

L.L Recruitment Ltd

LLCare24

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?	Good ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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 and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff employed to keep people safe and meet their needs.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good ●

People and relatives told us the staff provided them with personalised responsive care. One person said, "The carers are wonderful. They help me to shower and when I've finished they

are ready with a towel and my slippers." Another person commented, "When I came out of hospital I couldn't walk but now I can with a frame. The staff helped me to do this."

One person told us that staff at the service were helpful if they needed additional calls. They said, "If I need them to come in extra because my relatives are going away they will come in." A relative said the staff were flexible with regard to the tasks they carried out. They told us, "When they've finished their jobs they always ask me if there's anything else we want doing."

Records showed people's needs were assessed before they began using the service. One relative said, "When we first had them they came to the house and made sure they could do what we needed. They were very thorough." Another relative said the service had improved since they started using it. They said that initially care plans and risk assessments were not always in place. However they said these issues had mostly been resolved and they were now happier with the service they were receiving.

We looked at people's care plans. These set out how staff would provide responsive care to those they supported. They explained people's preferred routines and how staff would assist them with these. Those we saw were personalised and included important details that enabled staff to provide responsive care, for example, '[Person] requires assistance with fetching his clothes and may sometimes need help with his buttons.'

Records showed that care plans were regularly reviewed and that people using the service and their families were involved in reviews and their contributions recorded. If people wanted changes to their care then staff facilitated these. For example, one person's review showed that following discussion with the person the registered manager made changes to the timing and days of their calls so they didn't clash with the person's other activities.

Most people and relatives we spoke with were satisfied that staff arrived at their calls on time. One person said, "They have only been late once or twice and each time they rang me and told me. It was not a problem." However others said they had had some issues with staff timekeeping. One relative said staff punctuality was 'variable' and another said it was 'erratic'. However both said there had been recent improvements to staff timekeeping. We discussed this with the registered manager who said problems had sometimes arisen when new people had started with the service at short-notice and they had had to fit in around existing care calls. They said they hoped these issues were now resolved and apologised for any inconvenience that had been

caused to people and relatives.

People told us they would speak out if they had any concerns or complaints about the service. One person said, "If I had any concerns at all I would phone [the registered manager] right away – she has been fantastic and she always listens to me." A relative commented, "If we had a complaint or any other problem they've given us a number to phone and we would use that."

All the people using the service and their relatives or representatives were given a copy of the provider's complaints procedure when they started using the service. One person said, "Yes, I've got it somewhere but I've not had to use it yet because everything's been so good with this agency."

Records showed that the service had an open and responsive approach to complaints. Complaints were logged along with the action taken to resolve them. For example, one person had reported they hadn't felt able to have a shower because they didn't know the staff member who arrived to support them. In response the registered manager arranged that a staff member they knew and trusted would assist on their shower days. This was an example of staff listening to people and taking action to ensure they received personal care in the way they wanted it.

Is the service well-led?

The service was well led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The registered manager used audits to check on the quality of the service.

Good ●

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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 10 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We reviewed the provider's statement of purpose. This is a document which includes a standard required set of information about a service. We had not received any notifications from the provider since the service was registered. Notifications are changes, events or incidents that providers must tell us about. The Registered Manager understood her responsibility to submit notifications to CQC when required.

We spoke with four people using the service and four relatives. We also spoke with the registered manager, one of the directors, the administrator, and two support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I always feel safe because the staff are very careful." Another person told us, "I feel safe with them when I'm having a shower." A staff member said, "If I'm worried about anyone I would call [the registered manager] immediately and discuss it with her. It's part of our job to check people are safe."

The provider's safeguarding (protecting people from abuse) and whistleblowing policies told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their induction so they knew how to protect people as soon as they began working with them unsupervised. The registered manager told us staff also attended safeguarding training provided by the local authority to keep their skills up to date.

