Lakeshore Care Ltd

Lakeshore Care Ltd

Inspection report

SBC House
Restmor Way
Wallington
Surrey
SM6 7AH

Tel: 02086619960

Date of inspection visit:
22 June 2016

Date of publication:
21 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on the 22 June 2016 and was announced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out on 4 June 2015 when we rated the service as 'Requires Improvement'. We also imposed three requirement notices for breaches of regulations that we checked during a focused inspection on 1 October 2015. We found the provider was meeting the regulations we looked at, but we did not amend our rating of the service as we wanted to see consistent improvements at the service.

Lakeshore Care provides personal care to people living in their own homes. They currently provide a service to approximately 19 people who live mainly in the London Borough of Sutton and pay directly for the service themselves.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found the provider was not following best practice guidelines for the recording of the administration of medicines. We found shortfalls in the records which meant it was unclear if people had received their medicines as prescribed.

Furthermore we found people experienced care from a number of different care workers over a short period of time which prevented the staff from developing caring and positive relationships with people. People told us they felt their needs were sometimes not fully understood and they had to repeat the same information to a number of care workers.

Staff were able to tell us how they would keep people safe from harm. The provider had policies and procedures in place to guide them through the process and ensure appropriate action was taken. Care workers had also received training which had been refreshed regularly.

People's health was monitored. This included making sure people had enough to eat and drink, and contacting healthcare professionals if necessary. There was a system in place for care workers to contact senior staff during out of office hours if they needed advice or support.

The service completed risk assessments which identified possible risks to people and how these could be minimised. There was a record of 'Client Events' which logged and recorded any significant events. The registered manager analysed the records to identify any patterns or trends, so the risk of future reoccurrences were minimised.
Care workers knew how to ensure the care they provided maintained people's rights to privacy and dignity. This included making sure people's confidentiality was maintained when required.

People were encouraged wherever possible to do as much as they could for themselves. This information was recorded in people's care plans. In this way people's independent skills were maintained. People told us care workers sought their permission before providing care, in this way care was in line with their wishes. The provider had measures in place to ensure only suitable people were recruited into post. Once in post, training was provided in line with staffs roles and responsibilities. This training was regularly refreshed.

There were systems in place to monitor the service, and if shortcomings were identified action was taken to improve the quality of care. The registered manager was aware of their legal responsibilities to inform CQC of significant events.

People had individualised care plans which were reviewed regularly. They emphasised the person's choice about how care was delivered. There was also information about the person's links and contacts in the community and what they enjoyed. In this way the risks of social isolation were reduced.

People told us the office staff at Lakeshore were approachable and they felt able to raise any issues or concerns they had. People told us they were encouraged to make complaints and were confident these would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. This was because the records of the administration of medicines did not always show if people had received the medicines prescribed to them.

Care workers knew about the possible signs of abuse and what action they should take if they considered people were at risk from harm.

The provider completed pre-employment checks to make sure only suitable people were employed as staff.

There were assessments of risk in place to ensure the safety and welfare of people. The provider documented accidents and incidents to see if they could ascertain any patterns and to try and minimise the risks of reoccurrences.

Is the service effective?

Good

The service was effective. Care workers received training in line with their roles and responsibilities and this training was refreshed. Care workers felt supported to undertake their work.

Care workers sought consent from people prior to providing any care. This meant people received care which was in line with their wishes.

People were supported with their health needs, this included their nutritional needs.

Is the service caring?

Requires Improvement

The service was not always caring. This was because of the number of different care workers providing personal care to people. This meant care was not always consistently provided.

People's care needs were documented in their care plans. The plans were written in a way to promote people's independence.

Care workers understood issues around confidentiality. People

told us that care workers provided support that maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive. People's care needs were individualised and promoted the persons choice about how care should be provided. This included accessing the community so help prevent isolation and loneliness.

People told us they felt able to raise issues and concerns with staff, and these views would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led. The provider knew about their legal responsibilities to notify CQC of significant events that may affect the well-being of people.

