

LJM Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 2 March 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed.

At our last inspection in October 2013 the provider was meeting all of the regulations that were assessed.

The service is registered to provide personal care and support to people in their own homes and at a supported living service. People who use the service had a range of support needs related to old age, dementia, mental health, learning disability or an eating disorder. At the time of the inspection the service was providing support and personal care to 180 people in their own homes and 19 people in a supported living unit. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from the service varied, according to their assessed needs and levels of independence.

There was a manager in post who had planned to become registered manager of 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.

People were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take.

Recruitment processes had recently been improved to ensure that people were supported by suitable staff. Staff received induction training which included shadowing colleagues prior to working on their own. Training was in place in order to develop staff skills and staff were able to ask for additional training to develop their levels of expertise in particular areas.

Staff had not received formal supervision and had not been given the opportunity to discuss their learning or receive feedback from observations of their practice, but arrangements were in place to rectify this.

Staff were aware of the risks to the people they supported, but information held on risk assessments lacked detail which meant staff were not always provided with the most accurate information to enable them to manage risks.

People were supported to live their lives in the least restrictive way possible; staff understood the requirements of the Mental Capacity Act [MCA], and what it meant for the people they supported.

People were supported with their nutrition and health care needs.

People told us that the staff who supported them were kind and caring and treated them with dignity and respect.

People were supported by staff who were aware of their likes and dislikes and how they liked their care to be provided.

People knew how to raise concerns and complaints; where complaints had been raised they were logged and recorded but they were not always investigated or responded to. Improvements in the complaints systems had been put in place to ensure people felt confident that their voice was heard and any lessons were learnt, where appropriate.

The manager had identified a number of areas for improvement and was working closely with the provider and staff to achieve these improvements in order to improve service delivery.

The manager was described as supportive and approachable by the staff group and her leadership skills were spoken of in a positive manner.

Quality monitoring of the service had taken place in response to particular concerns but not on a regular basis. Plans were in place to address this and obtain regular feedback from service users.

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 when supported by staff.

Staff were aware of the risks to people they supported. The manager had identified that people's risk assessments lacked detail and had made arrangements to rectify this.

Recruitment practices were being improved to ensure people were supported by staff with the appropriate skills and attributes.

Is the service effective?

Good ●

The service was effective.

Staff received regular training to provide them with the skills required to meet the needs of the people they supported.

Staff had not received formal supervision but were able to speak to the manager at any time and arrangements were in place to rectify this.

People were supported by staff who were aware of their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff whom they described as kind and caring.

Staff respected people's privacy and dignity when supporting them.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were aware of their

preferences, likes and dislikes.

People were aware of how to make a complaint and improvements in the complaints system had been recently put in place.

People were asked for their feedback about the service the received.

Is the service well-led?

The service was not consistently well led.

The manager had very recently introduced a number of improvements to the service in order to improve the quality of care people received.

An action plan was in place to address concerns highlighted by the manager.

Staff felt supported by the manager and spoke positively about her approachable nature and leadership skills.

Quality monitoring of the service had taken place and was being developed further to obtain service user feedback.

The manager planned to submit her application to become registered manager of the service.

Requires Improvement 

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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 2 March 2016, with further contact made by phone with people on 3 March 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a 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 reviewed information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with twelve people who used the service and four relatives. We also spoke with the provider, the manager, the managing co-ordinator, four members of care staff and one member of staff responsible for training.

We reviewed a range of documents and records including five care records of the people using the service, medication administration records, two staff files, training records, accident and incident records, complaints, action plans and audits.

Is the service safe?

Our findings

People told us that they felt safe when supported by staff in their own home. One person told us, "Absolutely, I have got an alarm system they use to get in, they leave me safe" and another person told us, "Yes I am safe, it's nice to have someone you can trust and a face you can recognise". Relatives spoken with also told us they were confident their relative was safe when being supported. One relative commented when asked if they had any concerns, "Not really no, generally speaking it's a good service".

