

Liver Care Ltd

# Liver Care Ltd

## Inspection report

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15 November 2017  
16 November 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 14, 15 and 16 November 2017 and was announced. This is the second consecutive time the service has been rated Requires Improvement.

Our last inspection of Liver Care Ltd took place in October 2016. During this inspection we found the service was in breach of regulations relating to need for consent, safe care and treatment and the governance of service. The service was rated as Requires Improvement. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Are services Safe, Responsive and Well Led? to at least good. We checked this during this inspection and found the required changes had been made.

During our last inspection in October 2016 we found the service in breach of regulations relating to 'Need for consent'. We found that consent was not always sought in line with the Mental Capacity Act 2005. We checked this during this inspection and saw that the registered manager had implemented new documentation which contained consent forms that people receiving a service had signed.

Also at the last inspection in October 2016 we found the service in breach of regulations relating to safe care and treatment. This was because risks were not always assessed as part of people's plan of care. We checked this during this inspection and saw that the registered manager had implemented new documentation which contained risk assessments and found they had been completed during the initial assessment and reviewed during the service review.

At the last inspection in October 2016 we found the service in breach of regulations relating to governance. This was because we found quality assurance procedures were not in place to help prevent people from being exposed to potential risk. We checked this during this inspection and saw that the registered manager had introduced a new checking and auditing system which helped ensure people received support which met their needs and kept them safe. The new checking and auditing system helped assure managers that staff had administered medication safely and people's support was still meeting their needs.

Liver Care is a domiciliary care agency based in Bootle, Merseyside. It provides personal care to people living in their own houses in the community, mainly in the Liverpool area. It provides a service to older adults. At the time of our inspection 25 people were receiving domiciliary care services from Liver Care.

Not everyone using Liver Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

There is a registered manager at the service. 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.

The provider had recruitment procedures in place. However application forms did not show people's employment history. This was immediately rectified during the inspection. References from previous employers had not been requested for one staff member to ensure they were suitable to work with vulnerable adults. Each staff member had an up to date DBS check.

People told us they felt safe when being supported by the Liver Care staff. Care staff we spoke with had a good understanding of how to keep people safe in their own home. Assessments were reviewed regularly to help ensure any changes in people's needs were reassessed so they received the appropriate care and support.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Medication was administered safely by suitably trained staff and was recorded correctly. Staff used protective equipment such as plastic aprons and gloves to use when supporting people to prevent the spread of infection.

There were enough staff to provide care and support to people living in their own homes. The registered manager only took on new packages of care when staff were available to do so. This helped ensure support could be provided to the people who needed it and staff were able to visit the same people and spend the time allocated to the call.

People we spoke with told us they saw more or less the same staff and that staff arrived at the time they were expected to "most of the time". They said that staff seem to know what they are doing and knew their needs.

Staff were well trained and had a good understanding of people's needs. They completed an induction when starting work at Liver Care Ltd. All staff irrespective of their experience had been supported to complete the Care Certificate.

People receiving a service told us staff were caring in their approach.

Signed consent forms evidenced that people agreed to receive the care and support in their home. People's care plans showed that capacity was assessed depending on the type of decision which was to be made. We saw that most people had capacity to make day-to-day decisions and this was also clearly documented within their plan of care.

People had their views taken into account when being supported. Care plans provided information to inform staff about people's support needs and routines. Risk assessments of people's mobility and the environment were also completed. The care manager carried out home visits to people to discuss if they were happy with the service provided and the staff who supported them. Spot checks on staff were also carried out to check on staff performance, knowledge and ability to carry out tasks required.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service. However the registered manager had failed to recognise the requirement in regulations to have a record of people's employment history on an application form. This oversight meant that the registered manager/

provider could not be fully assured of safe recruitment.

People were able to share their views and were able to provide feedback about the service.

CQC rating from the last inspection was not displayed on the provider's website. However this was immediately rectified during the inspection.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not entirely safe.

The provider had recruitment procedures in place. However application forms did not show people's employment history. References from previous employers had not been requested for one staff to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely by trained staff.

There were enough staff to provide care and support to people living in their own homes.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

### Is the service effective?

**Good** ●

The service was effective.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager and care manager.

People received support with regular nutrition and hydration

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions.

### Is the service caring?

**Good** ●

The service was caring.

People receiving a service told us staff were caring in their approach.

