Lifecarers Limited

Lifecarers (Bracknell, Crowthorne & Sandhurst)

Inspection report

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This was a comprehensive inspection which took place on 11and 12 December 2017 and was announced. We gave the manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office to assist us.

Lifecarers (Bracknell, Crowthorne and Sandhurst) Ltd. is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults, people living with dementia and people with disabilities. The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using Lifecarers (Bracknell, Crowthorne and Sandhurst) Ltd. receives the regulated activity. Where they do we also take into account any wider social care provided.

The service did not have a registered manager as required, however, a manager had been appointed and had begun the process of applying to be registered. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager was present and assisted us during the inspection.

At the last inspection the service was rated Good. At this inspection we found the service remained Good overall but they required improvement in Safe.

Risks associated with people's health and the care they received were assessed. However, guidance for staff on how to minimise the risks was not always sufficiently detailed. This was mitigated by the good communication and information sharing between staff. Accidents and incidents were recorded but it was not clear what investigation had taken place and how lessons learnt were shared from these. Following the inspection the manager sent us evidence of how they were addressing these issues.

People told us they felt safe with the care staff, while relatives confirmed they felt confident their family members were cared for safely. Robust recruitment procedures were followed to ensure as far as possible only suitable staff were employed. Staff were trained to safeguard and protect people. They reported concerns promptly when necessary. People received their medicines safely when they required them.

People continued to receive effective care from staff who were trained and had the necessary skills to fulfil their role. Staff felt supported by one to one meetings supervision meetings, annual appraisals and staff meetings. These all provided them with time to seek advice, discuss and review their work. They had opportunities to develop their skills and knowledge as well as gain relevant qualifications. The service worked well with other teams of professionals to provide effective care for people.

When required people were supported with nutrition and hydration. People's healthcare needs were monitored and advice was sought from healthcare professionals when necessary. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People reported staff were kind and patient. People's privacy and dignity were protected, they told us staff treated them with respect. People and when appropriate relatives were involved in making decisions about their care.

The service was responsive to people's individual needs. Staff knew people well and individual care plans were person-centred. They focused on the diverse needs and preferences of each person along with their desired outcomes. People's views were sought and they knew how to raise concerns or make a complaint if necessary. We have made a recommendation that the provider review current guidance and best practice about the Accessible Information Standard.

The service was well-led. There was an open, person centred culture with a strong emphasis on providing excellent care which was led by example. The management team listened to feedback and worked toward making improvements in the service. Governance systems helped monitor the quality of the service.

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?

Requires Improvement

The service requires improvement

Guidance for staff on how to manage risks was not sufficiently detailed.

It was not always clear how accidents and incidents were investigated and trends monitored so lessons could be learnt.

Staff were knowledgeable on how to protect people from abuse and their responsibilities or report concerns

People felt safe with the care staff who visited them and were confident in their skills.

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

Lifecarers (Bracknell, Crowthorne & Sandhurst)

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 was a comprehensive inspection which took place on 11 and 12 December 2017, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We therefore needed to be sure that someone would be available in the office to assist with the inspection. On the first day of the inspection we made a site visit to the offices of the service. On the second day we conducted a telephone survey of people who use the service and relatives of those people who had given permission.

The inspection was carried out by two inspectors and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert who assisted us with this inspection was experienced in caring for older people and had personal knowledge of using services.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and contacted three community professionals for feedback. We did not receive any feedback from professionals. We also contacted the local authority safeguarding team who confirmed there were no safeguarding concerns.

We reviewed the 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 seven people who use the service and four relatives. We spoke with four

members of staff including the manager and three care staff. We received written feedback from a further two staff following the inspection. We looked at records relating to the management of the service including six people's care plans and associated records. We reviewed six staff files including the recruitment records. We looked at staff training records, the compliments/complaints log and accident/incident records.

Requires Improvement

Is the service safe?