We saw that people were supported by staff who had received training in how to recognise signs of abuse and what actions they should take if they thought someone was at risk of abuse. One member of staff was able to provide us with an example of a safeguarding concern they had raised with the manager and how this was responded to appropriately.

Staff were able to describe to us the risks people were exposed to on a daily basis. We saw that people's files held risk assessments, but they lacked the detail which would assist staff when supporting people. We discussed this with the manager. She told us that due to a number of staffing issues and deployment of staff, risk assessments were not as comprehensive as she would like. This meant that staff were not given the full information they required to manage people's risks which could leave people at risk from harm. We saw that new team leaders had been appointed for each area and it was identified that this was one of the areas for improvement they would take on in their new role. We met with some of the new team leaders and they confirmed this to be the case. We saw efforts were in place to manage this and were told that for any new staff coming into the service, they would be paired with experienced staff to ensure they were fully aware of the needs and any related risks of the people they supported.

We saw that the manager had in place a system to log any accidents or incidents. None had been recorded since she had been in post and only one had been reported in the last 12 months.

Concerns had been raised with regard to the safe recruitment of staff working at the service. The manager had identified that there were a number of staff employed for whom there were no references. They had also identified where DBS [Disclosure and Barring Service] checks had been completed and highlighted convictions, risk assessments had not been completed. As soon as these concerns had been identified, we saw that the manager had raised a safeguarding in respect of this and worked quickly to obtain the necessary information for each member of staff, ensuring risk assessments were put in place where required. We saw that staff files now held a checklist and all the necessary information to ensure that people were not supported by unsuitable members of staff.

We had received information with regard to a number of missed or late calls. We asked people if they ever received late or missed calls. Everyone spoken with spoke positively about the support they received from their regular carers and told us they were usually on time. One person told us, "[Staff] always arrive at the right time and stay the right time" and another person told us, "Always get the same carer, she's friendly, caring, can't fault her at all". A relative also commented, "We do have the same person, they are very, very good, so far as to say excellent. She really cares". People told us they did not have any missed calls but a

number of people said their calls were sometimes late. For each example given, the person told us the provider offered an explanation and an apology. We discussed this with the manager, she told us, and staff confirmed that the staffing structure was in the process of being adjusted in order to manage calls more effectively.

Staff spoken with told us that previously communication amongst office and care staff was poor, but that things had recently improved and arrangements were in place to ensure they visited the same people. One member of staff told us, "There's been a big change, it's a lot more organised – I get to see the same people".

People who were supported by staff to take their medicines told us they had no concerns regarding this. One person told us, "They put my medicines in a dish for me to take" and another person told us, "Carers are pretty good. They know when they [eye drops] are out of date. They remind me at night to take my tablet".

We saw that medicines were managed appropriately and Medication Administration Records (MAR) in place were signed and there were no gaps in recordings. However, audits had not been taking place to ensure that staff were following procedure and supporting people to take their medicines. We discussed this with the manager who was able to evidence that she had identified this as an issue and we saw that she had very recently put in place medicine audits.

Is the service effective?

Our findings

People were supported by staff who had received training to provide them with the skills they needed to support them. One person told us, "Staff all know what they are doing and where everything this" and another person told us, "I'm happy they [staff] know what they're doing. When they are new carers I tell them what I want and they always ask what I want". A member of staff commented on the recent changes the manager had brought in to ensure consistency in care. They told us, "I know every person in my area now".

Staff told us they felt well trained to do their job and that they benefitted from an induction that prepared them for their role. A member of staff told us, "I did three days training and had workbooks to complete. They had me shadowing other staff until I felt confident". Staff spoken with confirmed that new starters shadowed them before working on their own. One member of staff told us, "You get enough training and you can ask for additional. I asked for PEG training [specific training to support people who are unable to eat and drink by mouth and receive their nutritional intake via a tube] and I got it" another member of staff told us, "You do hoist training before you go out as well and they make you go into the hoist as well, it's quite scary". We saw that there was a training matrix in place that flagged up when refresher courses were required and letters were also sent to staff inviting them to meet with management to discuss their training needs. The manager told us that they benefitted from the provider owning their own training company, which provided them with instant access to courses that staff required.