The provider had systems in place to monitor the quality of the service people received.

Care workers told us the registered manager was approachable and they could raise any personal or work related issues with them and knew these would be addressed.

Lakeshore Care Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 22 June 2016 and was announced. We gave the provider 48 hour notice of the inspection because senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by an inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's head office and spoke with the registered manager and a director of the company. We reviewed the care records of four people who used the service, and looked at the records of four staff and other records relating to the management of the service.

After the inspection we spoke over the telephone to a person who directly receives a service and three relatives of people who purchase a service from Lakeshore. We also had telephone contact with three members of care staff. We also talked with an occupational therapist that had contact with the service and with a local authority representative.

Requires Improvement

Is the service safe?

Our findings

People were generally positive about the care provided by Lakeshore. One person told us, "Pleased with the carers that come in." Someone else's representative told us, "I've found them to be good."

People told us they received their medicines as necessary. However, we found shortfalls in the records of the medicines administration record (MAR) which indicated that people might not have received their medicines as prescribed to them. We found the way care workers completed these records was inconsistent. Some care workers initialled the MAR with their first name only and others ticked the record. We also noted there were a number of gaps on the MAR where it could not be established from the record if medicines had been given. This was not best practice as this did not provide for a clear record and accountability for how, when and by whom medicines had been administered. The provider had also not carried out recent checks to make sure the medicines records were completed as required to confirm that people received their medicines as prescribed.

We discussed this with the provider and registered manager who advised us that people they supported sometimes went out or their relatives supported them to take their medicines. However, care staff did not use any coding to describe why people did not get their medicines and therefore there were gaps in medicines records. The provider subsequently advised us they had amended their medicines policy so it was in line with good practice and they would advise care worker of the new policy and monitor its implementation.

There were systems and processes in place to help ensure people were protected from harm. Care workers were trained in safeguarding adults at risk. They were able to tell us the signs they would look for to identify if people were at risk of harm. Care workers knew what action they would take if the matter needed to be investigated further.

Furthermore the provider undertook pre-employment checks to make sure only suitable people were employed by the agency. This included completed application forms so there was a record of a person's employment history and any gaps were discussed with the person. There were notes from interviews, proof of identity and criminal records checks in the personnel files to confirm the employment checks carried out by the provider.

There were a number of arrangements in place to deal with emergency situations so that care workers received support when they needed it and to ensure continuity of service for people. There was an emergency senior staff rota for out of hours work. A care worker told us "an on-call person is always available," if they needed to talk to a senior person member of staff for advice.

Within people's care plans we saw there were various risk assessments and management plans. These plans were written in a way to minimise the risks to people whilst trying to maintain people's independence. We saw a sample of completed assessments which included those for manual handling and the environment. The agency also kept a log of 'Client Events', these were significant events which required immediate action

by the agency, for example a fall which required contact with a GP or the ambulance service. In this way, the registered manager was able to monitor and analyse significant events to see if there were any patterns and to identify and action that needed to be taken to minimise the risks of re-occurrences.

Good

Is the service effective?

Our findings

One person said, "[Care staff] know what they are doing. My [relative] had a red mark and they understood what they needed to do for the pressure sore." The provider ensured care workers received training in line with their roles and responsibilities so they could appropriately support people. They had designated ten training courses as mandatory; these included moving and handling, dignity and respect and dementia awareness. Some of these courses were undertaken by the agency trainer who had recently been employed by the provider on a part-time basis. The registered manager kept a record of the training completed so they could identify when it needed to be refreshed. Some care workers were employed by other organisations and so completed their training with their substantive employer. Lakeshore kept their own details of this training so they had a full and complete record of the training undertaken by staff.

