

LAM Services Limited

LAM Care 24

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 19 September 2018 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit.

LAM Care 24 is registered to provide personal care. The registered location is situated in Derby and provides care to people who live in their own homes in and around Derby and Derbyshire. The service caters for older people and younger adults with needs relating to dementia, learning disabilities, physical disabilities, and sensory impairment. There were 29 people using this service at the time of our inspection.

The service had 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 using the service and their relatives were positive about the service they received and of the care staff and management team who supported them daily.

Care Staff were aware of their responsibilities for keeping people safe from avoidable harm or abuse. They had received training on the safeguarding of adults and were aware of the procedures they needed to follow should they have concerns about people's welfare. The management team were aware of their responsibilities for keeping people safe and knew to refer any concerns on to the local authority and Care Quality Commission (CQC).

People had been assessed and the risks associated with their care and support had been identified, reviewed and managed. Care staff received training in the prevention and control of infection and the necessary personal protective equipment was readily available.

There were enough staff employed by the service to support people safely. Care staff were punctual. If staff were running late the office would let people know or would send an alternative carer to ensure they received their care on time. Staff were recruited following a safe recruitment process to make sure only suitable people worked at the service.

Care staff received an induction and training programme, which ensured they were well trained to meet people's individual needs and work in line with the service's ethos. People told us they thought the staff were well-trained. The care staff we spoke with were knowledgeable about the people they supported and how best to meet their needs. Training records showed that staff had completed a variety of courses to give them the skills and knowledge they needed to support people effectively.

There were arrangements in place to make sure action was taken and lessons learned when things went

wrong to sustain and improve safety across the service.

People were supported to choose the food they liked. Staff supported people to maintain good health and access healthcare services when they needed to. Staff understood the importance of monitoring people's well-being and told us what they would do if they had concerns. This included liaising with healthcare professionals and accompanying people to healthcare appointments where appropriate.

People told us the care staff were extremely kind and caring and they were treated with respect. They told us their care and support was provided in a way they preferred and their consent was always obtained. The care staff supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected. We have recommended that MCA assessments are more detailed and follow best practice guidance.

People's preferences as to how they wanted their care and support provided were recorded in their care plans. This meant staff had the information they needed to ensure people received personalised care in line with their wishes. Care plans were reviewed regularly and updated so staff were aware of people's changing needs.

People said they knew how to make a complaint if they needed to. The provider's complaints policy was in the service user guide and told people what to do if they wanted to complain.

People using the service, relatives and staff told us they would recommend the service to others. They told us the provider listened to them and made changes where necessary to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe using the service and comfortable with the care staff.

Staff knew how to recognise and respond to abuse and what to do if they had concerns about the well-being of any of the people they supported.

Risk assessments were in place to ensure staff had the information they needed to keep people safe.

Medicines were safely managed and administered.

Is the service effective?

Good ●

The service was effective.

Staff had the training they needed to provide effective care and support.

Staff used the principles of the Mental Capacity Act 2005 Code of Practice when assessing people's ability to make decisions.

People who were assisted with their nutrition were satisfied with how their meals were prepared.

Staff understood people's health care needs and knew when to request medical assistance for the people they supported.

Is the service caring?

Good ●

The service was caring.

The staff team were extremely kind and caring and treated people with respect.

The staff team were motivated to provide good quality care.

People's privacy and dignity were promoted and respected by a staff team who put people's needs at the heart of what they do.

The staff team were given the time they needed to provide people's care and support and were enabled to build open and honest relationships with people and their families.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in developing their care plan with the support of their relative's. People's care plan and associated documents reflected their individual personal care and support needs.

People's care and support needs were met by a staff team who had a good understanding of their social and cultural diversities and their values and beliefs.

People knew how to raise a complaint and were confident that any concern would be dealt with appropriately and to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture within the service and the staff team went above and beyond to put the people using the service at the heart of what they do.

The staff team were motivated and supported by a caring management team to provide good quality care to the people using the service.

Monitoring systems were in place to monitor the quality of the service being provided to ensure it was the best it could be.

People's thoughts of the service were obtained and taken on board to ensure the continued improvement and development of the service.

LAM Care 24

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 September 2018 and was announced and carried out by one inspector. Telephone calls were made to people using the service and their relatives on 24 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office.

This was the first comprehensive inspection.

Before our inspection we reviewed all the information we held about the service. This included notifications which contain details of events and incidents which the provider is required to notify us about by law. We also looked at information provided through the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people using the service and five relatives and asked them about their experiences. We also spoke with the provider/registered manager, the senior carer and six care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

Is the service safe?

