

Lincolnshire Quality Care Services Ltd

Lincolnshire Quality Care

Inspection report

8 Dudley Street
Grimsby
South Humberside
DN31 2AB

Tel: 01472347285
Website: www.lincolnshirequalitycare.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

Lincolnshire Quality Care is a domiciliary care agency that supports people to live in their own homes. The agency also provides care and support services as the preferred provider for an extra-care housing scheme, Strand Court in Grimsby. This includes providing an emergency response to all the people living in the complex. The office is situated in a central area of the town. At the time of the inspection the service was providing support to over 200 people.

The service was previously inspected on 10, 16 and 19 May 2016 when it was found to be non-compliant with regulations pertaining to delivering safe care and treatment and operating good governance systems. The service was rated as requires improvement. Following the inspection the registered provider supplied the Care Quality Commission with an action plan stating how they would achieve compliance with the aforementioned regulations.

During this inspection we saw that the registered provider had implemented the necessary improvements and had achieved compliance with the regulations. People received their medicines safely and as prescribed. Governance systems had been enhanced to ensure areas of poor practice were identified in a timely way enabling improvements to be made as required.

The service had a registered manager in post. 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.

Staff had not received effective levels of supervision, appraisal and professional development. People who used the service were encouraged to eat a healthy, balanced diet of their choosing. A number of healthcare professionals were actively involved in people's care and treatment. Staff supported people to attend healthcare appointments when required. Staff had completed a range of training to ensure they had the skills and abilities to effectively meet people's assessed needs.

People told us they were supported by caring staff. People received care from small dedicated teams who knew their needs and understood their preferences. Staff treated people with respect and helped them to maintain their dignity and independence. Systems were in place to ensure information was stored confidentially.

People or their appointed representative were involved with the planning and delivery of their care. Care plans and risk assessments were updated as when people's needs changed or developed. A complaints policy was in place which was provided to people who used the service. We saw evidence that complaints were investigated and responded to appropriately and action was taken to improve the service when possible.

A quality assurance system was in place that consisted of audits, checks and feedback. When shortfalls were identified action was taken to improve the level of service. Questionnaires were completed by people who used the service, their relatives, staff and healthcare professionals. Staff meetings were held regularly which provided staff with a forum to raise concerns and discuss changes to people's needs. The service was led by a registered manager who fulfilled their responsibilities to report notifiable events to the Care Quality Commission.

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 received their medicines safely and as prescribed.

People's needs were met by suitable numbers of adequately trained and experienced staff; who had been recruited safely.

People were protected from abuse and avoidable harm. Accidents and incidents were investigated and action was taken to prevent their future re-occurrence.

Known risks were mitigated to ensure people received the care and support they required safely.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff did not receive effective levels of support and professional development.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were followed.

People were supported to eat a balanced diet and assisted to prepare meals.

Staff had completed a range of training which enabled them to meet people's assessed needs effectively.

Is the service caring?

Good ●

The service was caring. People were cared for by kind, caring and attentive staff.

Staff treated people with dignity and respect.

People were involved in making decisions about their care and their preferences were recorded in their care plans.

Is the service responsive?

Good ●

The service was responsive. People's care plans were reviewed

regularly and updated when required.

People or their appointed representative contributed to the planning of their care.

The registered provider had a complaints policy in place. Records showed when complaints were received they were responded to appropriately and used to develop the service when possible.

Is the service well-led?

The service was well-led. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

A quality assurance system had been implemented to ensure care and support was delivered to a consistent standard. Action was taken when shortfalls were highlighted or feedback was received.

People who used the service, relatives, staff and professionals provided feedback about the service and their views were used to improve the service when possible.

The service had a registered manager who knew and fulfilled their responsibilities to report specific incidents that occurred.

Requires Improvement 

Lincolnshire Quality Care

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 2 and 6 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service was previously inspected on 10, 16 and 19 May 2016 when it was found to be non-compliant with regulations pertaining to delivering safe care and treatment and operating good governance systems. The service was rated as requires improvement.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence held by the CQC.

During the inspection we spoke with 16 people who used the service, six relatives, the registered manager, the deputy manager, the quality assurance officer, two care-coordinators, two senior carers, six members of care staff and office and administrative staff.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, call monitoring records, action plans, staff training records, minutes of meetings, accident and incident records, complaints, recruitment information and a selection of the registered provider's policies and procedures.

