Lloyds Concepts & Solutions Limited

HomeAid Community Care Services, a division of Lloyds Concepts & Solutions Limited

Inspection report

The Town hall
Creed St
Wolverton
MK12 5LY
Tel: 01908 410991

Date of inspection visit: 21 & 28 May 2015
Date of publication: 30/06/2015

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

This inspection took place on 21 & 28 May 2015 and was announced.

HomeAid Community Care Services provides care to people in their own homes. On the day of the inspection 6 people were using the service.

There was not a registered manager in post, although one had been appointed and was due to start the following month. The service was being overseen by the registered manager from the provider's second service and the provider. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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 felt safe using the service. Staff were aware of what they considered to be abuse and how to report this.

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

There were sufficient staff, with the correct skill mix, to support people with their needs.

Recruitment processes were robust. New staff had undertaken the providers' induction programme and training to allow them to support people confidently.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required.

People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff treated people with dignity and respect.

There was a complaints procedure in place which had been used effectively.

People were complimentary about the staff. It was obvious from our conversations that staff, people who used the service and the provider had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

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.

People felt safe.

People had up to date risk assessments in place.

Staff were recruited using an effective recruitment process.

Good

Is the service effective?
The service was effective.

Staff kept their knowledge up to date with a variety of training.

Staff were supported by the provider and senior care coordinator.

People's consent was gained before any support was given.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness and compassion.

People were able to be involved in making decisions regarding their care.

People were treated with dignity and respect, and had the privacy they required.

Good

Is the service responsive?
The service was responsive.

Care plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was an effective complaints system in place.

Good

Is the service well-led?
The service was well led.

The provider and senior care coordinator was available for people to speak with.

Staff and management were all involved in the development of the service.

There were quality assurance systems in place.

Good

HomeAid Community Care Services, a division of Lloyds Concepts & Solutions Limited

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 21 & 28 May 2015 and was announced.

The provider was given 24 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Prior to this inspection the Care Quality Commission (CQC) received information of concern relating to the recruitment of staff at the service. We reviewed all the information we held about the service, the service provider and spoke with the local authority.

During our inspection we spoke with one person and the relatives of two people who used the service. We also spoke with the senior care coordinator, the provider, the registered manager from the provider's second service and three staff.

Most of the people who used the service were unable to communicate verbally with us due to their medical conditions.

We reviewed four care records, two medication records, eight staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives of people who used the service told us they thought their relative was safe. One relative said, “Yes, I am sure my relative is safe with the staff that support them.”

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them.

Risks to people’s safety had been assessed and were in people’s care plans. These included risks associated with special diets, moving and handling and infection control. Staff told us that these had been developed with the person themselves. There were also risk assessments for the staff including; environmental risks and premises. Evidence of up to date risk assessments were seen within peoples support plans.

The provider told us they had emergency contingency plans in place. They explained that all staff could access information through the computer system and they had support from the office of the second service the provider ran. Staff told us that they could contact a senior at any time twenty four hours a day. One member of staff said, “I can always speak to someone at any time. The office number is transferred at the end of the day to the ‘on call’ person.”

Staff told us that they reported any accidents and incidents, and completed the appropriate paperwork. The senior care coordinator showed us the accident reporting records, these were all completed correctly.

We saw the staffing rota for the week of the inspection and the following week. Most people who used the service received 12 or 24 hour care and had the same group of staff to provide this support. This meant continuity of care was provided.

Staff told us that when they had been recruited they had gone through a thorough recruitment process. This included supplying references, proof of identity and a Disclosure and Barring Service (DBS) check, and an interview. Records we saw confirmed these checks had taken place before staff had started to work and copies were in staff files. There were separate files for new staff who were still waiting for all of their checks. One new member of staff said, “I am not able to start until my checks are complete.” The senior care coordinator told us they could attend training if any was available whilst they were waiting to start, but could not actually go on to the rota.