All the staff we spoke with knew how to report concerns. One staff member told us, "We are trained to report any signs of abuse to the manager. She then tells the local authority. If she didn't, although this wouldn't happen, we would go to the local authority ourselves." Staff also said they wore uniforms and ID badges so people using the service could check who they were when they visited.

The registered manager told us safeguarding was routinely discussed with staff to ensure they understood their responsibilities in this area. We saw that it was on the agenda for the most recent staff meeting held in April 2017. The registered manager said staff were given safeguarding scenarios to help them determine what was or wasn't abuse and to enable them to get a good understanding of this area of their work.

People's care plans included a section on 'contingency arrangements' so staff had the information they needed to manage any emergency or event that might arise when they were supporting people. This included who to contact if the person became ill or was admitted to hospital, or if any moving and handling or other equipment was not working. This meant staff could take prompt action in the event of an emergency and knew who were the right people and professionals to contact.

Staff knew what to do in the event of an emergency. For example, records showed one staff member attended a call and found the person they were supporting had fallen and was on the floor. They immediately called emergency services, the person's next of kin, and the registered manager who came to the person's home to assist. This was an appropriate response and the emergency services were able to help the person up and ensure they had not been harmed.

All the people using the service had risk assessments in place to help ensure staff had the information they needed to keep people safe. These covered two main areas: the safety of the premises; and the person's personal safety.

The premises risk assessments we saw were thorough and covered issues such as tripping hazards, the security of the building, utilities, and smoke alarms. This meant staff had an awareness of the safety of the premises and whether they needed to take any action to ensure people were protected in their own homes.

Personal risk assessments considered people's safety with regard to issues such as moving and handling, mobilising, and personal care. For example, one person's risk assessment told staff to ensure they used a walking aid in their home and did not go upstairs unaccompanied. Another person's risk assessment noted that their skin was fragile and instructed staff how to assist them safely so the risk of skin damage was minimised.

Records showed that where appropriate staff had obtained expert advice when writing risk assessments. For example, one person's risk assessment showed an occupational therapist had been involved to help ensure the person's moving and handling needs were safely assessed and a suitable care plan put in place to keep them safe.

People and relatives told us the service supplied the right number of staff to support people safely. One relative said, "My [family member] needs two staff to help her move and there always are two." A staff member told us, "If we need two staff for safety reasons then it always is two. If one of us didn't turn up we would never move and handle on our own. We would phone the office and ask for help." This showed that staff understood the importance of having enough staff to provide safe care.

Staff were safely recruited to ensure they were fit to work with the people using the service. The two recruitment files we sampled showed a thorough procedure being followed to check the applicants' suitability. This included obtaining references, criminal records checks, and health declarations, and conducting an interview.

People and relatives told us staff managed medicines safely and ensured people had them at the right time. Staff told us they had had the training they needed to support people with their medicines. One staff member said, "I have had general medicines training and also learnt about EOL (end of life) medicines and how they are used and the effect they have. This means that if I am caring for someone on these medicines I will have a better understanding of how they work."

Records showed that when people first began using the service staff assessed the support they needed with their medicines. This information was then transferred to a care plan so staff had the information they needed to ensure people had their medicines in the way they wanted them and on time.

During our inspection visit we observed the registered manager and staff deal promptly and safely with a medicines issue. A staff member called the office to report that an important medicine was missing from a person's medicines delivery and was not on the MAR (medicines administration record) the pharmacist had prepared. The staff member was concerned that not having this medicine could put the person at risk.

The registered manager told the staff member to stay with the person while she called the pharmacist for advice. The issue was quickly resolved enabling the staff member to receive and administer the medicine within a safe window of time. This was an example to staff taking action to ensure a person had their medicines safely.

Staff were trained in infection control and most people and relatives said they were satisfied with the staff's understanding of this. However two relatives said that on occasions staff hadn't brought their own gloves and aprons (personal protective equipment/PPE) to calls. This could put people at risk of infection. One relative said they reported this issue to the registered manager and it had been resolved.