We looked at seven people's care plans along with the associated risk assessments and their Medication Administration Records (MARs).

We looked at people's care records and their associated medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documents relating to the management and running of the service. Including quality assurance audits, questionnaires, and maintenance records, four staff recruitment files, training records, staff rotas and minutes of meetings with staff and people who used the service. We completed a tour of the premises to assess the cleanliness and infection control practices within the service and the general maintenance.

Is the service safe?

Our findings

People who used the service told us the care and support they received from Lincolnshire Quality Care made them feel safe. Their comments included, "I see the same faces [care staff] most days, they all know me and what I need help with. I wouldn't be able to stay here [in their own home] without them", "I feel safe, the staff know how to let themselves in and always make sure the door is locked when they leave", "They [the staff] come on time and help me get up. They use a hoist which I was a bit nervous about at first, but they all know what they are doing. They make sure I am safe" and "I am safe here in my own my own home. I wouldn't want to be anywhere else."

A relative we spoke with said, "I can't knock them, they have never missed a call, not once. It's comforting to know mum is not alone all day." A second relative said, "Mum gets upset with strangers coming and they [the service] know that so make sure she has a group of regular carers, which mum likes and we appreciate."

At our comprehensive inspection of the service in May 2016 we looked at records relating to medicine management and found people's risk assessments and care plans did not always provide clear directions for staff about the support the person required with medication. We found medication risk assessments were not always in place. The medication administration records (MARs) were not always used to record the medicines staff had either administered or prompted people to take. Although staff usually recorded in the daily log records the support provided to people in relation to medicines, we found staff were not always recording this consistently on the MARs, increasing the risk of medicines errors.

We visited people who received support from staff with their medicines; we checked their medicines storage and MARs. One person's medicines were provided in a cassette from the pharmacy but there was no detail of the medicines contained in the cassette or the medicines prescription. There was also a stock of medicines not held in the monitored dosage system which meant there was a risk of medicine errors as staff may not be clear which system was in use. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Following the inspection the registered provider sent us an action plan stating the actions that would be taken to improve the medication management and how compliance would be achieved.

During this inspection we reviewed the actions taken and noted that appropriate improvements had been made. People who used the service were supported to take their medicines safely and as prescribed. People were encouraged to self-medicate when possible and appropriate arrangements were in place to monitor this and ensure people remained safe.

The recording on MARs had improved and the registered provider had developed systems to ensure omissions were highlighted and action was taken promptly to address this. The quality assurance advisor told us, "I review a percentage of MARs every month and if I find any errors or gaps I contact the member of staff to discuss why. We look at options of how we can help them to improve and then follow that up to make sure they have [improved]."

Staff told us they had completed training that equipped them with the skills to administer medicines safely. Medicines competency checks were completed of staff skills by a senior care worker which provided assurance administration or recording errors would be minimised. The senior care worker told us, "We are lucky, we have a great relationship with the district nurses so when someone is put on anything new we can speak to them and they support us" and "They will come and do demonstrations and training so we are confident in what we need to do." A member of staff said, "We have the checks now so if we do make a mistake it gets picked up, it's a much safer system now."

People who used the service told us they were supported to take their medicines as prescribed. One person said, "The staff come every morning and every night, they help me with everything including giving me my tablets." Another person said, "They organise everything, whenever I'm running out [of medicines] or need something they make sure I have it. They have never let me down."

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. During discussions it was clear staff knew the different types of abuse that could occur and were aware of their responsibilities to report any poor practice they witnessed or became aware of. All the staff we spoke with told us they would share their concerns with the registered manager and were confident appropriate action would be taken to ensure people were safe.

Accidents and incidents were recorded and reviewed before action was taken to prevent their re-occurrence. We saw evidence to confirm investigations took place when concerns about specific events or staff actions were raised. Internal disciplinary procedures were followed and appropriate action was taken to ensure the safety of the people who used the service.

The registered provider had a business continuity plan in place which covered a range of events such as adverse extreme conditions, pandemics as well as staffing shortages. This helped to provide assurance the registered provider was aware of the risks that could affect care delivery and that people would continue to receive the care and support they required during and following foreseeable emergency situations.