Our findings

Risks associated with people's health and the care they received were assessed. Examples included, risks related to falls, poor nutrition and skin breakdown. Care plans provided some guidance for staff on how to minimise the identified risks but they were not always sufficiently detailed. We discussed this with the manager who told us there was regular communication with staff with regard to mitigating risks. They said information was provided via a number of methods including a weekly memo to all staff and where information was required immediately, by text message or phone call. Staff confirmed they felt they always had sufficient information to keep people safe and they reported and shared information promptly. One said, "You always look for risks. If you see something you contact the office immediately and that information is passed on quickly by text or phone call then followed up in the newsletter." There had been no negative impact on people due to the limited written guidance. The manager agreed to review the recording of guidance and following the inspection sent us examples of an improved recording format. In addition to individual risks, the home environment was assessed to identify safety risks to both people and the care staff visiting them.

Risk assessments were reviewed annually and the manager advised that this would be the case unless there was a change that would prompt a review. However, in one person's file it was not clear if the risk assessment and management plan had been updated following an incident. The manager advised us they were fully aware of the situation and had put appropriate measures in place. Following the inspection they sent us evidence of the required update to the person's care plan. This showed it had been appropriately reviewed, updated and discussed with the person and their relatives.

Accidents and incidents were recorded and actions taken could be identified from the reports. However, it was not always clear from the records we reviewed what investigation had taken place and what lessons had been learnt and shared with the staff team. Without accurate information there could be a risk that staff may not be aware of how best to support people to ensure their safety and well-being. This was discussed with the manager who took prompt action to adopt the use of more detailed recording and also developed a spreadsheet to monitor trends. Following the inspection they sent evidence to illustrate how they shared information with the staff team including text messages and memorandums.

People felt safe with the staff who visited them. One person told us, "I feel safe because they know what they are doing." Another told us, "I am more than 100 percent safe." A third person commented, "I have absolute confidence in the carer's abilities to keep me safe and recognise if there is a problem." Relatives were also confident and assured of their family members safety. One said, "I can tell [name] feels safe because of his attitude and the way he responds." Another commented, "I have peace of mind knowing that carers ensure [name's] safety and that I will be informed immediately should there be a problem. I have complete confidence in the integrity and discretion of staff."

Staff were trained in protecting people from abuse. They described signs which may indicate a person had been abused and situations which may give rise to concern. They knew their responsibilities to report concerns and stated they were confident that action would be taken if necessary. The provider had a

whistleblowing policy which staff confirmed they were aware of and would be happy to use if required.

Recruitment procedures were followed and helped to ensure suitable staff were employed. They included a Disclosure and Barring Service check to confirm that candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, checks were made on applicant's conduct in previous employment and their health and fitness to carry out their role.

The number of staff required was determined by the needs of the people using the service. New care packages were not accepted unless there were sufficient staff to accommodate the person's assessed needs. An on-call system was operated out of office hours. Staff confirmed to us they could contact the on-call manager for advice should they need to.

Staff received training in the safe management of medicines and there were systems available to check staff competency in managing medicines safely. Medicine audits were carried out and issues identified were promptly dealt with. People confirmed they received their medicines when they were required and care workers applied creams in accordance with instructions.

Staff were provided with and used personal protective equipment to prevent the spread of infection. People confirmed this and one said, "They are aware of my safety and the need to avoid infections." The provider had continuity plans with clear lines of delegation to ensure the service could continue in the event of an emergency.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People's needs had been assessed prior to care commencing. In most cases this was carried out by a manager and with people's agreement there was often family involvement. When necessary assessments were carried out in hospital prior to discharge and a home assessment was arranged. This meant the care had been commenced as soon as the person was at home. Comments we received included, "The manager came to see me in hospital and together we decided what care I would need, this was all in place when I was discharged", "[Name] had a full assessment before care commenced, and was able to discuss what he would like" and "When the manager came to do the assessment, [name] had an agenda of what they would require, this has been achieved successfully."

People reported that care staff understood their needs and the way they liked things done. They were confident that all care staff have had good training and have the correct skills to care for them well. Comments included, "[Name's] regular carer is a gem, she really understands [name], they get on well. The carer is very skilled and well trained, she sees what [name] can do and lets [name] get on with it", "There is not a single thing that has not been covered in their training, they are all excellent" and "Some are more competent than others but all are ready to listen, and are well trained."

