

Lincolns Care Limited

Lincolns care ltd

Inspection report

Broadway House
4-6 Broadway
Bedford
MK40 2TE
Tel: 01234 910440

Date of inspection visit: 7 and 8 December 2015
Date of publication: 29/12/2015

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 

Overall summary

Lincolns Care Ltd is registered to provide personal care to people who live in their own homes and supported living services. At the time of our inspection 11 people were receiving personal care.

The inspection was announced and took place on 7 and 8 December 2015.

The service had 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 and associated Regulations about how the service is run.

People were protected from harm or abuse by staff that were aware of the principles of safeguarding and reporting procedures.

Summary of findings

Risk assessments were in place and risks to people were managed appropriately. Accidents and incidents were recorded should these arise, and the cause analysed, so that preventative action could be taken to reduce the risk of reoccurrence.

Staffing levels were sufficient to meet people's needs and keep them safe. Safe recruitment processes were in place.

Safe arrangements were in place for the administration, recording and management of medicines.

There was regular staff training and supervision to ensure that staff had the right skills and knowledge for their roles.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had capacity to make day-to-day decisions.

People were provided with nutritional support if this was an assessed part of their package of care.

People were content with the care they received from staff. They were treated with kindness and compassion.

Staff understood people's privacy and dignity needs. They were respectful of the decisions people made.

People had their support needs assessed and reviewed on a regular basis, so that staff knew how to support them to maintain their independence. Care plans contained person centred information.

The service had systems to obtain people's feedback and provide them with opportunities to raise concerns.

There was an open and positive culture at the service, with a clear set of values which people, staff and the management all worked towards.

Quality control systems were in place to ensure care was delivered to a high standard and identify areas for development.

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?

The service was safe.

Staff were aware of the principles of safeguarding, and were able to protect people from harm.

Assessments were in place to manage risks. Incidents were reported and investigated appropriately.

Staffing levels were sufficient to meet people's needs. Safe and robust recruitment practices were in place.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People received care from staff that had been provided with appropriate training and regular supervision.

People's capacity under the Mental Capacity Act 2005 had been assessed to ensure decisions that were taken were in their best interests.

People were supported to have a balanced diet when this was an assessed part of their care package.

Good



Is the service caring?

The service was caring.

There was a positive relationship between people and staff. People were treated with kindness and compassion.

People had the opportunity to express their views regarding their care.

Staff ensured they promoted people's privacy and dignity.

Good



Is the service responsive?

This service was responsive.

People and their relatives were involved in decisions about their care.

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

There was an effective complaints procedure in place.

Good



Is the service well-led?

This service was well led.

There was an open and positive culture at the service.

Systems were in place to ensure people and staff were supported by the management and the provider.

Good



Summary of findings

Quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified.

Lincolns 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 7 and 8 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding

and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

We spoke with four people who used the service and one relative. We also spoke with the registered manager, deputy manager, and three members of care staff.

We looked at four people's care records to see if they were reflective of their current needs. We reviewed three staff recruitment files, staff duty rotas and staff training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People told us they felt safe and that staff protected them from harm or abuse. One person said, “I feel very safe with all of the staff I see.” Another person told us, “I know they will keep me safe.” People’s relatives shared this view. A relative told us, “Oh yes, we never feel worried, I know they keep [Name of Person] safe.”

Staff told us about the action they would take to protect people from abuse and described the reporting process they would follow should this be required. This involved reporting the incident to a more senior member of staff. One staff member said, “I would go straight to the manager, no doubt about it.” Another staff member said, “I have not had to take action but we have the training to tell us what to do.” The registered manager and deputy manager explained the action they would take in the event of a safeguarding matter and were aware that both they and staff should contact the local authority and Care Quality Commission (CQC) if they had any concerns. The registered manager said there had been no whistleblowing concerns. Staff however confirmed they were aware of the provider’s whistle blowing policy and their responsibilities to report poor practice. Records confirmed that staff had received safeguarding training and worked in conjunction with local authority and provider processes.

Staff told us that they would report incidents and accidents to the registered manager should they occur. The registered manager told us that any accident or incident would be looked into and action taken as a result. Where necessary, we found that incidents were reported to external organisations, such as the local authority or Care Quality Commission (CQC.)

