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Loughborough

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 22 September 2016 and 3 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be available to assist us. The service provided domiciliary care and support to people living in the Loughborough area. At the time of our inspection there were two people using the service.

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's support was being provided by the registered manager and the care manager as the service did not currently employ other staff.

People told us they felt safe with the registered manager and the care manager who supported them. They told us that they were looked after well by them and their relatives agreed.

The registered manager and care manager knew their responsibilities for keeping people safe and knew what to do if they were concerned about one of the people using the service.

The risks associated with people's care and support had been assessed to make sure people were kept safe whenever possible.

The registered manager and care manager understood their responsibilities with regard to people's medicines though had yet to complete training in this area. This was addressed following our visit.

A recruitment process was in place and this would be followed if a new member of staff were to be recruited. This would make sure that only suitable people worked at the service.

The registered manager and care manager knew the needs of people they were supporting well and provided care and support at agreed times.

An initial assessment of people's needs had been carried out prior to their care and support commencing and the people using the service had been involved in developing their plan of care.

The registered manager and care manager understood the principles of the Mental Capacity Act 2005 (MCA) though had yet to complete training in this subject. People using the service told us that their consent was always obtained before their care and support was provided.

Whilst the registered manager and care manager had completed training in the safeguarding of adults and moving and handling, formal training in safe handling of medicines, food hygiene and MCA had yet to be completed. This was addressed following our visit.

People using the service told us that the registered manager and care manager were kind and caring and they provided their care and support in the way they preferred.

People using the service had been given a copy of the providers complaints policy and they and their relatives knew what to do if they were unhappy with the service they received.

People had the opportunity to be involved in how the service was run. They were able to discuss their views of the service on a daily basis and questionnaires were also used to gain their feedback.

The registered manager and care manager monitored the service on a daily basis so that they could be confident that people received the care and support they needed. The care manager told us that these would be made more formal in future so that they could properly demonstrate the monitoring processes that were in place.

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 using the service felt safe with the registered manager and care manager who supported them.

The risks associated with people's care and support had been assessed.

People were prompted to take their medicines safely.

People using the service received consistent care and support from the registered manager and care manager.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The registered manager and care manager had the skills and abilities they needed to meet the needs of those they were currently supporting though training in some areas had yet to be completed.

The registered manager and care manager understood the principles of the Mental Capacity Act 2005 though had yet to receive training in this subject.

People's consent was obtained before their care and support was provided.

People were supported to have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

The registered manager and care manager were kind and caring and treated people with respect.

People were encouraged to make choices about their care and support on a daily basis.

People were involved in deciding what care and support they needed and had been able to share their personal preferences.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were assessed before they started using the service to ensure that they could be met.

People were involved in developing their plan of care.

There was a formal complaints process in place and people knew what to do and who to go to if they had a concern of any kind.

Is the service well-led?

Good ●

The service was well led.

The service was properly managed and the registered manager and care manager were open and approachable.

People had the opportunity to share their thoughts on the service they were provided with on a daily basis. This was because their support was provided by either the registered manager or the care manager.

Informal monitoring systems were in place to check the service provided.

Loughborough

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 was 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.

The inspection visits took place on 26 September 2016 and 3 October 2016 and were announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

We reviewed a range of records about people's care and how the service was managed. This included the plans of care of the two people currently using the service and associated documents including risk assessments. We also looked at the training records and the quality assurance audits that the registered manager and care manager completed.

We visited the two people who were using the service. This was to check that they had an up to date plan of care in place and to determine whether they were satisfied with the support they were receiving.

During our visits we spoke with the registered manager and the care manager.

After the inspection visit we telephoned a relative of each of the two people using the service. This was to gather their views of the service being provided.

Is the service safe?

Our findings

People we spoke with told us they felt safe using Loughborough (AKA Thorpe Carers). One person said, "I feel very safe; they look after me very well." The second person told us, "I do feel safe with them." Their relatives agreed. One told us, "[Relative's name] is very safe with them [registered manager and care manager]."