Staff were recruited safely. We looked at five staff files and saw evidence to confirm before prospective staff were offered a role within the service a number of checks were undertaken. Interview questions and responses were recorded and gaps in employment history were explored. References were requested and a DBS [Disclosure and Barring Service] check was completed to ensure they had not been deemed unsuitable to work with vulnerable adults. The DBS carry out criminal record checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Suitable numbers of staff could be deployed to meet the needs of the people who used the service. The registered manager informed us, "We have had some issues over the last few months but have been open and honest with the commissioners [the local authority commissioning team] about the problems in certain geographical areas and we agreed to transfer those calls [to another registered provider]." We reviewed call monitoring data and saw that missed calls were an exceptionally rare occurrence.

Is the service effective?

Our findings

People who used the service and their relatives to us they received effective care and support. One person said, "All the carers are wonderful, they all know what to do, I am ever so grateful for their help." A second person commented, "For what I need they are very competent." Other people said, "I have someone come four times a day, all the staff have been trained to use the equipment I need, I haven't had any issues with any of them", "The staff are excellent, they are a god send" and "The staff are well trained."

Staff did not receive effective levels of professional support. On the first day of the inspection the registered manager explained, "We were behind on supervisions and have focused on completing them so we know the staffs strengths and weaknesses and so we can do relevant and meaningful appraisals." On the second day of inspection the registered manager showed us a supervision and appraisal planner that had been created which stated all staff would receive the support they required in line with the registered provider's policies and procedures.

We saw that the registered manager had created a supervision and appraisal planner to ensure staff received effective levels of support and mentorship throughout the year. However, records showed a high percentage of the staff required an annual appraisal. We spoke with the registered manager regarding the need to provide staff with effective and consistent levels of support. Failing to do so could mean opportunities for their personal development were missed.

Staff told us they were supported in their roles. Their comments included, "We have regular supervision, in the field and in the office", "We have an observational assessment then a supervision to discuss what was observed" and "We have them [supervision meetings] every three months, we get a lot of support and can call one of the supervisors or the office anytime if we need advice."

Records showed staff had completed a range of training to equip them with the skills and abilities to support people effectively. This included dementia awareness, emergency first aid, equality and diversity, medication, nutrition and well-being, health and safety, infection control and safeguarding vulnerable adults. The registered manager confirmed training was delivered in a combination of different ways such as classroom based or through electronic formats. A healthcare professional we spoke with said, "The staff are much more competent now, they have the skills to support some very complex individuals."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered provider had developed suitable processes to ensure consent was appropriately gained and recorded. We saw that people or their appointed representative had signed their care documents to show

their agreement with the support that was to be provided. When people lacked the capacity to make certain decisions themselves, action was taken in line with the principles of the Mental Capacity Act 2005. Records showed best interest meetings had been attended by relevant professionals, family members and independent mental capacity advocates. Decisions had been made in people's best interests and in line with their known wishes.

It was clear during discussions with staff that they understood the importance of gaining people's consent. One member of staff said, "We have written consent in the care plans but that doesn't mean I just start giving care without asking. I gain consent before I do anything." A second member of staff added, "Consent is quite simple, I ask people if I can deliver care and if they can't answer we involve families and professionals. We have to have consent otherwise we can't support people."

People who used the service confirmed staff gained their consent before care and support was provided. One person told us, "They always ask and check with me what I want help with." Another person said, "They get my permission, they don't just rush in and start doing things."

People were supported to eat a varied diet of their choosing. Staff had completed training in relation to food hygiene and nutrition and wellbeing; they were aware of people's preferences and supported them to make healthy choices when possible. Monitoring of people's intake was undertaken as required and staff could describe the signs that indicate people were not eating or drink sufficiently. Care plans had been developed in relation to eating and drinking which included people's preferences and their abilities to prepare meals themselves.

A range of healthcare professionals were involved with people's care and treatment including district nurses, GPs, dieticians, speech and language therapists, social workers and advocates. Records showed staff were aware of their responsibilities to report changes in people's general health and that when advice and guidance was provided, it was incorporated into people's care plans and implemented without delay. A healthcare professional we spoke with said, "They [the care staff] recognise and inform us of any changes and anything we ask them to do, they do."

Is the service caring?

Our findings

People who used the service told us they were supported by caring and attentive staff. One person said, "They are kind, caring and compassionate." Another person said, "The girls who look after me are so kind and thoughtful, nothing is too much for them" and "They really cheer me up, I look forward to the coming." Other people commented, "They are always pleasant and chatty", "Lovely girls" and "They are very kind and we laugh and joke every time they come." A relative told us, "The staff are very caring, they go the extra mile. They deliver fantastic care and maintain very high standards."