Care workers told us they were supported by their line manager and office staff. A member of the care staff told us, "I would have no hesitation in contacting the seniors anytime if I had a problem." As well as this informal contact, care workers had the opportunity to meet with their line managers more formally on a one to one basis. These supervision sessions were held every two to three months. The registered manager acknowledged that team meetings where staff as a whole, were updated about issues and current concerns for people, were not held frequently. Instead the agency used emails to send care workers information that was important for them to undertake their roles. The registered manager also acknowledged the majority of care workers had not had an appraisal in the previous year, as there had been a high turnover of staff and the majority of care workers had been employed for under a year. The registered manager told us they had completed appraisals with care workers who had been employed for over a year with the agency.

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.

The registered manager had an understanding of the principles of the MCA and the possible implications for their working with people. Care plans guided care workers to seek permission from people prior to providing care.

The agency tried to ensure people had sufficient amounts to eat and drink to meet their health needs. The registered manager told us in general families purchased food and drink for people. Care workers were often responsible for heating up a prepared meal, making a sandwich or providing hot and cold drinks. The care plans we saw contained information and prompts for staff about the support people needed such as, 'ensure there are adequate drinks of the [clients] preference' or 'requires assistance with meal preparation and encouragement for hydration.'

The provider was able to respond to people's health needs appropriately. For example, we saw a care worker had contacted a person's GP after they had been bitten by their pet. This had been subsequently

followed up with the GP. The registered manager informed us that often their role was to monitor people's condition and inform family members who followed up with healthcare professionals. Although care workers were clear how what action they should take if there was an emergency.

Requires Improvement

Is the service caring?

Our findings

The service was not always as caring as it could have been. This was because people experienced care from a number of different workers which did not enable staff to build caring relationship with people who used the service. This lack of continuity meant people receiving a service sometimes felt their needs were not understood or they had to often repeat how they wanted to be cared for and supported. We acknowledge that on occasions the larger the package of care going into a person's home, the greater the likelihood of more care workers being needed to provide the care. However, one person told us about the number of care workers they had met, some of whom had not understood their needs. They went on to tell us that only after making a complaint to the agency that their concerns were addressed and they started getting care from the one worker they liked and trusted. Another person told us, "I know it's all written down for them, but when they send in someone new [care worker] we have to go through it all again – which takes time."

The records we viewed confirmed the number of care workers people experienced. During August and October 2015 we found examples where a person who required a single care worker per visit, had eight different workers in a seven day period. We checked three records for the previous week (June 2016) and found that two people experienced six different care workers whilst one person had same care worker all week.

We discussed this with the registered manager, who told us they had continuous difficultly recruiting and retaining staff. This was reflected by the care staff we talked with who had been working for the agency for a month, four months and two years respectively. The registered manager said they would continue to review and monitor the number of care workers going into someone's home to help ensure people develop positive relationships with regular care workers who knew people's needs well.

People were encouraged to be as independent as possible. We saw that in care plans there were prompts for care workers to encourage people whenever possible to do things for themselves. For example, someone was able to wash in the shower independently but needed some assistance with their back, legs and feet. In another example, it stated someone was able to attend to their own dental hygiene needs and needed to be reminded they could complete the task themselves.

People told us care workers were respectful and treated them with dignity. Care workers were able to tell us how they provided care to people to ensure their privacy. This included making sure doors and curtains were closed, and talking to the person throughout to let people know what they were doing.

Care workers had an understanding about the issue of confidentiality. The care workers records we looked at had a confidentiality policy, which workers had signed and dated as confirmation they understood and agreed with it. Care workers told us how they help to maintain people's confidentiality and knew in what situations they had a responsibility to disclose certain information.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. A relative told us they had recently had to increase the time their relative received care because of a change in their needs. This had been increased from 30 to 45 minutes per day and the agency had been able to accommodate this easily.

At our last full inspection of this service in June 2015 we found the provider was not reviewing care plans and there was no mechanism for prompting these reviews. People's representatives confirmed care plans were out of date and did not reflect people's current needs. This meant there was a risk people were not receiving the care they needed as plans had not been updated in a timely manner. At our focused inspection in October 2015 we found the agency had started to review people's care plans and had also contacted people who used the service to advise them they were in the process of reviewing care plans.

