

L G Caring Ltd

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Inspection report

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Date of inspection visit:
24 June 2019
01 July 2019

Date of publication:
02 August 2019

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

LG Caring Limited is a domiciliary care service providing support with personal care to people living in their own homes. 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. At the time of our inspection the service was supporting ten people with personal care.

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

Everyone we spoke with said they would have no hesitation in recommending the service to family and friends. People were very complimentary about the registered manager and care workers. One person said, "[Name of care worker] is amazing, just wonderful, it is not just a job to her it is a way of life."

There were enough care workers to meet people's needs. The registered manager took great care when appointing new staff to make sure they were suited to their role. However, this was not always supported by detailed records. We made a recommendation about the recruitment procedures.

People told us they were supported by a regular team of care workers. They said they received their calls on time and the service had never missed a call. People were confident care workers had received appropriate training to meet their needs.

When people were supported with medicines this was done safely.

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. Care workers were trained and supported to understand their roles and responsibilities.

People told us care workers were kind and caring and treated them with respect. Care workers understood the importance of respecting people's diverse needs and promoting independence.

The service worked in partnership with other agencies to make sure people received the right care and support.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed. The registered manager was open and transparent and created a culture which was friendly and welcoming.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 01/06/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

L G Caring Limited

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 inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in Halifax, Huddersfield and the surrounding areas.

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 a short period 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 24 June 2019 with telephone calls to people who used the service. We visited the office location on 01 July 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 and professionals who work with the service. 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 four people who used the service, one relative and one representative about their experience of the care provided. We spoke with the registered manager at the office location and spoke with two care workers by telephone.

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

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff deployed to meet people's needs.
- People told us they had a regular team of care workers. They said they were introduced to new care workers before they started to receive support from them.
- People told us care workers were punctual and stayed for the allocated time. Everyone we spoke with said they had never missed a call.
- The registered manager explained the way the recruited new staff. While it was clear they took great care to select people who were right for the role this was not always supported by the records.

We recommend the registered manager reviews the recruitment procedure to ensure it is robust.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Everyone we spoke with told us the service was safe. People knew who to speak to if they were not happy.
- Care workers received training and understood how to recognise and report any concerns about people's safety and welfare.
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed safely.
- Risks to people's health and safety were assessed and a range of risk assessments were completed. Some of the risk assessments were not as detailed as others. The registered manager told us they had already identified this and were reviewing all the risk assessments. The registered manager and care workers understood how to support people and manage risks.
- Procedures were in place to make sure care workers knew what to do in the event of an emergency. For example, if they could not gain access to a person's home.

Using medicines safely

- People's medicines were managed safely.
- Where people were supported to take their medicine, medicines administration records (MARs) were kept in their homes. The MARs showed which medicines people were prescribed and when they were given.
- The MARs we returned to the office every month and checked by the registered manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated. The MARs we

looked at had been completed correctly.

- People told they were happy with the support they received with their medicines
- Care workers received training on the safe management of medicines.

Preventing and controlling infection

- Care workers received training on the prevention and control of infection.
- The service provided staff with personal protective equipment such as gloves and aprons. They also provided soap and paper towels in people's homes to reduce the risk of cross infection.

Learning lessons when things go wrong

- The registered manager was always looking for ways to improve the service. For example, they showed us how they had changed the medication administration records to make it easier to see what medicines people had taken.
- There had not been any accidents or incidents involving people supported by the service. The registered manager understood the importance of investigating accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of recurrence.

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.

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

- The registered manager explained how they assessed people's needs before the service started. The assessment considered all aspects of people's needs and the information was used to develop person centred care plans and risk assessments.
- People, their relatives and where appropriate other health and social care professionals were included in the assessment.

Staff support: induction, training, skills and experience

- People were supported by care workers who were trained and supported to carry out their roles.
- People told us they felt confident their care workers had been properly trained to provide the support they needed.
- Care workers told us they received the training they needed to keep people safe and meet their needs. Training on safe working practices included safeguarding, infection control, moving and handling and first aid. Training was also provided to meet people's individual needs, examples included Percutaneous Endoscopic Gastrostomy (PEG) feeds and colostomy care.
- The registered manager met with care workers regularly and they told us they felt supported in their roles.

