Lakeshore Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This announced inspection took place on the 4 June 2015. At the time of our inspection Lakeshore was providing care to 35 people in their own homes, all of whom were self-funding their care.

At our last inspection on the 20 August 2014 we found the service was meeting the regulations we checked.

The service has a registered manager. 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 told us they felt safe using the services provided by Lakeshore Care. Staff knew the signs and symptoms of possible abuse and how to report any concerns. Accidents and incidents were recorded, and action taken to minimise the risk of a reoccurrence.

Summary of findings

Care workers were recruited following appropriate employment checks. This ensured only suitable people were employed by the service. Care workers were provided with training so they could undertake their role within the organisation, and training was regularly refreshed.

People's needs were initially assessed by the registered manager or senior care workers within the service to develop care plans to meet the identified needs. There were also guidelines which outlined possible risks to people and how these risks could be managed whilst maintaining people's independence. Whilst the initial written information was comprehensive, there was no evidence it had been reviewed. This meant people could receive a service that was unsafe as it did not reflect their current and up to date needs.

People told us care workers treated them with dignity and respect. The service maintained continuity of care workers whenever possible. People were positive about this as it meant the care workers were familiar with their needs.

People told us care and support was provided with their consent and agreement.

The service sent out annual questionnaire's to monitor the quality of the service they provided. They also undertook spot checks to ensure care workers provided safe and effective care. The service did not however encourage or solicit other comments. There was a complaints policy which was available on request only, which meant people did not have all the necessary information should they wish to complain about their care. The policy was not in a format that was accessible to people.

Care workers monitored the health and welfare of people using the service. Where issues had been found medical advice had been sought from the relevant healthcare professionals. People were supported to eat and drink sufficiently to meet their health needs.

The service had a registered manager and people told us they were approachable. The registered manager was not aware of certain responsibilities they had to notify the CQC of certain events that involved people who use the service. That meant the CQC could not monitor whether these incidents were dealt with appropriately and resolved.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Good

The service was safe. Staff knew what do if they suspected people were at risk from harm. They were aware of the possible signs and symptoms and knew how to escalate any concerns they might have.

The service had ensured all appropriate checks had been undertaken prior to care workers commencing their employment. In this way, the provider was ensuring only suitable people were employed.

The service had completed assessments of risks to people and there were plans in place to manage these risks to help ensure the safety of people and staff.

Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

Is the service effective?

Good

The service was effective. People received care and support from care workers who had received training in line with current practice.

The provider had an understanding and awareness of the Mental Capacity Act 2005. Care workers were aware of issues relating to consent.

People were supported to eat and drink sufficiently to meet their nutritional needs.

Is the service caring?

Good

The service was caring. People were positive about the care and support they received. They told us they were treated with dignity and respect.

The service tried to ensure where possible that care workers provided support to the same people. This consistency and continuity was important to people receiving a service.

People were encouraged to maintain their independence.

Is the service responsive?

Requires improvement

The service was not always responsive. Care plans that documented how care and support was to be provided were not regularly reviewed. This meant care might not have been in line with the person's current needs.

The service did not have an accessible complaints policy which outlined the complaints' process. This meant people were not enabled to comment about the quality of the service.

People received care that helped to reduce their social isolation.

Summary of findings

Is the service well-led?

The service was not always well-led. The registered manager did not inform CQC of significant events which involved a person using the service.

Care staff told us the registered manager was supportive and approachable.

There were systems in place for monitoring the quality of the service to make sure there were continuous improvements.

Requires improvement

Lakeshore Care Ltd

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 checked 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 the 4 June 2015 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care provider and senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. An inspector completed this inspection.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. We also had contact with the local authority quality assurance and safeguarding teams.

During the inspection we visited Lakeshore Care's offices and spoke with the registered manager and a director of the service. We looked at care records for six people who used the service, information which related to four members of staff and other records relating to the management of the service.