The manager had told us that prior to new staff taking over packages of care, arrangements were made for them to shadow more experienced carers in order to be introduced and observe practice. One person we spoke with confirmed this arrangement. They told us, "Occasionally we have people we don't know. We have had some nice new carers who came with other staff".

Staff told us that prior to the new manager being in post, they lacked support. We saw that staff had not received supervision. One member of staff told us, "In the 18 months I've been in post, I've never had supervision". Staff confirmed that their practice had been observed on occasion, in the form of spot checks or field observations, but they had not received any direct feedback from these checks. We discussed this with the manager. She told us, "We plan to have four supervisions a year. The team leaders will do this and yearly appraisals will also be put in place. There have been some but not enough". All staff spoken with told us they were aware that the new manager had put plans in place for them to receive regular supervision and that the manager had told them they could speak to her at any time if need be. One member of staff told us, "I had to speak to [manager] about an issue and she dealt with it on her first day" and another member of staff added, "[Manager] is approachable, fantastic, her door is always open. If I need to have a word with her she will speak to you in private".

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. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA.

Staff spoken with had an understanding of the MCA and were able to tell us how they supported people to make decisions about their care and support. A member of staff described to us how they supported a particular person and obtained their consent first, they told us, "One lady did not want to change her clothing, we can't force her, sometimes you just need to go out the room and come back in again and ask again, but differently".

Two people spoken with confirmed that care staff were responsible for preparing a meal for them at lunchtime and they had no concerns regarding this arrangement. Staff spoken with were aware of the dietary requirements of the people they supported. One member of staff told us, "[Person] likes their food cut quite small and it has to be positioned in a certain way".

People told us that if they felt unwell, staff would contact the doctor on their behalf. One person told us, "What they [staff] do they put [write] down, I had the doctor out and they wrote it all down. They do what they have to do". Staff described to us the actions they would take if someone was taken ill. One member of staff was aware of the healthcare needs of a particular person they supported. They told us "[Person's name] said she was in pain, I rang the doctor and they sorted out a prescription. I'll pick it up today and hopefully they will sort her out".

Is the service caring?

Our findings

People spoken with were complimentary about the staff who supported them and described them as polite and courteous. One person told us, "They're lovely [staff]. I like [staff name] who comes at lunch time. Quite happy with carers" and another person said, "They sit down and do the book and always ask if there is anything else I want before she goes. She knows what I like". A relative told us, "Carers are very nice, my wife is very satisfied. They may come a bit late but I couldn't speak better of them. They are very kind" and another relative commented, "They [staff] are a wonderful bunch of girls".

People told us that when staff were supporting them with their personal care, they did so with respect and helped maintain their dignity. One person told us, "She [staff] talks to you and makes you feel comfortable". Another person told us "I find them [staff] kind and understanding" and a relative said, "Staff are always courteous, they do what [relative] wants no problems with privacy". Staff described to us how they maintained people's dignity when providing personal care. They described how they kept doors shut or covered people with towels. A member of staff told us, "I will give people the opportunity to say 'no' [to support]; if they've got free hands I'd offer them a flannel and ask, 'would you prefer to do it yourself or would you like me to help?'"

Staff spoken with talked warmly of the people they provided care for. They told us that they enjoyed their job and were able to describe in detail people's needs. One member of staff told us how rewarding they found their work, adding, "I love it, knowing you're a big part of someone's life". Another member of staff commented, "I saw the care my grandfather received from carers and appreciate the difference they made to his life".

