Lifecarers Limited

Lifecarers (Reading, Caversham & Henley)

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

This inspection took place on 19 December 2016 and was announced. Lifecarers (Reading, Caversham and Henley) is a domiciliary care service providing care and support to people in their own home to promote their independence and well-being. At the time of the inspection they provided personal care to 19 people.

There was a registered manager in post. 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.

At a previous inspection in February 2015 we found the service needed to make improvements in the following areas, Safe, Effective and Well-led. During this inspection we noted improvements had been made in those areas.

The provider's recruitment processes had been improved. These were now robust, which meant this helped to ensure people were cared for by staff who were suitable to work with vulnerable adults.

Improvements had also been made to risk management plans. Risks to people's well-being were assessed and management plans contained sufficient detail to enable staff to deliver care safely.

People told us they felt safe using the service. Staff were trained and knowledgeable in how to safeguard people and recognise signs of abuse. There were sufficient staff to provide a safe and consistent service to people.

People received their medicines when they required them. Staff were trained in the safe management of medicines and their skills were regularly checked.

Staff had received further training in the Mental Capacity Act 2005 (MCA). The registered manager was aware of their responsibilities to protect people's right to make decisions and worked within the principles of the MCA. People's consent was sought before care was provided.

People benefitted from being cared for by a team of well trained staff who were supported and valued by the provider and registered manager.

People were supported to eat and drink in accordance with their care plan. Their well-being was monitored and when necessary advice sought from healthcare professionals.

Staff were kind, caring and considerate. They recognised people's diversity and met their cultural and religious needs. People received dignified and respectful care from staff who understood how to provide privacy and dignity for people.

People's needs were assessed and a care plan specific to their desired outcomes was designed. Care plans were reviewed regularly and updated when changes occurred. People had the opportunity to discuss and change their care plan if they wished.

People were encouraged to give feedback on the service. Feedback was taken seriously and used to drive improvements. Complaints were responded to, investigated and addressed.

Improvements had been made to the monitoring and auditing of the service. Regular audits were now conducted in areas such as medicines administration records and recruitment files. A variety of methods were used to monitor the quality of the service and seek suggestions for improvement.

The culture of the service was positive and open. People and staff were complimentary about the registered manager and the leadership of the service.

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.

The provider had improved recruitment processes which were now robust.

Risk management plans had been improved to provide detailed guidance for staff.

People felt safe and were confident in the ability of the care staff.

Staff showed understanding and demonstrated a good knowledge of safeguarding people.

Medicines were managed safely. People received their medicines when they needed them.

There were sufficient staff deployed to meet people's needs safely.

Is the service effective?

Good

The service was effective.

The registered manager and staff had received training in The Mental Capacity Act 2005 and had an improved understanding of the principles of the act.

Staff received effective induction, training and on-going support through regular one to one supervision and appraisal.

People's consent was sought before care was provided.

People were supported to eat and drink when this was part of their care plan. Professional advice with regard to people's health and well-being was sought when necessary.

Is the service caring?

Good

The service was caring.

People were supported by regular care staff who knew them well.

Staff offered people choices and respected their decisions.

People were treated with kindness and respect. Staff encouraged people to be independent.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed before using the service. They were involved in planning and reviewing their care.

Care and support was individualised and person centred.

People's feedback and views about the service were sought.

People knew how to make a complaint or raise a concern if necessary.

Is the service well-led?

Good

The service was well-led.

Improvements had been made in monitoring and auditing the service.

The provider and registered manager sought ways to improve and develop the service.

The culture in the service was open and positive.

Staff spoke positively about the support they received and felt listened to.

Lifecarers (Reading, Caversham & Henley)

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 19 December 2016 and was announced. We gave the service 48 hours' notice of the inspection because it provides domiciliary care and staff are sometimes out visiting people using the service. Therefore we needed to be sure that senior staff would be available to assist with the inspection.

The inspection visit was carried out by one inspector and a second inspector completed telephone interviews with people, staff and community professionals.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of important events relating to the service which they must tell us about by law.