The registered manager and care manager, who carried out people's care and support calls on a daily basis, were aware of their responsibilities for keeping people safe from harm. They told us that any allegation of abuse would be referred to the relevant safeguarding authority and also to the Care Quality Commission. The care manager told us, "I would get in contact with safeguarding adults, that would be my first point of call."

Risk assessments had been completed when people's care and support packages had commenced. This enabled the registered manager and care manager to identify and act on any risks associated with the delivery of the person's care. We saw risk assessments in the areas of health and safety and moving and handling. An assessment on the environment in which the care and support was to be provided had also been completed.

At the time of our visit there were no support workers employed to work for Loughborough (AKA Thorpe Carers). This was because people's care and support was being provided by either the registered manager or the care manager. There was however an appropriate recruitment process in place and the care manager explained that this would be followed if a new staff member were to be recruited.

We looked at the staffing rota. We found that the registered manager and care manager were covering people's care calls. We saw that this was sufficient to meet the current needs of the two people using the service and the people we spoke with agreed. One person told us, "I never feel rushed; they take their time and work with me."

People using the service knew which member of the management team would be attending their calls. One person told us, "We always know who is coming; we discuss it the day before."

People were provided with a flexible service and care and support calls were carried out at the times they requested. One person told us, "We arranged the time that they come."

The registered manager and care manager understood their responsibilities with regard to people's medicines and understood what they could and could not do. The registered manager told us, "We can only prompt and only prompt medicines that are prescribed." The people using the service had signed a consent form agreeing to receiving support with their medicines and their support requirements were included in their plan of care. A relative told us, "[Relative's name] wasn't taking their pills properly so they come in and remind them, it's reassuring."

A medicine policy was in place and this was followed when people were prompted with their medicines.

Although the registered manager and the care manager were aware of their responsibilities when prompting people with their medicines, they had yet to complete training in the safe handling of medicines. Training on this topic was sourced following our visit and both the registered manager and the care manager were signed up to complete this.

A business continuity plan was in place. This document included specific actions to take in the event of an emergency or untoward event occurring. We noted that this had not been reviewed for some time. The care manager assured us that this would be updated to reflect the correct information, including the correct contact details for the CQC.

Is the service effective?

Our findings

The registered manager and the care manager had completed training that enabled them to carry out their roles within the service, though it was noted that this had been completed some time ago. The training included topic areas such as the safeguarding of adults and moving and handling. We did note however, that training in the safe handling of medicines or food hygiene had not been completed since the service was registered in 2014. The registered manager acknowledged this and told us that they planned to look into sourcing this training. This meant that both the registered manager and the care manager would have up to date knowledge in these areas.

People we spoke with told us that the registered manager and care manager knew them well and had the skills and knowledge they needed to look after them properly. One person told us, "They know me very well and know what help I need. They are there to work with me." A relative told us, "They understand [relative's name] really well."

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. Applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The management team understood their responsibility around the MCA. They explained that if a person was unable to make a decision about their care and support, a decision would be made in their best interest with someone who knew them well. At the time of our visit there was no one receiving care or support who was unable to make decisions for themselves. It was noted that neither the registered manager nor the care manager had received training on the MCA. We were told after our visit that this training had been sourced and would be completed.

The registered manager and care manager gave us examples of how they obtained people's consent when providing their care and support and we observed this during our visit. The registered manager told us, "I always make sure that they are happy for me to help them, I ask them if they would like me to help and gain their consent that way." The care manager explained, "I always try to encourage people to do what they can, if they can't do something I always check that they are happy for me to help."

The people using the service told us that they had been involved in deciding what care and support they needed. They confirmed that the registered manager and care manager always asked for their consent before they supported them. One person told us, "They are always prepared to discuss things, they always

ask, can I do this or that." A relative explained, "They always negotiate with [relative's name]. They say things like, 'Do you think you might be able to do this or would you like me to do it'. It is important that [relative's name] keeps their independence as much as possible."

