LHS Care and Support Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

LHS Care and Support Ltd is a small domiciliary care agency that provides personal care to people living in their own homes, or specialist housing. Not everyone using LHS Care and Support Ltd receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care. At the time of this inspection the service supported seven people, however four of these received personal care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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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. Staff were knowledgeable about how to identify potential risks and understood their responsibilities in respect of safeguarding people. Risks to people's health, safety and wellbeing had been assessed and measures were in place to mitigate and reduce these where possible. All care plans and risk assessments had been regularly reviewed to ensure that they captured any changes to people's needs and were current.

Safe and robust recruitment processes were in place and had been followed to help ensure that staff were suitable for the role they were employed for. There were sufficient numbers of staff assigned to meet people's needs in a timely way. Where people's medicines were managed by staff this was carried out in a safe manner.

Staff were well supported in their roles. Staff completed a comprehensive induction as well as on-going refresher training in a range of topics to support their work. Staff received individual supervision and development of their practice.

People's consent was obtained prior to support being offered. Staff were aware of the need for decisions made on behalf of people to be in line with the principles of the Mental Capacity Act 2005 (MCA). Where people were unable to make their own decisions and had an appointee or Power of Attorney, the registered manager ensured consent was obtained in consultation with the person.

People were supported to access health and social care professionals to help maintain their health and wellbeing.

People were involved in planning how they wanted to be supported and how their care and support was provided. People had a detailed care plan which took account of their individual needs, preferences and choices.

People had developed positive relationships with the staff who supported them. People's dignity and privacy was respected. Staff knew people's needs and preferences and supported them to retain as much independence as possible. People were supported to access and participate in activities in their communities.

There was a robust complaints policy and procedure in place, however all the people spoken with told us they did not feel the need to raise a complaint.

People and staff found the registered manager to be approachable and supportive and people were positive about how the service was managed. Quality monitoring systems and processes although informal were in place to help monitor the quality and safety 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? The service remains good.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well led.	Good

LHS Care and Support 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 was carried out on 04 and 10 April 2018 was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and the registered manager may have been working away from the office providing care.

We obtained feedback from people on the 04 April 2018 and inspected the office location on the 10 April 2018.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. A Provider Information Return (PIR) was submitted on 01 August 2017. This is a document which contains information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. Prior to the inspection we sent a questionnaire to people who used the service, staff and health professionals. As part of this inspection we reviewed the responses received.

We reviewed care records and documents which related to people's health and well-being. These included care and support plans relating to two people, recruitment files for one staff member, and records relating to the management of the service.
We also spoke with two people and four people's relatives. We received positive feedback from two health professionals. We spoke with one staff member and the registered manager.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe, happy and well supported by staff who knew them well. One person said, "We've had LHS care for nearly two years now and we've not had a single concern about safety in all that time." One person's relative said, "The staff here are exemplary and I don't think they could care for my [relative] any better, even if she was their own family member."

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns internally to the registered manager and when to report potential abuse by whistle blowing, both within the service and externally. Information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was provided to staff and prominently displayed in the office.

Incidents, accidents and injuries that occurred within people's homes were recorded, assessed and used to good effect in reducing the risks and likelihood of reoccurrence. Risks to people were assessed and regularly reviews and control measures were put in place to reduce and mitigate the risks where possible. For example, one person suffered a fall resulting in no injury. However the registered manager referred this person to the GP, and health professionals who reviewed the person and suggested use of aids to support their mobility. This person had no further falls. We saw from records that areas regularly assessed areas such as mobility, the environment, medicines, nutrition, physical health and welfare.

Safe and effective recruitment practices were followed to make sure that staff employed at the service were fit for the roles they performed and of good character. One person's relative had been involved in recruiting a live in care staff member for their relative. Although they had been unable to find a person they felt comfortable with at that time they told us, "Registered manager] would always introduce any new carers first and ensure they were fully trained and up to speed with everything before leaving them on their own."

People told us there were sufficient staff to support them. One person said, "I never worry about where they are. [Staff member] is the most reliable person I've ever come across. They will always let me know if there's an emergency." A persons relative said, "My [relatives] carer is only ever 5-10 mins late and that only happens [rarely] when the weather's bad or the traffic is horrible. If they are held up any longer than that, they always phone us." A second person said, "It's more about has everything I need help with been done, rather than watching the clock. At my age, I'm too old to be rushed around anyway. Not that they have ever has tried to rush me."