We also considered the responses given to the questionnaires completed by four people who use the service, two relatives or friends of people who use the service and five staff.

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 four people who use the service and three community professionals who worked with the service. We also spoke with seven staff including the registered manager, a director, an administrator and four care staff. We looked at records relating to the management of the service including five people's care plans and associated documentation and four staff files including recruitment records. We

also reviewed a selection of policies and procedures, the complaints log, staff training records and quality assurance audits.

Good

Is the service safe?

Our findings

At a previous inspection in February 2015 we found some staff files contained unexplained gaps in employment history. Additionally, in two files there was no evidence of conduct in previous employment, where this has involved working with vulnerable people. At this inspection improvements had been made and recruitment processes were robust. They included obtaining a Disclosure and Barring Service (DBS) check for each prospective member of staff. This ensured the applicant did not have a criminal conviction that prevented them from working with vulnerable adults. References were taken up from previous employers to establish the suitability of an applicant's behaviour while in other employment. This included references from employment that involved supporting vulnerable people. Application forms were completed and included a full employment history. We noted that explanations for any gaps in employment history had been explored and recorded. All the necessary information required by the regulations was in place.

At the previous inspection in February 2015 we found some risk management plans lacked detail. This meant staff may not always have the information available to them to manage risk safely. At this inspection we found improvements had been made. Risk assessments relating to people's individual needs were carried out and this information fed into people's care plans. These included risks associated with such things as moving and handling and taking medicines. The risk management plans helped staff to work safely in order to minimise identified risks. The home environment was also assessed for risk to help ensure the safety of both people and the staff supporting them. Staff were aware of the importance of monitoring and reporting risks. One told us, "I assess things when I'm there. (Then) call the office and report any changes. The office always listens." We noted that where changes had been identified the risk assessments and risk management plans had been updated to reflect this. For example, one person's risk assessment reflected changes in their needs following deterioration in their health. This had resulted in an increased number of visits each day to support and meet their needs.

People told us they felt safe when care workers visited them. We asked people if they felt safe, one person said, "They make me feel safe, oh yes." Another said, "Definitely yes." while a third person commented, "Oh I absolutely feel safe. Yes I do."

People benefitted from being cared for by staff who had received training in safeguarding vulnerable adults. This training was refreshed regularly and there was a clear policy for staff to follow. Staff were aware of the different types of abuse and described signs that may give them cause for concern. They described the action they would take to report any safeguarding concerns and were confident prompt action would be taken by the registered manager in response. The provider had a whistleblowing policy which staff were made aware of during induction and subsequent refresher training. They told us they would have no hesitation to report any malpractice and were aware of being able to report to agencies outside of the organisation if necessary.

There were sufficient staff deployed to provide safe care and support. New care packages were only accepted if staff were available to cover the required visits. The provider used an electronic monitoring

system to manage visits. We saw they were able to identify if a visit had not started at or lasted the planned time. This meant they were able to contact staff and establish why they had not arrived or why they had left a visit early. This gave assurances to people using the service and meant they received timely visits unless there was good reason, such as traffic delays.

People received their medicines safely. Staff received training in the safe administration of medicines. Their competency to assist people was assessed at least twice a year by senior staff during observations of practice. The registered manager audited the medicines administration records to identify discrepancies and check people received their medicines appropriately. We saw that where discrepancies had been identified they were cross referenced to the daily communication records. This was then recorded and discussed with the appropriate staff member to address the issue. The registered manager confirmed there had been one medicines error since the last inspection. This had not resulted in any harm to a person using the service and the staff member had received supervision and further training. The medicine administration records we reviewed had been completed fully and indicated people had received their medicines when they required them.

The provider had a comprehensive business continuity policy for dealing with emergencies such as staff shortage, transport failure and seasonal pressures. This provided guidance and advice for staff to follow enabling them to prioritise actions and make contact with appropriate services.

Good

Is the service effective?