There were no support workers employed to work for Loughborough (AKA Thorpe Carers) at the time of our visit. However there was a policy in place which showed us what support would be provided should a new member of staff be employed. This included providing supervision sessions with either the registered manager or care manager and the carrying out of spot checks in people's homes. This meant that new members of staff would be suitably supported by the management team.

One of the people using the service had a call at meal times and the registered manager and care manager supported them to have sufficient food and drink. Their plan of care included what they liked to eat and drink and records seen showed that they were supported appropriately. Their relative told us, "They always make [relative's name] a cup of coffee and a slice of toast, they never forget."

The registered manager and care manager acted when concerns were identified regarding people's health and welfare and records confirmed this. This included contacting 111 when a person had an accident. We also saw that they had waited with the person until the ambulance and their relative had arrived at their home. This showed us that the registered manager and care manager made sure that people's wellbeing was supported and maintained.

Is the service caring?

Our findings

People we spoke with told us the registered manager and care manager were kind and caring and treated them with dignity and respect. One person told us, "They do treat me with respect. They are lovely." The second person told us, "We treat them with respect because they treat us with respect."

The registered manager and care manager gave us examples of how they maintained people's privacy and dignity when supporting them. The care manager told us, "I always make sure the doors are closed. If I am helping with a wash, I wash the top half but keep the bottom half covered. Then I would help them to dress their top half before helping with their bottom half." The registered manager stated, "I would talk to them [person using the service] and make them feel comfortable and at ease."

Relatives we spoke with agreed. One told us, "[Relative's name] is definitely treated with respect, no question." The second relative we spoke with explained, "They do treat [relative's name] with respect. As far as [relative's name] is concerned they are an extension of the family, they are so familiar and important to [relative's name]."

The registered manager and care manager knew the care and support needs of those they were supporting and they told us that any concerns in people's health and welfare would be dealt with straight away. Contact details of their GP and next of kin were included in the documentation held in people's homes. They told us, "I would talk with their family and advocate for them if it was needed."

People had been involved in deciding what care and support they needed and they had been able to share their personal preferences in daily living. People's plans of care included their likes and dislikes. This provided the registered manager and care manager with the information they needed to enable them to meet the individual needs of those they were supporting. A relative told us, "They know what [relative] likes, they sit with them and discuss things and say, 'Do you remember' to try and get them to talk about the things they enjoy."

We visited the two people using the service and observed the registered manager interacting with them positively. They were friendly, kind and respectful. They spoke with people in a cheerful manner and we observed good humoured banter during the visit, which people clearly enjoyed.

Information about people using the service was treated confidentially and was respected by both the registered manager and the care manager. There was a confidentiality policy in place and this was adhered to. People's plans of care were kept secure and the computer used was password protected. The room in which people's records were kept was also kept locked when not in use. This showed us that people's personal information was safely stored.

Is the service responsive?

Our findings

People we spoke with told us that they had contributed to the planning of their care. One person explained, "[Care manager] came to talk with me and my daughter."

A relative we spoke with also confirmed that they had contributed in supporting their relative to decide what care and support they needed. They told us, "[Registered manager] came round and spent a couple of hours going through everything and finding out what help we needed."

The registered manager and care manager explained that people's care and support needs were always assessed prior to their care package starting. They told us that when they received an enquiry about the service they would go and visit the person and discuss the care that they wanted to receive. Relatives we spoke with confirmed this. They explained that the reason for this was to make sure that they could properly meet the person's individual needs. From the initial assessment a plan of care had been developed.

The plans of care we looked at included people's individual preferences with regard to how they wanted their care and support to be provided. One person's plan of care stated, 'likes a slice of toast with butter and coffee with no sugar.' They also included the tasks that were required to be carried out at each visit. This provided the reader with the information they needed in order to provide the care and support that people preferred. One of the people using the service told us, "They come in the morning and get me going for the day, they help me with washing and that's important to me."