People had their views taken into account when being

supported.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided information to inform staff about people's support needs and routines.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service had a registered manager.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service. However there was a failure to recognise the requirement in regulations to have a record of people's employment history on an application form. This was immediately rectified during the inspection.

People were able to share their views and were able to provide feedback about the service.

CQC rating from the last inspection was not displayed on the provider's website. However this was immediately rectified during the inspection.

# Liver 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 14, 15 and 16 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 14 November 2017 and ended on 16 November 2017. It included visiting people using the service in their home, speaking with people using the service and staff on the telephone and speaking with staff in the office. We visited the office location on 14 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of an adult social care inspector.

Before our inspection visit, we reviewed the information we held about Liver Care Ltd. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We accessed the Provider Information Record (PIR) we received prior to our inspection. 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 received feedback from two local authority commissioning teams.

We visited two people using the service in their home and spoke with a further two people by telephone. We spoke with five staff including the registered manager, care manager and support staff.

We looked at the care plans for four people We checked the recruitment files for nine staff. We also looked at other documentation associated with the running of the service.

# Is the service safe?

## Our findings

At the last inspection in October 2016 we found the service in breach of regulations relating to safe care and treatment. This was because risks were not always assessed as part of people's plans of care. We checked this during this inspection and saw that the registered manager had implemented new documentation which contained risk assessments and found they had been completed during the initial assessment and reviewed during the service review. This helped to ensure people's needs were met and people were protected from the risk of harm.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We found each individual staff member had a personal file, which contained their recruitment information, training logs and supervision. We saw that each staff member had an up to date DBS check. Some staff who had worked for over 12 months had also signed an annual statement to record they had not committed any offences during that year. However we found that the provider's application form did not request an employment history from applicants. The registered manager told us that they asked people to provide CV's with their application. However we saw that one applicant had provided a personal statement which did not include their employment history. We found for the same person that two personal references had been received. Another two staff had not included a CV (Curriculum Vitae -a brief account of a person's education, qualifications, and previous occupations, typically sent with a job application) or a personal statement. The provider must request an employer's reference to be assured of a person's competence, skills and ability and attendance at work. Where a person has previously worked with vulnerable adults the provider must be able to verify the staff member's reason for leaving their employment. We also saw that the registered manager had taken a telephone reference for one staff member but there was no written evidence of the information given recorded in the staff's file, to evidence their good character or work ethic. The registered manager agreed to change their application form to address this issue and have each current member of staff complete a new application form to show their employment history.

This is a breach of Regulation 19 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when being supported by the Liver Care staff. A person told us, "I feel safe; they know how to support me using the hoist." Another said, "I never feel rushed when they (staff) are washing me."

Care staff we spoke with had a good understanding of how to keep people safe in their own home. Assessments were reviewed regularly to help ensure any change in people's needs was reassessed so they received the appropriate care and support. We saw that staff received appropriate moving and handling training to use equipment safely and correctly.

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Staff had received training. A



'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse. The provider had policies in place for safeguarding vulnerable adults and whistleblowing procedures for staff if they wished to report the practice or behaviour of a colleague.

We saw there was enough staff recruited to provide care and support to people in their own homes. The registered manager only took on new packages of care when staff were available to do so. This helped ensure support could be provided to the people who needed it and staff were able to visit the same people and spend the time allocated to the call. People we spoke with told us they saw more or less the same staff and that staff arrived at the time they were expected to "most of the time". The provider had contingency plans in operation to cover for staff sickness, when they called in at short notice. The care manager and other office based staff were trained and skilled to cover calls in an emergency. Planned absence due to holidays was planned in advance when preparing the rota each week.

Medication was administered safely by suitably trained staff and was recorded correctly. Staff we spoke with confirmed they had received training. A competency assessment was completed by senior staff to ensure people received their medication safely during spot check visits. A small number of people receiving a service had support with their medicines. We checked the Medication Administration Records (MAR) for one person we visited and found that staff had completed the MARs correctly. Body maps were used to demonstrate to staff where people needed cream to ensure staff applied this correctly.

Staff had access to supplies of protective equipment such as plastic aprons and gloves to use when supporting people to prevent the spread of infection. Supplies of aprons and gloves were kept in the office. People we spoke with confirmed that staff wore aprons and gloves when in their homes.

# Is the service effective?

## Our findings

During our last inspection in October 2016 we found the service in breach of regulations relating to 'Need for consent'. We found that consent was not always sought in line with the Mental Capacity Act 2005. 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.