Our findings

At a previous inspection we found the registered manager and staff had only a basic understanding of the Mental Capacity Act 2005 (MCA). 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. We checked whether the service was working within the principles of the MCA and found improvements had been made since the last inspection.

The registered manager and all staff had undertaken further training in this legislation. The MCA was now a standard part of the induction received by all new staff members. The registered manager was able to demonstrate a good understanding of the principles of the MCA. We saw people's files contained details of attorneys where they had been appointed to make decisions on behalf of people. Whenever possible people had signed their care plans to indicate their agreement to them.

Staff understood people had the right to make their own decisions and gave us examples of how they respected those decisions. For instance, one staff member described how a person had refused their medicines. They told us they had tried to explain the importance of taking them but the person still refused and their decision was respected. They then reported this to the registered manager so medical advice could be sought. People were asked for their consent before they were offered personal care. One member of staff said, "I always ask first. I give an explanation of what I'm going to do, I think this gives reassurance."

People were provided with effective care by staff who were well trained. Staff received an induction when they started work at the service which included topics such as safeguarding vulnerable people, moving and handling and safe administration of medicines. Training continued with 'The Care Certificate' (an identified set of 15 standards that health and social care workers adhere to in their daily working life). Throughout the induction and probationary period new staff were assessed during shadow visits and observed practice. This ensured their practical as well as theoretical skills were up to standard. Training was delivered through a variety of methods, face to face sessions, DVDs and ELearning. Staff described the training they had received as, "Very good" and "It helped me know what to expect."

Refresher training was provided in core subjects in accordance with the provider's training policy. Some training was also provided in topics relating to the needs of people using the service. The provider information return described how they planned to increase specialist training to include specific conditions that people who use the service had. We reviewed the provider's training matrix and found training was mostly up to date. The matrix identified training that had recently expired and the registered manager showed us evidence that refresher training had been booked.

Staff were supported through training, supervision and appraisal. They had the opportunity to gain

recognised qualifications. At the time of the inspection five staff members were completing a level two diploma in health and social care. Staff told us their training was kept up to date and one commented on how the training had prepared them for, "A job I'd never done before."

Regular one to one meetings with senior staff and annual appraisals were carried out with all staff members. They had opportunities to discuss their work and their future development during these meetings. They could raise concerns and felt confident they were listened to. As well as these regular meetings staff could speak with the registered manager, provider or a senior member of staff at any time. They were encouraged to visit the office or telephone if they needed to speak with anyone and one told us, "There is always an open door and there is on-call. Advice is always readily available." Staff meetings provided opportunities for the whole team to meet and share information and views. We were told these were, "Really, really useful. We can say if we feel things could be improved and we're listened to."

In addition to formal and informal meetings, support and communication was provided via regular memos sent out to staff on a weekly basis. They provided updates on people's care and gave reminders about important events such as road closures which may affect routes to people's homes and timing of visits. They also gave hints and tips on supporting people as well as encouragement to maintain key performance indicators such as using the electronic monitoring system.

People were assisted with meals if it was part of their care plan. The registered manager told us they were careful to schedule sufficient time if people needed assistance with their meal otherwise people may not eat adequately. They stressed this was essential to ensure the person's nutrition was maintained. They gave us an example of how they had found a person was losing weight due to the visit time not being sufficient to enable staff to fully support them to eat. The service worked with the other professionals to ensure the visits were lengthened to allow the appropriate support to be given. Staff prepared and left snacks and drinks available for people to have between visits. Staff had received training in safe food handling practices.

People could mostly manage their own healthcare appointments or had family members to assist them with this. However, when necessary staff contacted healthcare professionals with people's permission to seek advice or summon help. We saw emergency medical help had been called for people when they had been unwell. Staff had offered to make a call to the GP or district nurse when they had identified a potential health concern.

Good

Is the service caring?

Our findings

People were supported by consistent care staff who visited them on a regular basis. The registered manager was clear on the importance of having consistency of staff and ensuring staff got to know people well and understood their needs. It was evident from speaking with the registered manager and other staff, that they knew people's need well and could describe the care provided.