After the inspection we spoke with six people who used the service or their representatives and two members of staff. We also had contact with the local rehabilitation team who assist people to return home following a hospital admission and a local authority quality assurance officer.

Good

Is the service safe?

Our findings

People told us they thought the care was safe. One person said, “Feel comfortable raising issues, [my relative] is not in personal danger.” Another person said “100% happy. Everything’s good, got no complaints.”

The provider had arrangements to help protect people from abuse or harm. Staff we spoke with were aware of what they needed to do if they considered anyone they were working with was at risk of harm. We saw staff had received safeguarding adults training as part of their induction and this was refreshed annually. The provider also ensured guidance was available for people to use if it became necessary. The guidance outlined the differing forms of abuse and how to recognise signs and symptoms.

We checked the recruitment records for some staff. We saw that appropriate checks had been made prior to staff undertaking employment. These checks included references, criminal record checks and documentation relating to people’s identity. We saw staff files also contained completed application forms, notes from interview and terms and conditions for people employed.

The registered manager told us the number of care workers employed at any time determined how many people they could provide care to. The service could provide additional care staff to people if it became necessary for example, when two care staff were required to use manual hoists. People told us care workers were generally on time and stayed for the required times.

Senior staff within the agency had undertaken assessments of risks. There was information on people’s records about minimising the risks for people and to the care staff supporting them. We saw for example, a manual handling assessment had been completed for one person. There was also an environmental risk assessment which was in place to support the person receiving care and identify possible dangers for care staff whilst they carry out the visit in the person’s home. This included risks identified by lone working, using household equipment and accessing the person’s home. Care workers were required to wear the provider’s tunics and identity badges which clearly identified who they worked for and who they were so people would know who they were before they were allowed in people’s homes.

Care workers received training regarding the safe administration of medicines during induction. The provider told us they had a policy of only prompting medicines for people. The service did record on the daily events sheet that medicines were prompted.

The provider had taken measures to prevent and control the risk of infection. Care staff told us and we saw that plastic gloves and alcoholic gel were provided to care workers. There was also guidance on how they should be used. We saw the agency monitored the usage of infection control measures when they completed their spot checks of care staff.

The provider had made arrangements for emergency situations. There was a senior care workers’ rota that provided care workers with contact details of who they could get advice from during unsocial hours in the case of emergencies. In this way there were guidelines for care workers thereby making sure people received an appropriate response without delay.

We saw the service maintained a record of accidents and incidents that occurred in people’s homes. These were analysed for trends and patterns and appropriate action was taken where required to prevent reoccurrence of similar accidents or incidents. For example, the registered manager was able to give examples of when they had contacted occupational therapy and physiotherapist to complete re-assessment for particular equipment for people following an accident.

Good

Is the service effective?

Our findings

The provider ensured that new and existing care workers were appropriately supported in their roles to ensure people received care that was based on best practice. New care workers had induction training completed with the registered manager. We saw they were also provided with an induction booklet that covered topics such as safeguarding adults at risk, confidentiality and lone working. New care workers then shadowed more experienced senior care workers when they carried out home visits over a two week period to become familiar with providing care and support to people in their own homes. The registered manager told us this induction period could be extended if senior care workers considered new care workers needed additional support before they could work on their own.

The provider had information and resources regarding the new Care Certificate. The registered manager told us their aim was to introduce the certificate for care workers who were not already undertaking the National Vocational Qualification in Care. We were told by the manager and saw evidence the agency had developed their own information sheets on specific subject areas relating to the care provided to people for example fact sheets about Alzheimer's Disease, Bronchiectasis and Client Centred Care and Dignity. We saw that during team meetings learning sessions were provided to care workers on topics such as 'client and carer safety' and 'communication'. After these sessions the provider sent care workers certain policy's relating to the topic and required them to read and sign the policy. In this way the provider was ensuring the continuous learning and development of its staff.