People told us that they were supported by staff who knew how to provide their care, the way they wanted it. People said that they felt listened to and were supported to make their own decisions with regard to their care. One person told us, "They [staff] do what they can and then they leave me to do what I can. I shout them when I'm ready" and a relative told us, "The carer asks my wife if she wants a bath or a shower and so on". One person told us, "My regular carer goes the extra mile" and another person described to us other things their carer did for them before leaving, for example, picking things up off the floor and tidying up for them.

Staff spoken with were aware of advocacy services that were available, should someone require independent advice or support. A member of staff told us, "Most people we support have families involved. I've got one lady who has a support worker as she's lonely".

Is the service responsive?

Our findings

People told us that prior to their care package commencing, they were visited by a member of staff and asked how they wished to be supported. One person told us, "At the start of the service, the boss came and I told them what I wanted and what I needed". A relative explained that they were going into hospital and had had to ask for visits for their loved one to be changed to the evening and that this had been arranged. They told us, "They [staff] have spoken to me today and it's all set up for the evening while I'm in hospital". This meant that the service could be flexible when providing packages of care and responding to peoples changes in needs.

People told us that they received their care the way they wanted it. One person told us they were given the choice of having male or female carers and they said they only wanted female carers and this arrangement was honoured. People spoken with told us they were aware of their care plan or care recordings that were held in their home. One person told us, "Yes, they fill it in [care plan] every day" and another person told us, "It's in the folder, been there for the last two years, sometimes they go through it but nothing has changed really". We saw that people's care plans were reviewed and people were involved in this process. One person told us, "The lady who comes in the mornings said she is going to do a review soon" and a relative told us, "[Person] has a care plan and they review it every six months. Staff know what they are doing". A member of staff told us, "We were never told how often to do care plan reviews, but now we have a formal structure in place".

Staff spoken with were able to demonstrate a detailed knowledge of the people they cared for, how they supported them and what was important to them in terms of their care delivery.

Prior to inspecting the service, we received some concerns regarding complaints being raised and not being responded to appropriately. A member of staff told us, "Complaints were reported previously and ignored. We'd raise them and nothing was done". They went on to tell us, "I think they would be responded to now" and gave us an example of a late call recently that had taken place and the manager had rang the person to apologise.

We asked people if they were aware of the complaints procedure and if they had ever had to complain. One person told us, "I did complain about the missed call, I had a number to call – no problem at all". Others told us they had never had to complain but knew the process to follow. Comments received from people were, "Never had to complain, I have a got a number and the folders says what to do" and "Not made any complaints, nothing to complain about" and a relative told us, "I've never had to complaint, but would know who to contact, I am more than happy with them". We spoke with the manager regarding the investigation of complaints. We saw that a complaints log was in place, notes of actions taken and the date and details of the outcome of the complaint. However there was no evidence available of the investigation of the complaint taking place. The manager told us that when she commenced in post she had identified a number of complaints that had not been addressed appropriately. She told us she had attempted to address all these complaints and we saw that she had personally visited a number of people to apologise and reassure them. One person told us, "The manager has been out to make sure everything is ok". The manager told us, "I want to spend one day a week visiting clients, particularly those who have put in

complaints. I want to get feedback and maintain a relationship with clients".

A number of people told us they had been contacted and asked to provide feedback on the service. This was either in the form of a phone call or completion of a survey. Some people also received visits from management, one person told us, "One came out a few weeks ago and asked hundreds of questions".

Is the service well-led?

Our findings

People spoke positively about the service. One person told us, "I am more than happy with them" and a relative said, "I'm very pleased [with the service]".

We saw that a number of positive changes had recently taken place at the service. The manager was open and transparent with us and made us aware of the problems she had encountered when she took on the role of manager in January 2016. She confirmed to us that she planned to make an application to the Commission to become registered manager of the service. We saw that in a very short space of time, the manager had identified serious concerns around the safe recruitment of staff and had worked quickly to address this situation and to safeguard the people who were being supported by the service. We also saw that she had identified a number of other areas of concern regarding the service and had immediately drawn up an action plan to improve the situation. The manager had involved staff in this process, providing them with support and guidance.