We discussed PPE with the registered manager. She said all staff had access to PPE including gloves and aprons. She said those who drove stocked up at the office and kept their PPE in their cars. However she said

she was aware that on occasions staff who walked to calls hadn't always remembered to take their PPE with them. She said she had spoken to all staff about this issue and hoped that it was now resolved. She said she had also arranged for small stocks of gloves and aprons to be kept in some people's homes so they would be already there for staff to use.

The staff we spoke with said they always had access to PPE. One staff member said, "I have boxes of it (PPE) in my car and 'walkers' (staff who walk rather than drive to calls) carry some with them. We would never give personal care without using gloves and aprons as this might put people at risk. Our training in infection control covers this."

Is the service effective?

Our findings

The majority of people and relatives we spoke with said they thought the staff were well-trained and had the knowledge and skills they needed to carry out their roles. One person told us, "The carers know how to care for people and are very good at their jobs." A relative said, "They are trained and know how to use all the equipment like slide sheets and the adjustable bed."

However one relative said, "None of the staff are lacking in care but some of them need training in basic care skills, for example giving a bed bath, moving and handling, and skin care." We discussed this with the registered manager who said she would review staff training and competence to ensure staff were effective in providing comprehensive care to people.

Records showed that all staff had induction training that covered bed bathing and moving and handling. One staff member told us, "[The registered manager and care co-ordinator] showed me how to do a bed bath."

Staff had also been trained in moving and handling. One staff member said, "I had initial training in moving and handling and then learnt on the job. [The registered manager and care co-ordinator] were always with me at first showing me what to do." The registered manager said staff were trained in moving and handling which covered the use of slide sheets, but she also said staff did not get the opportunity to use an actual hoist until they went into people's homes. However she said she was looking at sourcing other moving and handling training where staff would have the opportunity to practice on a range of moving and handling equipment including hoists.

There were no records to show staff had been trained in skin care. The registered manager said it was covered under the 'basic care and personal care' section of the induction but did not appear on the training record. She said she would address this so records showed staff had had training in this area. Staff confirmed that all staff had been trained in skin care and knew what signs to look out for if a person's skin integrity was at risk.

Staff said they were satisfied with the training they'd had. One staff member told us, "I have never been put in a situation where I didn't know what I was doing. [The registered manager] makes sure we have the training we need to carry out all our caring duties. If I was every unsure [the registered manager] would come to the call to reassure me." Another staff member said, "The induction training was brilliant and when I'd finished it [the registered manager] went through everything with me to check I'd understood."

The registered manager told us all staff training was ongoing and once staff had completed their induction they were enrolled on a health and social care course at a local college. If staff needed specialist training to meet the needs of people with particular conditions this was provided. For example, records showed staff had had training in Parkinson's Disease, end of life and dementia care. This helped to ensure the staff had the skills and knowledge they needed to provide effective care to all the people using the service.

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.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Records showed that all the people using the service had been assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. Staff had had training in the MCA and understood the importance of people consenting to their care.

People and relatives said staff always people for their consent before providing them with any care or support. One person said, "They ask me what I would like each day. They make suggestions but at the end of the day it's my decision." A relative said, "They never do anything for my [family member] without asking first."

Staff told us they always obtained people's permission before assisting them. One staff member said, "We always ask them before we do anything." Another staff member said, "I always explain to people what I am proposing and why. For example, if they need a wash I explain it will make them more comfortable. But if they say no then that's their choice, I would never force the issue."

If people needed support to ensure they had enough to eat and drink staff provided this. One person told us, "I have ready meals and at dinner time they sort out my meal for me. They ask me what I want and then prepare it."