Staff told us they administered medication to people, but only after they had received the correct training. Staff did not have the responsibility of ordering medication. A staff member said, “We have to have the training and know what we are doing before we can give it.” We looked at medication recording charts for two people. These had all been completed correctly.

Good

Is the service effective?

Our findings

Relatives of people who used the service told us that they felt the care their relatives received was good and from well trained staff. One relative said, “They know what they are doing.” Another relative said, “They appear to be well trained.”

The provider told us that they always try to match people and staff. He said, “When they are spending a lot of time together carrying out intimate tasks, they need to be comfortable.” One person insisted on interviewing any staff who may potentially provide their care to ensure they got on well. A relative told us that the continuity of regular staff was very helpful as she knew the care would be carried out as it should be all the time.

The provider told us that they tried to make sure the same staff visited their clients. This was especially important if they were receiving care in 12 or 24 hour blocks, as they built up a rapport. This was confirmed when rota’s were seen.

Staff told us they had completed an induction before they started to work with people who used the service. Evidence was seen in staff files to show this had been completed and the programme had been signed as complete by a senior staff member.

Staff told us they received quite a lot of training. One staff member said, “I go to any training offered.” Another said, “I have done a lot of training.” Training offered included; moving and handling, medication administration and health and safety. Some staff had also completed more specialist training in end of life care and tissue viability. Evidence of training certificates was seen in individual staff files, along with competency tests to check learning. We saw the training matrix which listed all of the staff and training delivered, it included date of last training received and date when next needed. This included administrative training for the administration staff.

Staff told us they had regular supervision sessions and also spot checks. These were carried out unannounced by the senior care coordinator when staff were working with people who were using the service. Documentation we saw showed all staff had received these checks which covered a variety of subjects including; checking staff had their identification, they had completed the expected paper work and a medication audit.

The Care Quality Commission 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 saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

Staff told us that they asked for consent before assisting anyone. A relative confirmed this saying, “I know they ask my relative all the time if it ok to do things.” The provider told us that they explained to the people who used the service that when they signed their care plan it is a consent to care, but they would be asked on a daily basis.

Staff told us that they assisted with the preparation of meals for people. They may also assist with shopping or the person’s family buy in food. They were aware of individual’s preferences and what assistance they may need when eating. Within people’s care plans we saw records of food and fluid input. These were used to monitor what people were eating and drinking and assistance from dietician or nutritionist had been sought when required.

People accessed their own healthcare, but staff told us they would call the doctor, if they found someone was not too well when they visited. The senior care coordinator and the provider told us they would get involved liaising with other healthcare professionals to ensure people were getting the correct care and support they needed. Within people’s care plans we saw evidence that people had been seen by doctors and district nurses.

Good

Is the service caring?

Our findings

Both relatives made comments regarding the kind and caring approach of the staff. One relative said, “They are extremely good.” Another said, “They are all very pleasant and very caring.”

Staff were able to tell us about the people they supported. They were able to discuss how individuals were cared for and their differences. Staff were knowledgeable about individuals. One staff member told us, “It is really important to know about people we support, we are usually here for 12 hours at a time. We need to know what they need.”

The provider showed us an email from one person who used the service. They had requested a staff member to assist them to go swimming. We saw that this was being organised and risk assessments and care plans were being developed. Staff told us that they would always try to take each person’s views into consideration; this sometimes meant they had to have a care plan review. We found evidence of this within care records we looked at.

The provider told us that people were supported to express their views, along with their family or representatives, and they can call the office and speak to staff or the senior care coordinator at any time. A relative we spoke with confirmed this saying, “I can speak to the staff about changes in my relatives care.”

The provider and the senior care coordinator told us that if anyone called to speak about their care, one of them would arrange to visit them as soon as possible to update their care plan if required.

The senior care coordinator told us that if they thought anyone receiving care and support from them required an advocate, they would assist them to contact one. She told us that some people had social workers, so would also involve them. There was information on advocacy services within the service user’s handbook.