The registered manager told us and staff confirmed that manual handling training sessions were provided by senior care staff on a regular basis. This was a way of ensuring that practical training continued to be safe and meet the needs of people.

The registered manager had an awareness of the Mental Capacity Act (MCA) 2005. The service also had some guidance regarding MCA. The care workers had an understanding about their roles and responsibilities in relation to people's consent and to their ability to make decisions about the care they received. We saw that people had been asked to give consent to the care provided and they had signed their care plans to say they were in agreement. People told us care workers asked for their consent before they provided any care. Within the care plans we saw numerous comments that showed care workers were directed to seek consent such as 'client will advise' and 'as requested by client.' In this way the provider was ensuring care was provided in line with people's wishes.

People were supported to eat and drink sufficient amounts to meet their needs. In general, relatives of people using the service purchased food and took it to people in their homes. We noted people had a document entitled 'support needs assessment tool' within their care plan. Included was the topic of nutrition, which was particularly detailed if people were diabetic or in danger of becoming dehydrated. We saw specific advice was given to care workers such as 'observe fluid intake and make sure person has a drink easily available when you leave.'

We saw care workers had documented in people's daily notes, the tasks they had undertaken, and people's general health and well-being. We saw examples of when care workers had contacted senior staff for advice if they had any concerns. There were plans in place for action to be taken if there was a medical emergency. People's relatives were also informed if it was appropriate. In this way people's health needs were addressed promptly.

Good

Is the service caring?

Our findings

People were positive about the care provided. Some of the comments we received were, “Half of what they do is tasks, and then they [care workers] are all prepared to sit and chat.” Relatives told us, “The individuals are really good for my dad,” and someone else said “Generally happy, and they are helpful to dad.” A relative told us how important it was to them that office staff were up to date with what was happening with their relative and were genuinely concerned if they were unwell. They felt this was kind and showed a caring attitude.

People were encouraged and supported to be as independent as they could be. Care plans we looked at gave guidance to care workers when delivering care and support. People were encouraged to do as much as they could for themselves so they maintained control and sense of independence. For example, a person’s care plan detailed, ‘Personal Cleaning and Dressing’ within this there was a goal and an action plan with bullet points. There was clear guidance to care workers suggesting that someone could wash themselves but needed help to do their back and the person would advise the care worker what they wanted to wear that particular day.

Care plans we saw also prompted care workers to provide support in a caring and gentle way. Care plans were descriptive and outlined the task that was required to be completed to ensure people were comfortable throughout the care provided. In one instance for example, the care plan outlined ‘wash area with warm water and gently pat dry with a towel.’

People told us care workers treated them with respect. The service supported people’s right to privacy and dignity. We saw examples of this written within the care plans. Care workers were advised in one example, to accompany the person to the bathroom and then to wait outside with the door closed so the person had some privacy. Care staff were able to give us other examples of how they maintained privacy and dignity. This included closing curtains when providing personal care, and ringing the doorbell and announcing themselves when they came into people’s homes particularly if they had used a key lock.

People received care from the same care workers so people had consistency and continuity. A number of people told us they or their relative had had the same care worker since the agency started two years ago. People therefore felt comfortable that care workers understood their needs and were reassured by familiarity.

Office staff tried to ensure care workers did not have to travel too far between home visits thereby reducing the possibility of calls being delayed or missed all together. Wherever possible, care staff were matched with people from a similar background or experiences that were relevant. For example, care workers who spoke a particular language were matched with people who also spoke that language. Or if a care worker had particular experience of providing care for people living with dementia. In this way, the service was ensuring the most relevant and appropriate care was being provided to people.

Requires improvement

Is the service responsive?