Our findings

People said they thought the service provided safe care. Two people we spoke with told us they felt safe with the staff. Relatives said they thought their family members were safe. Relatives said their family members would be able to let them know if they didn't feel safe and they would report their concerns to the registered manager so they could be investigated.

Staff understood their responsibilities to safeguard the people using the service. All the staff we spoke with knew to report concerns about people's well-being to their management. They also knew how to escalate concerns to outside agencies if they needed to. One staff member explained, "I'd let my manager know if I had concerns. If nothing happened I know I could phone the Care Quality Commission."

Records showed that staff were trained in safeguarding as part of their induction when they began working for the service. Staff confirmed they received training in recognising abuse and what their responsibilities were.

People and their relatives told us that staff assisted them to stay safe, whether this was by helping them move about their property safely, or ensuring they reported concerns about their health and wellbeing to healthcare professionals. One person told us, "Staff are very good, they go the extra mile to make sure I am safe."

Relatives were satisfied with the way risk was managed. One relative said, "I have no concerns about the support [person] gets. A staff member told us staff always took their time when providing care and support and this helped to ensure people remained safe. One member of staff told us, "The other day I knew [person] wasn't well so I stayed a bit longer with them until I felt it was safe to leave."

Records showed that risks were identified and gave staff the information they needed to manage any risk safely without impacting on the person's ability to remain independent. They covered environmental risks, risks relating to the use of equipment, and risks to people's health and social care. Risk assessments were updated when care plans were reviewed or when a person's needs changed.

Where people were at risk around the integrity of their skin, records identified what staff needed to do. Staff were told to look out for any changes and report them to the district nurse. Staff we spoke with knew what signs to look for and who they needed to report their concerns to.

People told us there were enough staff employed by the service to support them safely. One person said, "It's never been a problem. I always have the carers I need." A relative said, "There are never any problems with the right number of carers. They have been very good at sending regular carers when we need them." A member of staff told us, "Staffing is very good, if I phone up and say I need to stay with a client then I know {registered manager} will go on my next call. It's very good like that."

The provider had safe recruitment procedures in place to check that the staff employed were suitable to

work with the people using the service. Records checked showed a thorough process being followed to determine the applicants' suitability. This included an application, interview, references, police checks and health checks.

People told us staff supported them to take their medicines safely. One person said, "They always remind me, they put them out and I take them."

Records showed staff were trained in medicines administration and regularly assessed to help ensure they supported people with their medicines safely, and in line with the provider's policies and procedures.

Care records included instructions about medicines for staff to follow, for example, where they were kept, how people liked to take them, and what records needed to be completed when they had done this. Records also included if a particular medicine needed to be taken at a certain time or a particular day or prior to other medicines. Staff spoken with all said that the registered manager ensured they had a good understanding of how important safe administration of medicines was. They all felt they had received a good level of training to enable them to support people safely with their medicines. Records confirmed this.

People were protected from risks to their health and well-being by the prevention and control of infection. Personal protective equipment (PPE) was readily available and used. This included gloves, aprons, shoe protectors and hand gel. Staff had received training in infection control and were aware of their responsibilities around maintaining good hygiene. One person told us, "Staff are really good, they always wear gloves. They cover their shoes when they come in. I've never seen that before."

Is the service effective?

Our findings

People told us they thought the staff were well-trained. One person said, "They seem to know what they are doing, I feel confident when they are with me." Another person said, "They (staff) know what help I need and always it is just as I like." Relatives were also satisfied with the competency of the staff. One relative told us, "They are all great, they know how to support [person]. They know what they're doing."

The staff we spoke with had a good understanding of the people they supported. They told us they thought the training and support they received from the registered manager was very good. One staff member said, "When I first started I had my induction but I shadowed other more experienced staff at first."

Staff also told us their training was regularly updated and if the people they supported had specific needs they received extra training to ensure these could be met. For example, one staff member told us they received percutaneous endoscopic gastrostomy (PEG) training as they supported a person who received nutrition and medicines by this method. (This is a procedure to place a feeding tube through your skin and into your stomach to give you the nutrients and fluids you need.) Further training included moving and handling, safeguarding, and infection control.

Staff had regular supervision sessions and competency checks to help ensure their skills and knowledge were up to date. The combination of training and support ensured staff were able to provide effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA.

Records showed that staff at the service were working within the principles of the MCA. Staff were trained in this legislation during their induction to raise their awareness about the issues involved. Although care plans did reference that staff should assume people's capacity to make decisions they lacked a detailed assessment. However, in discussion with staff they were all able to give examples of how they provided choice for people and were able to ensure people were involved in their care. For example, one staff member told us how they supported a person to choose what clothes they would wear that day. We recommend that the service looks at ways of ensuring MCA assessments are more detailed in people's care plans based on current best practice.