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

- People were supported to eat and drink in line with their care plan.
- Care workers monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- The service worked effectively with other professionals. For example, when people's needs changed they made referrals to other health and social care professionals to ensure people received the support they needed. Similarly, staff had worked in partnership with district nursing teams.
- People were encouraged to make healthier lifestyle choices.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- None of the people supported by the service had a Court of Protection Order in place at the time of our inspection.
- People told us care workers consulted them and asked for their consent before providing care and support.
- Care workers had received training on MCA and had a good understanding of this.

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.

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

- People told us their care workers were kind and caring. One person described them as "friendly and obliging."
- Care workers received training in equality and inclusion and were aware of people's diverse needs.
- The registered manager promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.

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

- People were fully involved in decisions about their care and treatment.
- People said they were asked regularly if they wanted to make any changes to their care plans and the plans were changed accordingly.
- People's care records included prompts for care workers to ensure people were involved in decisions about their daily lives. For example, one person's records stated, "Ask [name] what they would like for lunch."
- Care records also included guidance for staff on respecting people's wishes. For example, one person's care plan reminded care workers take off their outdoor shoes in the hallway.
- Where appropriate the service supported people to access advocacy services. Advocates provide independent support to people who, for whatever reason, may find it difficult to express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us support workers respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.

Is the service responsive?

Our findings

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

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

- People experienced care and support which was responsive to their needs.
- People told us they were very happy with the care and support they received. One person said, "I can't fault them, they are very flexible, if I need to change my call time at short notice there isn't a problem." A relative told us "They are excellent, I can't fault them."
- People's care records included information about their support needs and preferences.

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.

- People's communication needs were assessed. Care records included information about supporting people with their communication needs.
- Appropriate support was provided where necessary. For example, the registered manager told us when reviewing the care plan of one person who was visually impaired they read it aloud to the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The risk of social isolation was considered during the assessment process.
- People were supported to maintain contact with the family and friends. For example, in the case of one person who was living with dementia care workers were prompted to use photographs to support the person to talk about their family.

Improving care quality in response to complaints or concerns

- People told us they had no concerns about the service. They said they would not hesitate to talk to the registered manager if they were unhappy about anything. People were confident any issues they raised would be acted on.
- People were given information about the complaint's procedure in an easy read format.
- The service had not received any complaints.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.

- Following our visit to the service the registered manager told us they had been asked to support a person who was receiving end of life care at home. They were working in partnership with the local hospice, Marie Curie nurses and district nurses to support the person's wish to end their life in their own home.

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.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture. They said, "I feel very proud of what I am doing."
- Everyone we spoke with said they would recommend the service. Everyone knew the registered manager by name and spoke very positively about them.
- People told us they had regular contact with the registered manager and any worries or concerns were dealt with immediately.
- Care workers told us the registered manager was supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with. One care worker said, "I love it, it's a brilliant place to work."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibilities.
- There were systems in place to identify and manage risks to the quality of the care provided. For example, processes were in place to monitor any incidents or accidents and identify patterns or trends.
- Staff were supported to understand their roles through regular supervision and meetings.
- The registered manager notified CQC about events as required by law.

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

- People were involved in discussions about their day to day support. This was done informally through conversations with support workers and the registered manager and formally through care reviews.
- The registered manager told us one person they supported had expressed an interest in being part of the recruitment process. The registered manager was considering how to facilitate this.
- The registered manager was in the process of developing surveys to seek people's feedback.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs.

- The registered manager and care workers attending training provided by a local organisation and this helped to make sure they kept up to date with current best practice.
- The registered manager had recently attended a Dementia Friendly training event. They had found out about local resources to support people living with dementia such as the Memory Lane Café in Halifax. This enabled them to share information with people supported about local resources they might benefit from.