We checked this during this inspection and saw that the registered manager had implemented new documentation which contained consent forms that people receiving a service had signed. This was to evidence that they agreed to receive the care they had been assessed as needing.

We checked people's care plans and saw that capacity was assessed depending on the type of decision which was to be made. However we saw that people had capacity to make day-to-day decisions and this was also clearly documented within their plan of care.

People receiving support from Liver Care did not require support from the service to access health care professionals, including GP, dentist, or chiropody service; many had family members to support them with this. Some people did rely on staff to provide them with regular nutrition and hydration. This was clearly documented in the individual's support plan. One person we visited confirmed to us that staff made drinks and heated up the frozen meals they had delivered, as they were required to, to meet their needs. Another person we spoke with told us the staff made their meals to their liking.

People told us that staff seemed "to know what they are doing and knew their needs". Staff we spoke with confirmed this by telling us about the needs of the people they visited regularly. However they said if they visited a person for the first time they would visit the office first if possible, otherwise read the care plan in the person's house to determine their support needs.

We found that staff were well trained and had a good understanding of people's needs. All staff irrespective of their experience had been supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We spoke with two staff who had worked in the care field for many years; they told us they had completed the care certificate and found it a useful refresher. All of Liver Care's existing staff team had not worked for the company for over 12 months and therefore were not in need of any refresher training. However in addition to the Care Certificate staff had completed training in medication and moving and handling to help ensure they could visit people in the community who required this support.

All staff had completed an induction on starting work with Liver Care. Before staff new to care or supporting people in the community began work with the organisation they were expected to complete one shift on a

voluntary basis to show them what was expected of them. This process had been useful and had helped some people see that this was not what they expected the job to be. This also helped the provider employ dedicated staff who were committed to supporting people in the community, some with complex care needs.

The provider received a support plan from the funding local authority prior to starting the service. This detailed people's support needs and a clear plan of the support required. The care coordinator completed an assessment to ensure they could meet people's needs and provide their preferences with regard to time and staff gender. Risk assessments of people's mobility and the environment were also completed at this time.

Staff received regular supervision, every six weeks. We saw written evidence to support this and staff we spoke with confirmed these meetings took place and that they found them helpful. As staff had not worked for the company for over 12 months they were yet to receive an appraisal.

## Is the service caring?

### Our findings

We visited two people and spoke with two others during the inspection. They told us staff were kind and caring towards them. Some of their comments included, "The staff are fantastic, I can't praise them enough", "They're very, very helpful", "They (staff) are out of this world, fantastic" and "The staff are wonderful, very kind". One person told us that one staff member stayed longer than they should one day as they needed extra support. They said, "I don't know what I would have done if they hadn't stayed a bit longer to help me. I really needed the extra time that particular day. They were very kind." We spoke with the care manager about that particular day. They told us that the staff member had called them to discuss staying longer and they (care manager) had then arranged for another person to attend their next call. This helped ensure both people who needed the support received it.

Everyone we spoke with said that the staff who supported them treated them with respect and maintained their dignity. One person told us what staff did to protect their dignity during their personal care routine, by covering them with towels.

The care manager carried out home visits to people to discuss if they were happy with the service provided and the staff who supported them. Spot checks on staff were also carried out to check on staff performance, knowledge and ability to carry out tasks required. Records were kept of these visits.

We spoke with two care staff about the people they supported. We found they had a good knowledge of people's needs and the support they provided. They demonstrated concern for people's wellbeing.

The registered manager and care manager had worked in the social care field for many years. They were experienced about the support services available for people who needed help and support. They told us about how they worked with an advocate representing a person receiving their services. In addition they worked closely with the funding local authority and recognised when people's needs increased and requested additional support through the correct procedures. The registered manager told us of the process whereby some chosen providers were given the authority to increase people's support packages to ensure their needs were met. The registered manager told us that they had been approved to join this group of chosen providers. They said this would enable the people they supported to receive the correct amount of care to meet their needs, without having to spend a lot of time contacting the local authority and the additional care could be given to the person straightaway.

## Is the service responsive?

### Our findings

We found that people received personalised care and support which met their needs. People we spoke with told us staff supported them with everything they should so their personal care needs were met. Care records were kept in people's homes. A copy of the current care plan showed staff what was required. We saw evidence that people were involved in the completion of these documents and had signed them to evidence this.