At this inspection we found the provider had made arrangements to ensure care plans were based on information they received from a number of sources, particularly the person themselves. People retained a copy of these care plans and where possible signed them as a way of indicating their agreement to the contents. We saw care plans were now reviewed every six months or more frequently if necessary. Care plans were carefully written so they detailed the care that was to be provided by care workers.

Plans focused on advising care workers to give choice to people about their care whenever it was possible. We saw some good examples of how this was put in place. For example, it prompted care workers to consult a person about their choice of clothes, and only if what they choose was unsuitable the care worker was prompted to advise about the weather or room temperature to help the person make a decision. In another example, care workers were reminded the person enjoyed having their morning coffee in the garden so they made sure they supported the person with this.

The agency supported people to access their local community in order to reduce the risk of social isolation. We saw some examples of how this was put in place for people. A care plan identified a person enjoyed going out but was not confident to do so alone but would if others accompanied them. A different person's care plan stated they liked to go to the local garden centre, shops or to book their hair appointment and care workers supported them to do this.

Care workers said they had sufficient information about people they were required to work with prior to providing care. They went onto say they often accompanied more senior staff on initial visits. The registered manager told us about Lakeshore's information sheets which had been specifically developed to increase care workers knowledge and understanding around specific issues. For example, there were information sheets about Alzheimer's disease, client centred care and more recently an updated moving and handling leaflet. These leaflets were given to care workers so they had a greater knowledge and understanding of the needs of the people they worked with.

At our last full inspection of this service in June 2015 we found the provider was not making the complaints policy easily available to people. At our focussed inspection in October 2015 we saw the complaints policy

had been sent out to people who received a service.

At this inspection we found people were more aware of how to make a complaint if they needed to. One person told us 'they had been encouraged to phone in if anything was wrong and so they did.'

We saw the provider had a complaints policy which included information about how to make a complaint and the timescales they would adhere to if a complaint was made. The registered manager told us people received a copy of the complaints policy when they started receiving a service and when they had a six monthly review. The provider kept a log book for any complaints received to monitor complaints received by the service so learning took place.

Good

Is the service well-led?

Our findings

At our last full inspection of this service in June 2015, the provider had not notified the CQC of significant events, such as allegations of abuse or events that affected the running of the service, despite this being a legal requirement. At the focused inspection in October 2015, we found although the service had not had any significant events that warranted notifying the CQC, the registered manager had a clear understanding and what should be reported.

At this inspection, the registered manager continued to have a good understanding and awareness of their responsibilities to notify us about important events that affect people using the service, and had done so in a timely manner.

The provider had a range of measures in place to monitor the quality of the service. The registered manager told us they visited people in their own homes at least every six months to review the person's care plan. They told us, this contact helped to establish a positive working relationship and allowed for communication. Additionally there was a six monthly spot check of care workers by senior staff. This gave the opportunity for seniors to observe care workers whilst care was being provided to people so any shortcomings could be addressed. Seniors were also able to check other areas of work such as care workers complying with infection control and food hygiene protocols, and they had the correct uniform and identity badges.

The provider sent out six-monthly satisfaction surveys to people who received a service. In this way they gave people an opportunity to give feedback about the quality of the service and to respond anonymously if they wanted to and raise any issues or concerns they had. The registered manager told us the response to the surveys were poor, although any they did receive they took seriously and acted upon.

People told us the registered manager and office staff at Lakeshore were open and approachable. Care workers said they were comfortable raising any issues or concerns they had and felt their views would be listened to and acted upon. A healthcare professional told us they only had limited contact with the agency but felt they were knowledgeable about the person they cared for and worked collaboratively with them in the person's best interests.

The registered manager told us if there were any issues about care they contacted people directly over the telephone or email. This was because it was the most efficient way of maintaining communication lines. People were encouraged to be involved in the provision of care, particularly if alternative arrangements were needed for example, if a care worker was unable to provide care as they were sick or on leave. In this way the agency was working in partnership with people to ensure continuity of service and that people's preferences and wishes were taken into account.