People had individual risk assessments in place to promote and protect their safety. The registered manager spoke with us about people’s risk assessments and told us that staff

used to them to get information about specific risks that existed, as well as control measures to manage the risks. Risk assessments were robust and had been written with the person and signed and dated by them where possible. We found that they covered areas such as environmental aspects of people’s homes and moving and handling requirements.

People and relatives told us there were enough staff on duty. One person told us, “I always have the same staff come and see me and they turn up on time.” Staff also said there were enough of them to meet people’s needs safely. The deputy manager confirmed that the staff ratio was based upon staff’s ability to travel to people. For example, those staff that did not drive were only given visits that they could travel to by foot or on a bus route. Records showed that staff numbers were flexible and reviewed on a regular basis.

People were protected because there were effective recruitment procedures in place that were followed. One member of staff said, “They made sure all my references and other checks were back before I was allowed to start.” We saw that all appropriate checks had been obtained prior to staff being employed to ensure that they were suitable to work with people using the service.

People told us they were supported to take their medicines as prescribed, and medication administration records (MARs) confirmed this. Staff told us they could only administer medication following training. The deputy manager showed us that changes had been made to the MAR charts to make them more user- friendly and to minimise potential for errors in recording to occur. Staff reported that these changes had benefitted their practice. We found that MAR charts had been signed following medication administration and that there were no gaps in the records.

Is the service effective?

Our findings

People were happy with the support they received from staff and felt that staff had the right skills, and knowledge they needed to care for them properly. One relative said, "They do a good job, they always know what to do for [Name of Person.]"

The deputy manager and registered manager said that new staff attended an induction training programme, which provided all the mandatory training expected by the provider. Newly recruited staff worked with more senior staff until they were competent to work alone. One staff member said, "The induction helped to give me confidence." Records confirmed that the provider induction programme had been changed to accommodate the essential standards within the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Competency was assessed by the registered manager and branch manager through a series of observations, in areas such as administration of medication and moving and handling people, during spot checks in people's homes.

Staff told us they received regular training to maintain their skills and keep their knowledge up-to-date. They said that the training was good and helped them to develop. One staff member said, "Training is good." Another staff member said, "Yes, it helps us to know what to do." The registered manager told us, and records confirmed that staff had also been supported to undertake additional vocational training. Records showed that staff had attended training which included safeguarding, infection control and manual handling which was appropriate for their role.

Staff also said that they received regular supervision sessions with senior staff. They informed us that these were useful sessions which allowed them to discuss issues or concerns within the service, as well as ideas for the development of the service and themselves. We looked at staff supervision records and saw that staff had regular supervision and on-going support from senior management.

Consent to care was sought by staff. People acknowledged that staff asked for their permission before they carried out a task or offered them support. Staff told us that it was important to seek people's consent, and to provide care and support in line with their wishes. Records confirmed that people's consent had been sought and documented, for example, in respect of medication and provision of care.

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. The registered manager told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. We were told that MCA training was scheduled for all staff in the New Year. Records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of their finances.

People were happy with the food they received when this was an assessed part of their care package. Most of the time, we found that relatives supported their loved ones to take sufficient dietary intake, but staff told us they would help to support people to heat up meals when required. If people had specific nutritional requirements then records confirmed that these were taken into account within the care plans.

People's health and wellbeing was monitored by staff although it was generally considered that it was people own responsibility to manage their health appointments. Staff told us if they had any concerns about people's health that would assess the situation and either contact the GP or ambulance service, or contact the office for further advice. Records showed that staff had taken appropriate steps if they had any concerns and liaised with other health professionals.

Is the service caring?

Our findings

People were happy with the care they received and told us that staff were kind and caring towards them. One person said, “I have no worries, they are all good.” We were also told, “They are nice and friendly towards me.” Relatives told us, “They are lovely, we have the same staff come in and they always do what they are meant to.”

Staff were positive about the service and the relationships they had developed with people. One staff member told us, “I love coming to work to see people, I have good relationships with all the people I see, and we can have a laugh and a joke.” Staff demonstrated a good understanding of each person’s individual communication needs and style, which meant they could communicate meaningfully with them.