People were supported to choose the food they liked. One person said, "My daughter usually makes me my meals and the staff reheat them for me. Sometimes I might want something different and they will make me it. They are very good like that."

Care plans identified where people may be at risk of not having their nutritional needs met. Staff we spoke

with understood the importance of recording what people ate and drank as well as reporting concerns to either relatives or the registered manager. One staff member said, "We have nutritional records where we record what someone has eaten or drunk. We know to encourage people where we can. It is very important people eat enough."

Staff supported people to maintain good health and access healthcare service when they needed to. One relative said, "Staff are very good they keep me informed. If [person] needs to see the doctor or they are concerned they let me know."

The staff we spoke with gave us examples of how they monitored people's well-being and told us what they would do if they had concerns. This included liaising with healthcare professionals and accompanying people to GP appointments where appropriate. People confirmed staff accompanied them to appointments if they needed them.

Records showed people's health care needs were assessed when they began using the service. Staff were made aware of these in care plans and had clear instructions on what to do if a person's medical condition changed or deteriorated in any way. This meant they could support people to be healthy and alert health care professionals if they had any concerns

Is the service caring?

Our findings

One person told us the staff were "Perfect". Another person said, "They care about me, watch over me, they make sure I take my medicines, that I am eating. They give me encouragement to get better." One relative said, "They have been a god-send. I've not looked back since they took over the package for [person]." Another relative commented, "They are very caring, very professional."

People using the service and relatives told us that having the same staff made the service more caring for them. One person said, "I've have double up calls through-out the day and I usually have the same staff coming. Sometimes they send different ones but that might be due to holidays but they always come with someone I know." Another person commented, "I always get a regular one. Maybe a change if they are on holiday but they always know what help I need." A relative said, "We have regular carers who come." Relatives also told us continuity of care helped staff develop positive caring relationships with people using the service. One relative told us, "They all treat her like their own. [Person] is close to two of her carers in particular. She loves them."

Staff told us about the different ways they got to know the people they supported and how they built relationships with them. One staff member said, "We are given time to talk to our clients. We don't just go in and do the care. We can talk and get to know them."

Relatives gave us example of staff being caring. One relative told us, "One carer recently suggested we play music for [person] to help calm her. This has really helped." A relative said, "It's only a little thing but actually really important. They are very good at keeping her teeth clean. They make sure they are clean and fresh. They are very good like that."

Staff gave us examples of how they used a caring approach when supporting the people who used the service. One staff member said, "The other day I decided I would take my break with [person] as I knew they were a bit down so I was happy to sit, chat and have a cup of coffee with them before I went to my next call. It made all the difference to that person."

People told us they were actively involved in making decisions about their care and support. One person told us, "I know I can talk to [registered manager] about my care. I feel listened to." A relative told us about their first meeting with the registered manager of LAM Care 24, "I was involved in the assessment and helped develop the care plan." Another relative told us, "I know when carers come they always check with [person] how he wants his care that day. They don't just look after [person] but they look after everyone in the family they always ask if I am alright. They are so caring."

Staff told us how they provided care to people. One staff member said, "I always talk with the person while I support them and explain what I need to do, I check they are happy with that before I continue."

People told us the staff always treated them with respect and dignity. One person said, "I can't praise them enough. They are very careful in supporting my dignity when they help me with washing and dressing."

Another person told us, "I am very happy with my care, they are respectful when they help me wash. Very good indeed." One relative said of the staff "They are a great bunch of carers. [Person] has a set routine and doesn't like change so [registered manager] ensures if there are changes they are phased in. This supports [person] to remain independent and respects his needs."

Staff told us it was part of their induction to understand the importance of protecting people's privacy and dignity. One staff member explained how they ensured people's dignity was protected when they provided personal care. They told us, "I would close the door and curtains. I would also cover them up if I was helping wash them so they were not exposed in any way. It is very important."

A confidentiality policy was in place and the management team and staff understood their responsibilities for keeping people's personal information confidential. People's care records were kept secure. People's personal information was safely stored and held in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

People's preferences as to how they wanted their care given were made clear to staff in care plans. For example, how the person preferred to mobilise around their home and what help they needed to maintain their independence.

People and their relatives told us they had been involved in developing their care plans. One person told us, "They visited me in hospital and talked about what care I needed. I can speak to [registered manager] anytime about my care." A relative told us, "They visited to carry out the assessment, we took part in it. They created the care plan and we were given a copy to check. It is regularly reviewed and updated."