A number of concerns that were raised with regard to missed or late calls had been identified by the manager and we saw that systems were being put in place to address these issues. We saw that the manager had established a new staffing structure and four new team leaders had been appointed and were in the process of completing their induction. The manager told us, "We plan to designate teams to particular areas to help us manage calls". A member of staff told us, "Once the team leaders and seniors are in place there will be a massive improvement".

Staff spoken with were complimentary and enthusiastic about the changes the new manager had introduced. One member of staff told us, "Since [manager] has taken over we know what is expected of us". Staff spoke positively about the new structure of teams working in specific areas and the benefits this would bring to the people they supported. A member of staff said, "Now [manager] is here it feels very different, I like coming into the office now". Staff described the manager as approachable and told us they felt listened to. Staff were able to provide us with details of a number of improvements that the manager had introduced which had had a direct impact on their working day. They told us that they now had four weekly rotas in place which gave them opportunity to make any changes in advance and obtain appropriate cover where necessary. One member of staff told us, "It's a lot more organised, I get my rota and I know where I'm going now".

We saw that shortly after the manager commenced in post, she wrote to people who received support from the service, explaining that she had taken over and apologising to those service users who had not received the quality of service the provider had promised to provide and offered assurances that issues were being addressed. One person commented on this and told us, "I had a letter saying they were hoping to improve". We also saw that the manager had written to all staff introducing herself and addressing any concerns staff may have about the future of the service. A member of staff told us, "We had a meeting when [manager] took over and two days later letters came out as well. Letters were sent to the service users as well".

We saw that the manager had acted on the concerns she had identified and as a result of this, we found that

there was no impact for people who were using the service. As the changes being made had taken place very quickly, we have not had time to see that they have been embedded into the daily working practices of the service. However on the day we could see that all actions had been taken and it is for the provider to ensure the improvements continue and are sustained.

We discussed with the provider our concerns that the issues identified by the manager had not been highlighted sooner. The provider told us she had previously been more involved in the training side of the business. She acknowledged that the service had grown too quickly and that this had created a number of problems.

The manager told us that she worked closely with the provider. The provider confirmed that she would be fully supporting the manager through the changes that were being made, ensuring the areas of concern identified on the action plan were met and that improvements of the service continued. Staff also commented that they observed the manager and the provider working closely together and saw this as a good thing. We met with both the manager and the provider. They told us they had been working closely together and were able to share their plans for the future of the service. The manager told us, "Things feel a lot different, I do feel supported".

Staff spoke positively about the manager and the support that she provided. We saw that the manager had identified that staff supervision had not been taking place, but ensured that staff were able to speak to her to raise any concerns whilst she arranged their formal supervision meetings.

We saw that the manager was working closely with representatives from the local authority to address any concerns raised. An action plan was in place which included ensuring regular quality audits and spot checks took place to assess the quality of the service provided to people.

We saw that some telephone monitoring had taken place in response to a service user raising a concern regarding a late call. However, there was no routine telephone monitoring of the service taking place to ensure that people were receiving a quality service. Service user questionnaires had previously been sent out in June 2015 but there was no evidence of analysis of the information received or action plans to address any concerns raised. The manager told us that plans were in place to also send out further service user questionnaires soon. She told us that the questionnaires would be analysed and findings fed back to service users, adding, "Any issues raised and I will visit people personally to address them".

We discussed with the manager, her plans for the future of the service. This included introducing a 'Carer of the Month' certificate in order to boost staff morale. She told us, "Team leaders will nominate a care worker out of their team. We have carers who pick up extra hours and provide all the time. Staff will get a certificate and a small reward" adding, "You can only be a good manager if you have good teams, it makes your job easier".

We saw that there had recently been a staff meeting following the arrival of the new manager and plans were in place for staff meetings to take place regularly with staff. We saw evidence of observations of staff providing support to people in their own home taking place, in order to assess their practice. People spoken with confirmed that staff were observed on occasion when supporting them.