People confirmed they were supported by regular staff who knew their needs and understood their preferences. They said, "I see the same staff most days which I prefer, they know me and I know them. I am more comfortable when I know who to expect", "We are all different aren't we? I like things doing a certain way and my carers know what I need and how I like it doing" and "My carers are very sensitive to my mood and the moment, they understand me." This helped to ensure people received continuity in their care and enabled staff to support people in a person centred and personalised way.

Staff knew the people they were supporting including their personal histories. This enabled staff to develop meaningful and enabling relationships with the people they supported. A relative we spoke with said, "He [the person who used the service] used to go to a day centre but something happened and he didn't want to go anymore, he became withdrawn, but these two carers have brought him right out of his shell again. I hear them all laughing when they are looking after him; it's lovely to hear."

Staff understood the importance of treating people with dignity and respect. One member of staff told us, "I treat everyone with respect. We are going into people's homes so we have to be respectful to them, their belongings and how they want things doing." A second member of staff said, "I just treat everyone how I would like to be treated." Another member of staff commented, "To maintain someone's dignity I cover them up when giving care and make sure all doors closed and they can't be seen through the window." The registered manager told us, "Staff treating people respectfully is something we look at when we do the observational assessments. We support people to stay in their own homes and don't ever make judgements about how people choose to live."

Staff took practical action to support people in a meaningful way. We saw records that stated a member of staff had stayed with a person when they had become unwell and required medical attention. The registered manager explained, "All of the staff know that they are expected to do whatever is needed, if someone needs help the staff can ring the office, explain the situation and we will get their other calls covered, staying with the person, comforting them and making sure they are ok is the important thing."

People's confidential information was stored securely and the registered provider confirmed they were registered with the information commissioner's office, a requirement when computerised records are held. Access to records and specific information was restricted to office based staff and senior care workers. The registered manager said, "Everyone in the office can see what they need to see, payroll and care co-ordinators have access to different things."

Information regarding advocacy services was provided to people at the commencement of the service. The registered manager told us that people had been supported to access this type of support when important decisions needed to be made and during their care reviews. We saw evidence to confirm this.

Is the service responsive?

Our findings

People who used the service confirmed they received the care they required in a responsive way that met their needs and that they were involved in the planning of their care. One person said, "I have a review every six months and if I have any problems I can ring the office and they will come and change my care plan." Other people told us, "I have set call times but if I need help I can just push the buzzer and they will come", "I need certain things doing everyday but if I need help with something else the carers will do it, they are really helpful", "I can change or cancel my calls if something happens and it's never a problem", "My care plan is reviewed every six months but I'm asked regularly if I need anything else" and "I have seen my care plan and know I can ask for extra help if I need it."

People also told us they knew how to raise concerns and make complaints. One person said, "I had some issues with one carer. We just didn't get on. I told the office and they sorted things out for me, the carers I have now are first class." Another person said, "I know who to ring if I need to complain". A relative we spoke with stated, "We think the service is doing a fantastic job, I can't see us ever having to complain but we would just ring the office and explain the issue and I am sure it would be sorted."

We saw that assessments of people's needs were completed before their individual package of care commenced. The registered manager explained, "We are typically contacted by a social worker or the hospital discharge team. We are the lead provider for area west in north Lincolnshire so we are contacted about people who live in that area and we will go and complete an assessment."

The initial assessment was used to develop a number of individual care plans which included suitable guidance to enable staff to meet people's needs effectively. When risks were identified risk assessments were produced to ensure staff were aware of how to support people safely. At the time of this inspection the registered provider was in the process of implementing a new care plan format. This was to ensure relevant information was captured in a consistent and repeatable way. The registered manager told us an assessment of people's needs had been undertaken that was used to dictate whose care plans would be transferred in to the new format first which was based on their level of need.

A care assessor told us, "I create care plans then liaise with people and their families to make sure all of the information is correct and all of their needs are covered." They went on to explain that reviews were conducted after one week, then six weeks and every six months following that to ensure people could provide feedback about their care and changes could be made as required.

The registered manager told us they had created a hospital discharge process which included ensuring people's needs would continue to be met after a hospital admission. They said, "We make sure their care plans and risk assessments are updated, if new equipment is needed like hoists or profiling beds or if staff need any additional training we make sure we have everything in place before agree to start the package again." This helped to ensure people would receive a consistent level of care as their needs changed and developed.