Relatives told us their relatives were treated with privacy and respect by the staff. One person said, “The staff always knock and shout it is them when they are coming in.” Staff told us they always treat people respectfully, especially as they were going into people’s own homes. They also told us they received training in equality and dignity, and had spot checks carried out to ensure they put into practice what they had learnt.

Staff told us that they tried to keep people as independent as possible. One staff member said, “Even if it only washing their own hands and face it is important to let people do what they can for themselves.”

Good

Is the service responsive?

Our findings

Relatives confirmed they had been involved in the development and reviews of their relative's care plan. One relative said, "I know what is in my daughters care plan, and if anything changes it is updated."

A relative told us that their relative had received care from other providers in the past, but this service was the most responsive. They told us the transition from one service to this one was very well planned.

The senior care coordinator told us that before anyone was offered a place, she or a senior staff member would always visit the person and their family or representatives to carry out an assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for the person. We saw documentation which confirmed this.

People's care plans were comprehensive and were written in a person centred way. They included; pre assessment paper work, a pen portrait, (which is a brief overview of the person and support required), a perception of what the person wanted, risk assessments, information on medication and a full up to date plan of care. Staff kept daily notes for each person which were added to the main care plan. It was obvious through the documentation that the person or their representative had been involved and had signed the care plan.

There were systems in place for people to have their individual needs regularly assessed and reviewed. The senior care coordinator told us that people had their care plans reviewed regularly but they would also be reviewed if there were any changes in their care needs. A relative we spoke with told us, "[Name] has had her care plan reviewed recently. I know what is in it but [name] Is able to make their own needs known." Care plans we looked at showed they had been reviewed recently.

The senior care coordinator told us that staff were very good at reporting back if a person's care needs had changed. This would then trigger a review and she or the provider would visit the person immediately to carry out a re-assessment of their needs.

People we spoke with knew how to make a complaint. A relative said, "Yes, I know how complain if I needed to." There was a complaints policy and procedure in place. Advice on how to complain was within the service user's handbook along with a complaints form. We saw documentation which showed complaints had been dealt with following the provider's procedure and had been concluded in a way which was satisfactory to both parties.

We saw returned responses from a satisfaction survey which had recently been sent out to people who used the service and their representative. Feedback was positive with comments including; 'thank you very much for the wonderful service you provide' and 'the kind and caring attitude of your staff is particularly appreciated'. The provider told us that they would continue to send regular satisfaction surveys as they felt once a year was too long in between to get a clear picture.

The provider and senior care coordinator told us that they had introduced some changes which had been implemented following a complaint. We saw these in operation. This showed that they responded and had learnt from a past mistake to stop it happening again.

Good

Is the service well-led?

Our findings

Staff told us that they had been included in many decisions regarding the service. Staff said that there was an open culture, they could speak with the provider or senior care coordinator about anything and they would be listened to. They also said they could contact them and ask for a meeting if they wanted and they would meet with them as soon as possible.

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information.

Due to the small number of staff employed, the provider told us they had a weekly teleconference to get updates. They had also sent out quarterly newsletters to staff, and these would be sent more often if there was information which needed to be conveyed. The provider told us they had held management meetings. Minutes of these were seen. Staff confirmed that they were kept informed of any changes or updates.

Staff and the manager told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident report records were seen. They had been completed in accordance with the provider's procedure.

There was not a registered manager in post, although a manager had been appointed and was due to start the following month. The service was being overseen by the registered manager from the provider's second service and the provider. They were supported by a senior care coordinator, administrators and a team of care staff.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The provider and senior care coordinator were able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. This included; audits of care plans, medication records and call monitoring. The provider told us that the office building was maintained by the contracting service, and they would report any issues to the landlord. They also told us that at a recent management team meeting it had been decided that once the new manager was in post, the managers from the two services would carry out quality audits on the others service. This would ensure that they were carried out with no preconceptions. Minutes of that meeting were seen to corroborate this.

The provider told us that a contracts monitoring visit by the local authority was planned for the next week.