People received their medicines regularly and in accordance with the prescriber's instructions. Medicine administration records were completed correctly and staff competencies were checked regularly. The registered manager regularly checked the records and stocks of medicines to ensure they were correct. One person's relative said, "I look after [relative's] tablets, but staff are always on the ball and seem to instinctively know if I've forgotten about them, which I only do very rarely, but they will prompt me. They are a great support to me, as I'm [relative's] main carer."

People told us staff cared for them in a clean environment and used appropriate personal protective equipment, such as gloves and aprons when providing personal care. One person's relative told us, "[Relatives] home is immaculate and they are well looked after."

The registered manager and staff member met daily to discuss people's needs and any issues that arisen during the previous 24 hours. During these daily discussions both were able to review and discuss any incidents, near misses and areas of learning and reflection.

Good

Is the service effective?

Our findings

People told us they were supported by appropriately skilled and knowledgeable staff. One person said, "As far as we're concerned, the support that [relative] currently has, hasn't thrown up any need for any additional training."

Staff told us they had the training and support they needed to carry out their role effectively. Both the staff member and registered manager had completed their induction which followed nationally recognised framework. Further areas of refresher training provided included safeguarding, moving and handling, and medicines. Records demonstrated that staff received appropriate supervision and appraisal. Staff were offered the opportunity to discuss training, discuss career progression and set objectives for the coming year.

We saw from records we looked at that people's consent had been obtained prior to care being provided. People told us that staff routinely checked with them that they were happy to be assisted and explained clearly what they wished to do. One person's relative said, "The carer just asks in a very normal, conversation sort of way, if [Person] is ready to start having a shave. I like that they explain to [Person] what they are doing,"

Discussions with staff demonstrated they understood MCA and how this applied to the people they supported.

Staff supported people where necessary to eat and drink sufficient amounts to maintain their health and wellbeing. If staff had any concerns about weight loss or gain they would inform the registered manager and refer to a relevant health care professional. Where staff prepared people's meals and assisted with shopping, they ensured people had a wide choice of food that both met their preferences and met their dietary requirements. If staff had any concerns about people's food or hydration this was monitored through robust recording. One person said, "My carer makes all my meals for me. They now know the sort of things I like to eat. It's so nice still being able to have properly cooked food."

People's everyday health needs were met through access to a range of healthcare professionals. Staff and the registered manager had a good working relationship with external health professionals such as GPs and district nurses. Records demonstrated that staff were proactive in obtaining and acting upon advice or support from health professionals when they had concerns about a person's wellbeing. One person's relative said, "I tend to do all that for my [relative], but [Staff] will often tell me that they think we need to be calling someone to come and visit because of a health need or something similar. [Staff] have just helped us in getting a hospital bed and they're also looking into aids to help [person] get in and out of bed."

Good

Is the service caring?

Our findings

People and relatives told us that staff were kind and caring towards them. One person said, "I didn't think I'd have any quality of life when at first. But, [Registered manager's] hard work and loving care, have shown me that life can and does go on and indeed, I have a lot to be grateful for." One person's relative said, "Put it this way, without the 24hr care and support that [Person] has currently got, there would be no way that they could have continued to live here at home and that is still hugely important."

People told us that staff interacted and communicated in a thoughtful manner and listened to their views. One person said, "[Registered manager] is one of those people who just instinctively notices things. I don't need to tell them when I'm having a difficult day they just sense it and being able to just chat things through with them, lifts my spirits."

People's relatives told us that they were involved in making decisions about their family members care. One person said, "When we started with the Agency, it was explained to us who was the main carer and we were asked lots about our needs and how we would like the care organised. We were able to choose the times that suited us and to be honest, felt thoroughly involved in everything." This view was shared by other people spoken with and their relatives.

People told us that their privacy and dignity was respected by staff. One person's relative said, "My [relative] is treated like a normal human being that means everything to me. They [staff] see past [Person's] disability to the person he is." A second person told us, "Carer always knocks on the bedroom door and says who she is before going in and always closes the door to give privacy as well."

People were encouraged by staff to remain as independent as possible. Care plans had clear instructions about what tasks people needed support with and what they could do for themselves. This reduced the risk of people being over supported and losing their independence and life skills.

People's personal information was stored securely so that it remained confidential. However, people and their relatives were not aware of how their information was stored securely. One person's relative told us, "My [relatives] notes are here in the folder, but I don't know what happens about older notes or other personal information that's in the office." The office formed part of the provider's home, connected to communal areas where people not involved? with providing care had access to. The registered manager told us they will ensure people's files and records are stored in the office securely and not available to unauthorised people.