Care staff had a very good understanding of people's social and cultural diversities and their personal values and beliefs. They went out of their way to support people to follow their interests and take part in activities that enriched their lives and which were socially and culturally relevant to them. The things that were important to people were identified and enjoyed by them daily. One person told us, "One of the carers has said she will take me to church on Sundays. I am really looking forward to that."

In the information the provider submitted to us before the inspection they told us they were going to introduce an electronic care plan system. We spoke with the registered manager who told us that they still intended to do this and were looking at different systems to make sure they chose the right one for them. The system they were looking at would allow care staff to update people's care plans as their needs changed and it would minimise the amount of paperwork people would need.

Staff told us they always read care plans before they began supporting a person. One staff member said, "We are always given information about people's care before we visit. I look at the care plan at the client's house as well. I speak to the family if they're available just to make sure I am doing everything right." Another staff member said, "We have the care plan to tell us what to do but we also ask people what they want because sometimes they might not be up to doing something that day or they might just want extra help. If we feel a person needs extra help we would report it to the office so the plan could be updated."

People using the service, relatives and staff said calls were usually on time. People told us if staff were ever late due to traffic problems or needing to stay longer with another person the office staff phoned them to let them know. A relative said, "We have had no missed or late calls the staff are excellent." Another relative told us, "We had one incident where a carer was going to be held up at their previous call so [registered manager] came instead. You can't ask for more"

All the people using the service and relatives we spoke with said they knew how to make a complaint if they needed to. One person told us that although they'd never had to make a complaint they knew how to. They said either the registered manager or senior carer visited them at least every two months to check they were still happy with their care.

One relative told us they received provider's complaints policy when the registered manager had visited to

carry out the assessment. They told us, "When [registered manager] visited to do the assessment they gave us lots of information and that included the complaints policy. I have never needed to complain but I feel very confident that [registered manager] would take any concerns seriously." Another relative told us, "I have never needed to complain. When I have raised things with them, such as they were sending lots of different carers for [person] and as they have dementia it was very difficult. I rang [registered manager] and they made sure we only have the same group of staff now. I cannot fault the attention they give [person]. They do a really good job."

Records showed that if a complaint was received the provider dealt with it appropriately. We saw that outcomes of investigation were completed and people were given a written response. Any learning from these complaints was then passed on to staff including if staff needed further training

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. Care staff knew people well and knew how each person communicated.

People's requirements at the end of their life were identified during the assessment process. The registered manager explained people's individual needs were assessed by appropriately trained staff with the support of the relevant healthcare professionals.

Is the service well-led?

Our findings

People told us they were satisfied with the quality of the service. One person said, "I would recommend this service 100%." Another person told us, "I am so happy with my carers they are all lovely." Relatives also said they would recommend the service. One relative said, "I have experienced other care agencies. These are the best. I would not hesitate to recommend them."

Staff also felt they would recommended the service to a friend's and family. One staff member said, "I think this is a good agency I have worked for others that have not been so good. In this agency [registered manager] is really good. They lead by example. They are very caring towards staff as well."

People told us they had been asked for their opinion. The provider had carried out customer surveys finding out what people thought about the service and how it could be improved. Comments included "Carers go above and beyond their jobs." We also saw where comments had been received about improving the service, the registered manager had responded and had made the necessary changes.

Relatives told us they felt communication was very good between the office and themselves. One relative told us, "I know I can ring the office any time and speak to [registered manager] and they will listen to me. Another relative told us, "Communication is really excellent. The carers let me know what is happening in [person's] life. I know I can speak to the manager anytime I need to."

Staff told us they were well supported by the registered manager. They described the spot-checks, supervision sessions and appraisals they had and said they found these helpful. One staff member told us, "I know I can speak to [registered manager] anytime I need to, she is really supportive and very caring." We saw where the registered manager needed to provide feedback on improvements staff needed to make, the letter started by praising the hard work and contribution all staff made to the company. This shows that the provider values the staff team.

Staff made other positive comments about the service and management including: "I am still working because of [registered manager] otherwise I would have retired. I really admire what [registered manager] is doing. Last winter in all that snow they made sure we had no missed calls because they drove staff out to calls in their 4x4 car. I think that shows real dedication."

Another comment received from staff. "Staff views really matter. I feel listened to." And, "They (managers) are really open and supportive. They act quickly if there is a problem and put clients and carers first."

The service was relatively small and the provider/registered manager and senior carer knew all the people using it and their relatives. The registered manager told us they did not want to expand too quickly to help ensure they could monitor every aspect of it and deal with any problems straight away.

The provider had a system in place to assess, monitor and improve the quality and safety of the service. This consisted of a schedule of audits, surveys, staff supervisions and meetings. This helped to ensure they had an overview of how well the service was running.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.