Staff recorded in the daily notes what support they had provided the person with. One person we visited told us that the staff went above and beyond in their support. They said they would "pick up bits of shopping when we need it."

People's packages of care were reviewed regularly by the care manager to make sure it was meeting their needs. We saw evidence in people's care files that these reviews took place and that information including risk assessments were reviewed. This helped ensure that information regarding people's support needs and related risks were up to date.

Liver Care used a system which recorded the services they provided to people. It detailed times of visits, support needs and the staff who attended. It also showed which staff were available to visit in case of sickness of other. The registered manager and care manager told us about a new system they were introducing in the near future, recommended by a local authority. The new system would enable staff to verbally record their daily notes at the end of each visit, by talking into the smart phone, which then translated the recording into written notes and recorded them on the person's care file, set up on the system. The system described to us appeared easy to use and should help staff by saving time and would ensure notes were up to date. Each staff member was to be issued with a smart phone. A fob situated in each person's home who received a service would be used to 'log in' to evidence when the staff member had arrived.

Everyone we spoke with knew who to contact to complain about the service. People we spoke with said they had no complaints about the service from Liver Care Ltd. One person told us, "No, they're superb." Another person said, "No, I can't praise them enough."

We looked at the complaints procedure for Liver Care Ltd. There was a written policy and procedure for dealing with and investigating complaints. We saw that since our last inspection there had been one complaint for the service which had been investigated and responded to satisfactorily. During our time spent at the office for this inspection we saw that people rang the office to raise any issues which were dealt with verbally and informally.

Nobody receiving care from this provider at the time of our inspection was receiving end of life care or support.

## Is the service well-led?

### Our findings

At the last inspection in October 2016 we found the service in breach of regulations relating to governance. This was because we found quality assurance procedures were not in place to help prevent people from being exposed to potential risk. We checked this during this inspection and saw that the registered manager had introduced a new checking and auditing system which helped ensure people received support which met their needs and kept them safe. The new checking and auditing system helped assure managers that staff had administered medication safely and people's support continued to meet their needs. However at this inspection we found the provider had failed to recognise the requirement in regulations to have a record of people's employment history on an application form. This oversight meant that the registered manager/ provider could not be fully assured of safe recruitment. During the inspection a new application form was devised for immediate use. The registered manager sent us a copy of it; we saw that the necessary changes had been made to include people's employment history.

Providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website, when they have received a CQC performance assessment for their regulated activities. We found that the rating from the last inspection was not displayed on the provider's website. However this was immediately rectified during the inspection. We checked that this had been completed.

This is a breach of Regulation 20A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed with the registered manager their vision for the organisation. They told us the organisation was set up just over a year ago; housing and support were already being provided to vulnerable people and also the provider had set up two charity shops in the locality. The charity shops provide a community link and a drop in place providing hot drinks and support, if needed. Funds made from the charity shops went to support people, by taking them on holiday or buying a minibus, for day trips etc. Liver Care was then set up to provide care for people in their own homes. The vision is to provide good quality services, recruit dedicated staff and to expand the business at a manageable rate whilst keeping standards high. We found evidence of this practice throughout our inspection. New packages of care were only accepted when the provider had capacity and staff to provide the support.

We found that the care manager communicated well with the staff so they were kept up-to-date about any changes. Staff rotas were accessible through their 'smart phones'. Staff meetings were held three times a year. We saw minutes from meetings held in May and October 2017. Staff we spoke with felt supported by the managers at Liver Care. One staff told us, "It's a positive experience working here, it feels like a family. We are kept well informed and any issues are dealt with immediately. I feel very much at ease working here."

People we spoke with said that if they did have any problems they were quickly sorted out by "the office". They knew the name of the care manager who was their main contact.

The registered manager had sent out questionnaires to people receiving a service from Liver Care to gather their feedback. We saw evidence of returned questionnaires. Feedback was very positive. We found that any suggestions had been considered by the registered manager and actioned were appropriate.

We saw evidence that Liver Care was working well with the local authority from whom it commissioned care packages. Reviews of people's care packages were held in conjunction with social workers. We saw evidence of reporting changes in people's needs to social services and family members during the time we spent in the office during the inspection.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitored key elements of the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider could not be assured of a person's competence, skills and ability and attendance at work where a person has previously worked with vulnerable adults because the application form did not record the applicant's employment history and references from the last employer were not always requested.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The rating from the last inspection was not displayed on the provider's website.</p>