Good

Is the service responsive?

Our findings

People told us staff knew them well. Staff were aware of people's needs, and preferences, and understood what people wanted. One person told us, "I can be a bit set in my ways, but [Staff] take it all in their stride. They know just the right thing to say or do and that's down to [Staff]her spending the time over the years to get to know me so well." One person's relative said, "My [relative's] disability is such that to a lot of people they would shy away from [Person]. LHS Care and Support, treat [Person] as a person. That's all I ask for, but having said that, it's not always easy and it's taken time and patience on their part to build the trust up with [Person]."

People told us the care they received was responsive to their needs and supported them to remain independent. One person said, "[Registered manager] tends to update the care plan as and when either she or we notice that [Person's] needs are changing. We are fully involved with any changes that are suggested and we will talk these through before anything happens."

People's care records were detailed and recorded personalised information about them, such as hobbies, interests, their preferences and life history. This information enabled staff to support and encourage people to engage in meaningful activities they enjoyed. Staff told us how they had been able to support people with attending church, gardening club and other community activities. One person told us how they were low in mood and struggling on their return from hospital. They told us the registered manager invited them to their wedding which had a huge positive impact on their mood. They said, "When I first came home from hospital, I was very depressed because I really couldn't see a future for myself. [Registered manager] chatted to me about wedding plans and it took my mind off my own problems. They then totally surprised me, with an invite to the wedding and they even arranged a car to pick me up and bring me home. I was so shocked that someone would do that for me. Just going there and meeting new, lovely people was exactly what I needed and I came home thinking that life actually was worth living."

People who used the service and their relatives told us that they would be confident to raise any concerns with the provider or registered manager. One person told us, "[Registered manager] talked us through how to make a complaint, but we've never needed to, the service is second to none as far as we're concerned." A second person said, "I certainly know how to complain and there's a leaflet about it in my folder. If I had a problem and I wasn't satisfied with how it was handled, I'd then contact you people at the CQC." Although a robust complaints system was in place, we saw people had not felt the need to raise a formal complaint, instead preferring to deal with 'grumbles' through talking to staff.

Good

Is the service well-led?

Our findings

The service was well led and managed. The registered manager was hands on and led by example, promoting an open and inclusive culture. They told us they had been trying to recruit staff to expand their business, however had not found any who upheld their high expectations around care, so therefore continued to provide care themselves on a daily basis. Although this placed restrictions on their own personal commitments, they told us they were committed to the people who used their service and would not risk the quality of care provided. People told us, "Registered manager] seems to be almost a one person organisation. If I need anything, I only have to ask, and it's done. There's never any having to wait days or weeks for a response. I've never heard her complain about anything. She's the most positive person I know!"

The registered manager demonstrated an in-depth knowledge of the people who used the service and valued their staff. They were familiar with people's needs, personal circumstances, goals and family relationships. People and staff told us the registered manager was approachable and supportive. People and relatives felt they could discuss any issues with them and felt comfortable they would be responded to. One person's relative said, "I can contact [Registered manager] at any time to talk about anything. I have the mobile number, so I either ring, text her or email. They always get back to me promptly."

The registered manager promoted a positive, transparent and inclusive culture within the service. They involved people in discussions about all aspects of the service and sought the feedback of people, their relatives, staff and external health professionals. We saw the feedback received from the last survey completed was overwhelmingly positive, which reflected the feedback from the questionnaire sent by CQC to people, relatives and staff. The results clearly demonstrated people felt the service provided good levels of care and support.

Staff told us they felt valued by the registered manager. They said that they were supported to share concerns with the managers and felt that their views were valued and helped improve the service. Staff had clear roles and responsibilities and could discuss and concerns or issues with the registered manager through regular staff meetings.

Although the service was small, the registered manager had enrolled with a local training and support organisation. They used this organisation to keep themselves up to date with changes in legislation to help ensure their continued good practice.

The registered manager carried out a range of quality monitoring reviews to assess the quality of the service. As they were present in people's homes on a daily basis this meant they were able to review records daily, audit medicines, ensure safe working practices were followed, and check people were happy with the quality of care they received. Although having an informal process to monitoring, the registered manager was aware that as their business grew they would need to improve the quality checks undertaken by formally documenting their findings and developing service development plans to address any issues they identified.

There had been no incidents that the registered manager was required to notify us of, however they were aware of the circumstances in which they would be required to do so.