All staff were provided with induction to the service and training which followed the care certificate standards. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. New staff also completed a period shadowing more experienced staff before they worked independently with people. An appropriately qualified trainer employed by Lifecarers (Bracknell, Crowthorne and Sandhurst) Ltd. provided training to the care staff. Training was varied and comprised of face to face sessions as well as eLearning. Staff were encouraged to gain recognised qualifications to further their knowledge and skills. Where a specific skill was required to meet a person's individual needs this was provided, for example, epilepsy training.

People benefitted from being cared for by staff who were supported in their job role. Staff had one to one meetings with their line manager as well as an annual appraisal. In addition, observations of their practice were undertaken regularly to monitor their performance. Team meetings provided opportunities for staff to discuss their work and share information. They told us their views and ideas were sought and valued. One said, "Suggestions for making things better are always welcome and implemented when possible."

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. Staff had received mental capacity training and understood their responsibilities. People told us staff asked permission prior to any intervention using phrases such as "Would you like me to…?", "Is it alright if I…?" and "What would you like me to do?" They confirmed that staff checked if they needed anything more done before they left.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection via the person's funding authority. No applications had been necessary at the time of the inspection.

Staff provided support with eating and drinking if this was part of the planned care. They discussed what type of food people preferred and helped them meet their diverse needs in relation to meals. This included diets related to cultural and medical needs. People who required support with serving or preparing meals told us they were happy with the way this was provided and said it was done in accordance with their wishes. Where there were concerns regarding a person's nutritional intake, this was monitored and if necessary advice sought.

People were supported with healthcare appointments if necessary and staff acted promptly if medical attention was required. For example, a person told us, "On one occasion they called a GP and stayed with me until I was seen, then until an ambulance arrived and I was taken in to hospital." Another explained, "The carer noticed I did not look well and told [name] who called the doctor, I ended up in hospital where I had [surgery], if it had not been for that carer I might not be here now."

The service worked well in co-operation with other services and had built good working relationships with local GPs and other health and social care professionals. Compliments had been paid to the service by a health professional and a relative when a person's skin had improved following the care provided. When appropriate, reviews of care were held jointly with relevant professionals to help ensure care was as effective as possible.

Good

Is the service caring?

Our findings

People continued to benefit from a caring service. It was evident from the comments we received from people and their relatives that positive relationships had been developed. Care staff were described in terms such as "very kind, caring, friendly, helpful, discreet, chatty, understanding, professional, respectful and genuinely nice people". Relatives provided examples of how this caring approach had made a difference to their family members' lives. They included, "Because of the caring and kind attitude of carers, [name] is no longer resistant to having the help she needs." and "Carers know exactly how [name] likes things done and are meticulous in performing these tasks as [name] wishes."

Staff described how they got to know people well and were able to demonstrate how they knew significant details about people's past lives and their individual preferences. Information relating to people's diverse needs was recorded and included cultural preferences, hobbies and interests. Staff visited the same people regularly and felt this contributed to being able to provide personalised care. They were committed to providing the best care for people as possible and often went beyond expectations to support people. For example, one person told us how they had been given support by their care worker and a manager to help them through bereavement. They told us they had spent time with them ensuring they had someone to talk to and comfort them. They felt they would not have been able to cope without this.

People were shown respect and said their privacy and dignity were protected. One person said, "Carers are most definitely kind, caring and professional, they treat me respectfully and do not use inappropriate language." Another told us, "I could not have better carers, they respect my modesty and I feel very comfortable with them. They will do as I ask, I am able to say what I would like doing, depending on how I am feeling." A third commented, "I am so happy with my care and would not want to change a single thing. I accept what needs doing and am treated with dignity and total respect."

People were supported to remain as independent as possible. One member of staff told us, "[It is] how they want the care. For example, they may want to do something themselves. It's important to give them enough time." A person told us, "They are kind and conscientious, they follow the care plan step by step, they know how to put my pillows and make sure my drink and everything I need are to hand which helps me to be as independent as I am able to be. They treat me as if I was their own Mum."

People told us they were able to make decisions about their care. They told us their care was reviewed regularly either by a visit from a manager or over the telephone. They felt confident to call the office if necessary to discuss their care. People appreciated having regular care workers and told us visit rotas were available if they wished to receive one. People reported care staff arrived on time but should they be delayed a call was made to inform them. People said they always got their full time allocation and never felt rushed. They told us they had never been let down or left without a care staff and said one of the managers would step in to prevent this happening.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People felt the care and support they received was specific to and met their individual needs. Relatives confirmed this and said, "[Name] enjoys having a chat with their regular carer, they have common interests, and they know exactly how [name] likes things done" and "[Name] had been able to open up with carers and share past experiences, which they had been reluctant to share with family, it is done in a non-patronising way and this has had a beneficial effect on [name's] well-being."