Whenever possible, new staff were introduced to people before they supported them. The registered manager ensured staff had a good knowledge of the people they supported before visiting them. Staff confirmed they were kept up to date with any changes in people's well-being and/or support needs. They told us they received text messages to alert them of changes as soon as the office staff were aware. These changes were reflected as soon as possible in people's care plans.

People's diversity was recognised and their needs in this area respected. Consideration was given to any religious, cultural or lifestyle choices and where possible care staff were matched to support these needs. For example, one person did not speak English. A staff member was employed specifically to support this person and was able to speak their native tongue. The registered manager also spoke about the importance of matching personalities so that shared interests could help develop and forge caring relationships. People were asked if they had a preference with regard to the gender of the care staff who supported them and this was recorded in the care plan.

People were positive about the staff and the care they received. Comments included, "They are really very good, I can't fault them." "Friendly and willing." and "Oh definitely happy with the level of care." We saw compliments had been received reflecting the caring nature of staff. These included, "We really appreciated the fact that the staff were not just doing a job but really cared about [name] and did their best to make their visits an enjoyable part of [name's] day." and "[Staff name] is brilliant, caring and excellent… they have a great banter (together)."

Staff had received training in protecting people's privacy and dignity. The senior staff completed spot checks to observe staff working with people. They included checks on how staff interacted with people to ensure they were treated with dignity and respect. A member of staff told us, "Always talk people through (personal care). Dress what is washed so the person is never completely naked." Another said they would reassure the person if they were apprehensive and added, "(If necessary) take a little break and continue when the person is ready." People also told us their privacy and dignity was protected. One person said, "(The) curtains are drawn, I'm covered up, everything is good." Another told us, "(Staff are) always polite." and a third person referred to staff as, "Respectful." People said staff completed all the tasks they were asked to do. One commented, "They do anything I ask them to do, quite willingly."

People's care plans referred to encouraging them to be independent whenever possible and guided staff as to what people were able to do for themselves. Staff were clear that it was important to help people maintain independence. One told us, "Where possible (I) try to get the person to wash themselves."

People's records were stored securely to ensure the information the service had about them remained confidential at all times

Good

Is the service responsive?

Our findings

People received a full and complete assessment of their needs before a service was offered. The registered manager told us the assessment was usually completed a week before the service commenced. This was in order for a care plan to be written and discussed with the person. It ensured people were involved and had the opportunity to change any aspect of the plan if necessary. When appropriate, relatives or others who were important to the person being assessed had been involved in planning the care and support provided.

Reviews were carried out routinely on an annual basis, however, where changes in a person's condition or their care needs had occurred this triggered a review. We noted that care plans were updated to reflect any changes, for example, additional visits following discharge from hospital and changes in equipment required to move and position people. Care plans were updated to reflect these changes and relevant care staff informed. Staff told us this type of information was shared with them in a number of ways; text message, telephone call and via the daily care notes. It was always followed up in a memorandum sent weekly from the office. Staff were confident they always had the most up to date information to enable them to care for a person.

Care plans were detailed and reflected people's individual preferences and choice. There was clear guidance for staff to enable care to be provided in the way a person wished. The service worked with people to achieve the outcomes they wanted to attain. People were involved in planning their support and they were given the opportunity to discuss their care plans. For example, we were told about one person who had not left their home for a long period of time. Through the development of a trusted and caring relationship with a care worker they had gradually returned to enjoying trips out. This had led to them being able to take a holiday supported by the care worker. Such was the enjoyment and positive impact on the person's life they wanted to fulfil a lifetime aspiration of going on a cruise. The care worker was now supporting the person to plan and organise this for their next holiday.

People were asked to give feedback on the service. Questionnaires were sent to gather opinions and telephone monitoring calls were also made. In addition, people were encouraged to leave feedback on an internet site designed to rate services on the feedback received. The registered manager explained how each piece of feedback received in this way was verified by the website hosts to ensure it was genuine. The service had received positive feedback from all the various methods used to gather it. The registered manager told us that all feedback was taken extremely seriously and used as discussion points to look for ways to improve. In one instance a person had raised inconsistencies in care staff as an issue. This had been noted and evidence suggested that not only did this person now have consistent care staff visiting them but this was considered good practice for everyone.