Our findings

People's care plans showed their care and support needs had been assessed by the provider when they first started to use the service. However all the care plans and risk assessments we looked at had a default review date of May 2015 and there was nothing to indicate the reviews had been completed and documentation updated to reflect people's current needs. A relative confirmed this when we contacted them. They told us, "Carers rely on my mother to tell them what to do. The book [care plan] needs updating." We discussed this with the registered manager who acknowledged that reviews had not been completed and there was no mechanism for prompting reviews. Therefore, there were risks that people might not receive the care they needed because their care plans had not been updated in a timely manner.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had some arrangements in place to respond to people's concerns and complaints. They had a complaints policy which was extensive and detailed and available at the provider's office. The registered manager told us a copy of the policy could be made available to people should they wish to make a complaint. However the policy was not routinely given to people or their representatives as part of the information given to them about the service. Therefore the policy was not readily accessible to enable people to make a complaint.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although care plans were not reviewed in a timely manner, we saw that these were individualised, detailed and outlined the care planned for people albeit the plans might not have been up to date. There was a document entitled 'Support Needs Assessment Tool' which outlined aspects of the individuals support plan. These were divided into sections such as mobility, communication and nutrition. Each plan then outlined in detail the care to be given and how it should be delivered. There was also a scoring system which was used to indicate people's level of dependency. Within the care plans there were copies of information from other professionals so care staff could take this into account when caring and supporting people.

The registered manager told us they tried to ensure care workers matched people's preferred preferences or choices. This specifically related to the gender of the care worker or those from a particular cultural or minority ethnic backgrounds.

Care workers made detailed notes at each visit in which they documented the care and support provided to people. These not only included details about specific care and support tasks but also information about how people were involved and engaged during the visit and the choices and decisions people made about how they were cared for and supported.

The service encouraged people to take part in activities to promote their well-being and avoid social isolation. The service was able to provide 'companion calls'. A number of people told us care workers were sometimes a little rushed, but still took time to chat with them.

Requires improvement

Is the service well-led?

Our findings

People were not protected from the risks of poor care because the registered manager had not informed the CQC of a significant incident where there were allegations that a person had been abused. This meant we were not able to monitor the whether the incident was dealt with appropriately and resolved.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service had a registered manager in post. People told us the registered manager was supportive and approachable. A care worker said, "I feel well supported by Lakeshore, if you have any problems they get back to you straight away." Care workers told us they were comfortable raising issues with the registered manager and felt their views would be listened to and acted upon.

The provider sought the views and experiences of people using the service to identify how the quality of service they received could be improved. An annual survey was sent to people, which asked them to rate their satisfaction with the support they had received and their suggestions for improvements. We saw the survey had last been completed in May 2015 and 50% had so far been returned. The provider was in the process of collating and analysing the information received thus far.

The registered manager told us about other changes they had made to the service in response to people's feedback. Some people had suggested it would be useful to know which care workers would be undertaking each session. This was particularly an issue for people who had two or three care workers a week. The provider had initiated a weekly timetable sent in the post directly to those receiving a service. People we spoke said they had found this helpful, as they 'knew who to expect.'

We saw the provider was continually monitoring care workers to ensure the quality of work undertaken. Senior care workers completed regular spot checks of workers to make sure they arrived on time, were wearing the correct uniform and had the appropriate equipment with them. This was also an opportunity for the senior care workers to assess if the work being undertaken was done safely and correctly whilst maintaining people's privacy and dignity. The registered manager reported they completed the spot checks for the senior care workers within the organisation.

Care workers were encouraged to involve people they worked with in making decisions about the care provided. For example, if care workers wanted to take holiday leave, they would discuss this with the person they provided care for. People were encouraged to consider how this might affect them and what possible alternative arrangements could be put in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care plans and risk assessments were not reviewed in a timely manner which meant people were at risk of receiving care that did not reflect their current needs. Regulation 9 (3)(a)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Information and guidance must be available and accessible to everyone who uses the service. Regulation 16(2)

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person did not fulfil their obligations to notify the CQC in the event of an allegation of abuse or incidents which involved the police. Regulation 18(2)(e)(f)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.