The registered provider had a complaints policy in place that included information about how a complainant could escalate their concerns if they felt the response was unsatisfactory. The policy was provided to people at the commencement of the service in their welcome pack which helped to ensure people understood how to raise concerns about the care and support. We saw that complaints were used to develop the service whenever possible and people who used the service told us their concerns were listened to and acted upon.

We reviewed the complaints received since our last inspection and noted that they were not always responded to in the 28 day time frame stipulated in the policy. The registered manager explained, "The one that is still open has been investigated I just need to get the response to them. I should have contacted them to inform them of the delay and will make sure I do that in the future."

Is the service well-led?

Our findings

People who used the service told us it was well-led. One person said, "The system works perfectly, we are very happy. We get given opportunities to feedback and can speak to the office if we need anything changing." A second person said, "I think it is very well run, I have always received a very high level of service."

A relative we spoke with commented, "I'm fully involved in [name of the person who used the service] care, they meet his health needs well, they are usually on time and her never missed a day. What more could we ask for?" Another relative said, "We get satisfaction surveys so we can provide feedback. I have called the office in the past and made a couple of requests which were done quickly and without any fuss."

At our comprehensive inspection of the service in May 2016 it was apparent that the registered provider did not have sufficient systems in place to review all aspects of service delivery. There was evidence the management team had focused on meeting the day-to-day service demands and had less capacity to develop the management and administration systems. Whilst we saw audits were undertaken on medicines records and the completion of log books to review the quality of support staff provided, we found systems were not in place to review key data including spot checks, supervision and training, complaints, incidents and accidents to identify any learning and areas for service improvement. We also saw the systems to review the quality of care records were not robust enough to ensure shortfalls were identified consistently. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered provider sent us an action plan stating the actions that would be taken to improve the governance and quality assurance systems operated within the service as well as how compliance would be achieved.

During this inspection we reviewed the actions taken and noted that appropriate improvements had been made. The registered provider utilised a number of methods to ensure care and support was delivered safely and effectively in line with best practice guidance. This included audits, checks, observational assessments, questionnaires and care reviews. However, further improvements were required to ensure the governance systems could effectively and consistently drive improvements across the service. The registered manager told us, "We have worked hard to develop what we have but know that we are not where we want to be yet. What we need to do from here is look at what are audits are telling us and see what can be done to improve them."

Records showed medication administration records (MARs) were reviewed on a monthly basis to ensure people had received their medication as prescribed. The MARs were cross referenced with people log books [records of the care and support staff had delivered] so it could be established in gaps on MARs were recording or administration errors. The quality assurance advisor told us they reviewed 10 MARs on a monthly basis and we saw when errors were identified action was taken to prevent their reoccurrence. As the service supported over 200 people the sample size used was not large enough to give an accurate representation of the service's performance in this area.

Log book audits were also conducted on a monthly basis; they were used to check that staff had accurately recorded the care delivered. The quality assurance advisor told us they did not review people's care plans when assessing the log books which meant they were not able to assess if staff had delivered all of the care and support people required. We discussed this with the registered manager who provided assurance that the necessary changes would be made to ensure the effectiveness of the log book audits.

Observations of staff practice were undertaken on a quarterly basis. The observations were used to confirm staff followed internal policies in relation to moving and handling, infection control and confidentiality as well as delivering care and support effectively. The registered manager told us, "They [the observations of staff practice] are done every quarter but we will do them more often if we have found issues or any concerns have been reported."

People who used the service, relatives, staff and professionals were asked to complete surveys on a regular basis to ensure their thoughts and opinions were captured. We saw that feedback was used to develop the service whenever possible. A healthcare professional we spoke with said, "Things have really changed in the last few months, you can see that people's feedback has been listened to and acted upon."

The service was led by a registered manager who was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. We reviewed records within the service and found that the Care Quality Commission had been made aware of specific events as required. This helped to ensure we could conduct our regulatory duties and monitor how the service managed specific incidents.

Throughout the inspection the registered manager was open and honest. They listened to the feedback provided by the inspection team and made appropriate changes to systems and ways of working to develop the service. This showed that there was a learning culture within the service and that the registered provider embraced opportunities to improve.

We saw that team and patch meetings were held to provide feedback and updates to staff. Topics such as record keeping, punctuality, training, care plan updates and changes to practice were discussed. This helped to ensure staff had a suitable forum to raise any concerns they may have and discuss people's changing needs.