information on health related matters. Training was also available from district nurses for specific conditions. One care staff said "A family member likes the staff to have medicine training from the district nurse; so they deliver that to us." The registered manager was intending to follow good practice guidelines by planning to ensure all newly recruited staff complete the care certificate.

People's needs were met by staff that received regular supervision and received an annual appraisal in they had been in employment for 12 months. We saw that supervision meetings were available to all staff employed at the service. The meetings were used to discuss people's changing care needs, assess staff performance and identify on-going support and training needs. Staff said "We have supervision regular and because we do not work in close proximity of the manager we have regular phone and e-mail contact; she is always available."

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.

It was clear from the people we spoke with that they had the capacity to make their own choices and decisions about the care they received; however there was no documented evidence of this in people's care files. We brought this to the registered manager's attention and they were taking immediate action to rectify this. People told us that staff seek their consent when undertaking day to day tasks.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged around people's own daily activities. People told us they had time and space to eat in comfort and at their own speed and liking. People were relaxed at mealtimes and had made choices about their own menu. People were supported to shop for their own food and choose what they wanted to purchase.

Staff were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Care Records showed that people had access to community nurses; GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

People were cared for by staff that were passionate about providing good quality care. Staff showed compassion for the people they cared for and gave examples of how they empowered and encouraged people in their daily lives. One person said “The carers are lovely,” a relative said “All the carers [my relative] have had have been really good, I have no complaints.” Most people directed their own care and care staff demonstrated how they always respected people’s decisions and choices.

People told us that staff interacted well with them and engaged them in conversation and decisions about their activities of daily living. People felt they were listened to and their views were acted upon.

Care plans included people’s preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans were detailed and covered every aspect of a person’s life and the care they required.

People and families members said they were “fully involved” in the care planning process and they had signed the care plans to indicate they were happy with the information written.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was e-mailed directly to the registered manager and a copy was kept for the person’s care file.

People’s privacy and dignity were respected by the care staff. One person said “If staff didn’t treat me with dignity and respect they wouldn’t be working here; so I can assure you they do.” Staff also demonstrated how they would protect people’s privacy and dignity while being supported in the community and undertaking leisure activities.

There was information on advocacy services which was available for people and their relatives to view. No-one currently using the service used an independent advocate but staff we spoke with knew how to refer people and gave examples of when people may be referred in the future.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care developed specific to the person concerned and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records and charts demonstrated that staff provided the support according to the care plan and people's wishes.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw.

People also had reviews of the service they received by the funding authority and this was documented in their personal files.

People were encouraged and supported to follow their interests and people had a variety of social opportunities that they were involved with. The service supported people with planning day trips ensuring appropriate staffing was

available and risks had been assessed. One person said "My carer supports me to a 'bible circle group'; it is important to me that I attend." Another person said "I go to lots of places and my carer supports me."

Staff spent time with people and responded quickly if people needed any support. They were always on hand to speak and interact with people and we observed them checking that people were comfortable and asking if they wanted any assistance. One person said "It is reassuring to know someone is here all through the night in case I need anything."

When people started using the service they and their representatives, were provided with the information they needed about what do if they had a complaint. One person said "I know how to complain I would say something to the manager." There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. One family said "I wouldn't hesitate to ring the manager and I'm sure she would listen and do something about my complaint; but I've never had to."

Is the service well-led?

Our findings

People told us the registered manager and staff were very good and that they could speak with them at any time. One person said “[The manager] is great, I can ring her or text her and she always gets back to me.” We saw e-mails that the staff had sent to the manager to give them updates on people's care and support; it was clear that staff felt the manager was approachable and acted upon their concerns or ideas.

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the manager was very approachable and proactive.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Questionnaires were due to be sent to people, relatives and professionals to seek their people's views on

the quality of the service they received. People told us they were generally happy and content with the service provided and they would recommend the service to other people.

Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said “The manager is very approachable; she gives us feedback and lets us know if we need to improve things.” Individual meetings with the staff took place to discuss people's changing care needs, training requirements and opportunities that were available to them. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and to discuss good practice guidelines. The manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment were fit for purpose.