The care manager explained that people's plans of care were reviewed every six months or sooner if a change in their health had been identified. The plans of care we saw were last reviewed in May 2016 and where changes had been identified, such as extra support being required, this had been incorporated into the documentation held.

We looked at the daily records that the registered manager and care manager were required to complete. These showed us the times when they arrived at people's homes and when they left, the duration of each visit and whether it was the registered manager or the care manager who attended. The records also included the tasks that had been completed. These records showed us that apart from two occasions, people using the service had received the care and support that they had agreed to. We discussed the two missing entries with the registered manager. They assured us that the person had received the calls and it was an omission on their part in the recording of the call rather than a failure to attend the call. The people using the service and the relatives we spoke with confirmed that they had not had any missed calls.

We did note that one person using the service had agreed to two 30 minute calls a day. Whilst it was evident when looking at the daily visit records that the morning call was lasting 30 minutes, the evening call was not. We asked to look at the person's contract and were informed that this was out of date. The registered manager told us that this would be rectified and during our second visit to the service, a new contract had been drawn up and signed. The registered manager explained that whilst the evening call was still contracted for 30 minutes, it was agreed with the person and their family that if they didn't want support for

the whole 30 minutes because they were otherwise engaged, then this would be acceptable.

People and their relatives knew who to contact if they had a complaint, concern or query of any kind and the office contact details were included in the information held in people's homes. A relative told us, "I would discuss it with Thorpe Carers if I had any concerns." Another explained, "I would talk to [registered manager and care manager] in the first instance we have their contact details and there is a copy of the complaints process within [relatives] paperwork."

A formal complaints process was in place and a copy of this was included in the documentation given to people using the service. The registered manager confirmed that they had received no complaints since the service was registered in February 2014.

Is the service well-led?

Our findings

People told us they felt Loughborough (AKA Thorpe Carers) was properly managed and the registered manager and care manager were open and approachable. One person told us, "They [The registered manager and care manager] are wonderful; I couldn't stay at home without their help." The second person told us, "We have a very, very good relationship."

Relatives we spoke with agreed. One told us, "[Registered manager] is approachable and you can talk to her." The second relative we spoke with explained, "[The registered manager and care manager] are very approachable and will deal with anything asked of them."

People and their relatives we spoke with felt that they could contact either the registered manager or the care manager if they had any issues about their care and support and were confident that they would be listened to. A relative told us, "So far they have done all that they have said they would do, but if there were any issues I know they would listen to us and sort it out."

People using the service had been given the opportunity to share their views and be involved in how the service was run. People were visited by either the registered manager or the care manager on a daily basis and during these visits had the opportunity to discuss any issues with them. A relative also told us, "Every year we have a catch up meeting to see that everything's alright."

A quality assurance questionnaire had been devised and was used to gather people's thoughts on the service. This enabled the registered manager and care manager to find out whether people had been satisfied with the service they received. We saw from questionnaires that had been completed in August 2016 that people were.

The registered manager and care manager explained that they regularly monitored the quality of the service provided. This included the checking of people's care records and the records of each visit carried out. This was to ensure that each other were carrying out the tasks that were required of them. At the time of our visit there were no formal written monitoring processes in place that could demonstrate that this was taking place. However, it was evident through talking with the management team and the people using the service and their relatives that the service was monitored to ensure that people remained satisfied with the service they received. The care manager told us that they would look to start a more formal process in the future.

The registered manager and care manager met regularly to discuss all aspects of the service being provided. Whilst these meetings were not formally recorded we were told that it provided them with the opportunity to ensure that people using the service were getting the best service possible. People using the service and their relatives agreed that the service they received was what they wanted and expected.

A statement of purpose, setting out the provider's aims and objectives, was in place and a copy of this had been provided to everyone using the service. The care manager told us, "Our aim is to be the best we can be, to give the best possible care and make people feel good about their life."

The registered manager and care manager understood their legal responsibility for notifying the CQC of deaths, incidents and injuries that occurred or affected people using the service.