Care records were person-centred and recorded peoples' needs and preferences. A document called "About Me" was used to capture important information and contributed to staff being able to deliver individualised care. This included areas such as how people liked to addressed, their preference for male or female care workers, cultural and spiritual needs and information about family members who were important to them.

People's needs were reviewed regularly and as required. People and their relatives reported the service was flexible and responsive to changing needs. For example, a relative told us, "[Name] is a feisty young person who dictates their own care. Managers are very accommodating if [name] wishes to make changes." A person commented, "As I am improving, I no longer need as much care as when I started, I spoke to the manager and we agreed to reduce the number of visits. There were no problems doing this."

We looked at whether the service ensured people had access to information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. Guidance in communicating with people in a manner they could understand was available in care plans. However, the manager was not fully aware of the Accessible Information Standard and its requirements.

We recommend that the provider review current guidance and best practice about the Accessible Information Standard.

Staff were aware of and knew how to respond to each person's diverse cultural and spiritual needs. For example, staff did not wear uniform on the holy day of one person's religion as a mark of respect and refrained from carrying out any domestic tasks on that day.

The provider had introduced a call monitoring system which enabled more accurate recording of visits and reduced the risk of visits being missed. There had been no missed visits since the installation of the system. The manager and office team had worked hard to train staff and embed the use of this system as they believed it enabled them to provide more responsive care.

People and their relatives knew how to make a complaint if necessary but none of the people or relatives we spoke with had had cause to do so. However, they told us they would have no hesitation in doing this should it be necessary. One relative spoke of a historic situation, which was thoroughly investigated. They told us

they were satisfied with the way this was dealt with.

Good

Is the service well-led?

Our findings

At the time of the inspection there had been no registered manager since the previous post holder had deregistered in June 2017. A new manager had been appointed as an internal promotion shortly after this but due to administrative issues their application to register with the Care Quality Commission (CQC) had only recently begun. Having previously worked in the service in a senior capacity the manager was aware of the ethos and values the provider had in place. Staff told us the manager led by example and demonstrated the vision and purpose of Lifecarers (Bracknell, Crowthorne and Sandhurst) Ltd. There was a clear set of values which staff told us were kept in focus and put into practice.

There was a clear team culture evident in the service. Staff spoke about being part of a "great team." and of a "good team spirit." One said, "I love working with all my colleagues and feel the management team are very supportive." Staff told us they were supported and listened to. One said, "I'm definitely supported. The door is always open to us and we can ask to see [manager's name] at any time." Another told us, "There's an open door and they're happy to listen." A third commented, "The office staff all began in care and still do go out to clients. I find them all understanding and helpful and have nothing to complain about." Staff had opportunities to feedback about the service through a staff feedback survey.

The quality of the service was monitored and audits were carried out to identify shortfalls or areas for development. Examples of audits included those carried out on medicine records, care files and direct observation of care practice. Any concerns were addressed in order to improve the service and action was taken promptly to discuss any issues relating to poor practice.

The managers of services across the provider's organisation met regularly to discuss strategy and organisational vision. There was evidence that the agenda was varied and on occasion linked to the key lines of enquiry used by CQC to inspect the services. The information and learning from these meetings was shared. It was disseminated to teams through weekly team memos, regular team meetings or if urgent via text, phone or individually face to face. The minutes of meetings provided evidence of continuous learning and direction to innovate and improve services. The regular local team meetings provided a venue for staff to share concerns relating to people they support and receive service updates.

People and their relatives felt the service was well led and the office team were helpful when they contacted them. Without exception people we spoke with told us that they were confident that staff were happy working for the service. They told us they thought there was good staff retention as many had worked at the service for a number of years. A relative commented that the service has a talent for selecting excellent good quality caring staff and should be congratulated.

Community links were built through fundraising and charity events which the manager told us they wanted to develop further over the next year.