People were provided with information on who they could contact if they wished to raise concerns or make comments about the service. Most people knew how to make a complaint if they needed to. They said, "(I) would go to the carers (or) head office." and "I would know who to go to. (The) head lady [name] (or) her deputy, I'd call them." However, one person we spoke with was not sure who they would complain to if necessary. We reviewed the complaints log and noted two complaints had been received in the previous

year. Complaints were investigated and responded to in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

At a previous inspection we found the provider did not carry out regular audits to make sure they were meeting the requirements of the regulations such a medicine administration and recruitment practices. At this inspection we found improvements had been made. Audits of medicine administration records (MARs) had been introduced and all MARs were now checked before being filed away. Any discrepancies were identified and followed up. We spoke with the administrator who looks after the recruitment files. They told us a system whereby a yellow file was now used for applicants until all relevant documentation and checks were completed. Once this had been audited and found to be complete the paperwork was transferred to a black file.

An annual branch audit was also completed and reflected the key lines of enquiry used by the Care Quality Commission when inspecting a service. We reviewed the latest audit completed in August 2016 and noted areas for improvement had been identified. An action plan was drawn up to address any shortfalls and plan developments. The registered manager used a variety of other methods to monitor the service including, telephone monitoring and quality satisfaction surveys.
The service had a registered manager in post. They had been registered with the Care Quality Commission since November 2014. The registered manager received the full support of the directors who worked alongside each other to ensure the smooth running of the service.

Staff spoke positively about both the directors and the registered manager and told us they had an open door policy. "It's a lovely company to work for, the managers are friendly and there is always an open door." They told us they were able to speak to the directors and the registered manager at any time either over the telephone or by calling into the office. They felt comfortable to approach them about any concerns or issues and were confident they would be listened to. One staff member commented, "My manager is fantastic, she's a great manager. She will always try to adapt, (she is) so understanding." Another told us, "I would recommend this care company to anyone." And a third said, "I have job satisfaction when I've left (for the day)."

People benefitted from good communication between themselves, the care staff and the office/management staff. People received a weekly list of visit times along with the care staff who would be visiting them. In addition to this a newsletter was produced and distributed to people using the service which kept people informed of all the relevant news. For example, new staff were introduced and updates given on events such as charity coffee mornings. The newsletter also provided useful tips for people such as 'Keep warm and Keep well this winter' and 'Demystifying Power of Attorney'. An article about the Chief Executive Officer (CEO), describing their passion for care and vision for the future was followed in the latest edition of the newsletter with an invitation to contact the CEO directly to offer comments and suggestions.

Staff meetings were held twice yearly and all staff were encouraged to attend. However, when staff were unable to attend they were provided with copies of the minutes recorded. This ensured they were aware of the discussions that took place and could raise queries if necessary. In addition to staff meetings there were branch manager meetings where all the managers of the provider's branches met. Discussions relating to

practice matters and ideas to improve and develop the service took place at these meetings. The registered manager told us this opportunity was valued and had produced some very good work in making improvements. They gave us examples of redesigning the staff appraisal form and the introduction of specialist dementia trainers for each branch.

The provider had set clear values for the service. The registered manager was clear that their vision was to provide, "Outstanding care to all clients and a tailor made service for each person." They also stated they wanted to, "Make carers (Staff) feel supported." We found evidence the service worked consistently to these values. The registered manager knew people very well and was able to describe the individual service provided to meet people's needs. They also gave examples of how staff were valued and supported, such as reward vouchers for their performance. Compliments received were passed on to care staff so they were aware of people's appreciation. Additionally, the provider now offered guaranteed hours of work and paid staff for the time they spent travelling between visits. These conditions of employment are not always seen in the homecare sector an indicated clearly the value placed on the staff team.