People and their relatives said they had provided the information used to compile their care plans and were enabled to make decisions about the support they wanted from the staff. Records showed that people had been asked about if they wished to be cared for by a male or female staff member, their language preference, smoker or non-smoker and uniform or no uniform. Where specific requests had been made the registered manager told us, and records confirmed, that appropriate staff would be provided.

People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual so that the information within them focussed on them and their wishes. Care plans were updated regularly and relatives were provided with information on a regular basis, whenever things changed. We looked at people’s care plans and saw that they had been individualised to meet people’s specific needs. There was evidence of people’s involvement in their care plans and signatures to state they agreed with the content of them.

People’s dignity and privacy was respected. One person told us that staff always knocked on their door before entering. Another person told us that staff made sure their curtains were closed when they were being supported. Staff said that when providing personal care they would respect the person’s dignity and communicate with them about the care they were providing. When we spoke with staff they demonstrated their understanding of how they could maintain people’s privacy and dignity while providing them with the care and support they required. For example, staff confirmed they would always cover people when providing them with personal care.

People told us they were able to advocate for themselves, but explained that if they needed to have more of a voice they had relatives who would support them. The registered manager said there was information available if anyone needed an independent advocate.

Is the service responsive?

Our findings

Care was person-centred to ensure it was representative of people's choices and decisions. One person told us that staff kept them updated at all times to make sure they had the right information so that they could make decisions about their care. The deputy manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before support was commenced. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Records confirmed that pre-admission assessments were completed for people prior to a package being agreed.

People told us they were involved in planning their care through discussions with the registered manager or branch manager, and there was evidence in the care records to confirm this. One person said, "I know they asked me lots of questions before any care started." A relative also told us that the care plan for their family member had been discussed and updated when they came out of hospital. Staff told us that care plans were important and needed to

be kept up to date so they remained reflective of people's current needs. They said that any changes were made immediately to the care plans and risk assessments so that the correct care could be provided. We found that care plans were based upon the individual needs and wishes of people who used the service. They contained detailed information on people's health needs and about their preferences and personal history.

People's care and support plans, as well as reviews of care, were agreed by the person or their representative. The relative we spoke with confirmed that they had been involved in these reviews. They told us that staff were flexible and gave them an opportunity to give feedback. They also said they were also supported to make any suggestions they may have regarding the care and support provided to their family member.

People and their relatives were aware of the formal complaints procedure, and told us they would tell a member of staff if they had anything to complain about. One person said, "I have no complaints." We found that there was an effective complaints system in place that enabled improvements to be made. Records confirmed that there had been no formal complaints.

Is the service well-led?

Our findings

The service had a positive and open culture. People told us they were treated as individuals and that staff were committed to their role. Staff told us that there was positive leadership in place, which encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about working for the provider.

Staff told us that they regularly had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by phone or face-to-face. During our inspection we observed a number of staff passing in and out of the office, to collect paperwork or equipment. We saw that they were relaxed and exchanged jokes and positive communication with one another. They also used these opportunities to share information about people and their care with the senior staff and registered manager. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff. Records showed staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

People were positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews. We found that the branch manager reviewed the outcome of reviews to identify any possible improvements that could be made to the service.

The service had a registered manager in post. Staff told us that the registered manager offered support and advice and was accessible to both staff and people. We were told

that they visited the office on a regular basis and that the general day to day running was normally undertaken by the branch manager. We observed that the registered manager was flexible and hands on' in their approach, willing to work in the field and support staff at any time. This approach was appreciated by people, relatives and staff who were positive in their comments. The people we spoke to and their relatives, all knew who the registered manager was.

We found that the registered manager was supported by a branch manager and a deputy manager along with a small team of care staff. Staff said that the management structure within the service promoted a positive feeling as they gave ongoing advice and support and ensured that staff knew what was expected of them. We were told that if the branch manager was not available, then staff could contact the registered manager or the provider who would also offer support and advice.

The registered manager and deputy manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care and providing hands on care to people when this was required. The registered manager and deputy manager told us that by working alongside staff, this enabled them to understand what staff faced and to determine ways to improve things for them.

We found that the registered manager provided the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that when required, there were actions plans in place to address any areas for improvement. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.