Care plans set out the level of support people needed with their nutrition and hydration. If people had particular needs relating to eating and drinking staff were aware of these. For example, a staff member told us one person was sometimes reluctant to accept a meal that staff had prepared. They told us that they were sensitive to the person's feelings and used their communication skills to reassure the person. The staff member said this usually resulted in the person accepting the meal when it was offered a little later. Another person needed staff to sit with them while they were eating to encourage them and this was in their care plan.

Records showed that people were always consulted about what they wanted to eat and drink and offered choices. And as well as preparing meals for people staff also encouraged them to have drinks and snacks. For example, one person's care plan instructed staff to 'Prepare a snack – usually a cup of tea and a teacake.' Another person's care plan stated 'Carers will leave drinks for [person] before they leave.' This helped to ensure people had effective support with their nutrition and hydration so that they had enough to eat and drink.

People and relatives told us staff supported them to access healthcare services if they needed to and supported them with their health care needs. One person said, "The staff know who my doctor is and would call him if I needed them to." A relative told us, "The carers are stepping up to the mark now as my [family member's] health deteriorates. They know exactly what to do and who to call if there are any problems."

People's healthcare needs were identified when they began using the service. Support plans and risk assessments included instructions to staff on how these should be met. All the staff were trained in first aid. The staff we spoke with were aware of people's medical histories and any ongoing health issues they had and said this information could be found in people's records. This helped to ensure they were effective in the way they supported people to maintain good health and access healthcare services if they needed to.

Is the service caring?

Our findings

People made many positive comments about how caring the staff were. One person told us, "The staff are always friendly when they come. They are all lovely and they always stop and have a chat." Another person said, "The carers are very nice people. They are always polite and they are nice and gentle when they give me a shower."

Relative also said they were satisfied with the caring attitude of the staff. One relative told us, "I can't rate the carers highly enough. They all have a very caring attitude and my [family member] likes them." Another relative commented, "My [family member] is very happy with the care she's getting. The carers are all good people and are kind."

One relative said their family member was happier and more positive since the staff started providing them with care and support. They told us, "It lifted my [family member] no end when the carers started coming. They have a way about them that has raised her spirits. When they appear at the door [my family member] smiles." Another relative said one of the staff was teaching their family member a new language. The relative told us, "She loves this. The carer gives her new words to learn every day. It's really given her something to focus on."

Staff told us they enjoyed working with the people using the service. One staff member said, "I have some wonderful clients and I love spending time with them. All the other carers I've worked with feel the same and are all caring people." One staff member gave us an example of how they used tact and kindness to reassure a person using the service. They told us, "The client asked me 'When am I going to get better?' I knew they weren't likely to but it wasn't my place to say so I told them 'We'll take things day to day and I'm going to help you get better today.' They seemed happy with this but I checked with [the registered manager] that I'd said the right thing and she told me I had."

The registered manager said she did her best to give people regular staff so they had the opportunity to get to know the people supporting them and build relationships with them.

People and relatives were involved in making decisions about their care and support. One person said, "They came to my house when I started with the agency and we wrote down what help I needed." A relative said, "We have been involved from day one and they [the staff] have listened and they do what we ask."

Records showed the involvement of people and relatives when risk assessments and care plans were written and reviews carried out. For example, following one person's review, the registered manager wrote to them summarising what had been agreed and checking to ensure they were satisfied with this.

Most people and relatives said staff respected their privacy and dignity. One person told us, "They make sure everything is private when I have my shower and they cover me up as soon as I get out." A relative said, "I don't have any concerns about this [privacy and dignity]."

However one person said that on one occasion staff had left them uncovered after a wash. They said they thought this was a training issue and should be resolved. We discussed this with the registered manager who agreed to address this to ensure that it didn't happen again.

The staff we spoke with understood their responsibilities to protect people's privacy and dignity. They told us about the importance of confidentiality, covering people up when providing personal care, closing doors and curtains as necessary, and ensuring people looked how they wanted to look when receiving visitors.

One person said that a staff member had written up their notes of the call in the kitchen. They said they would prefer them to write them up in the lounge so they could provide company for the person at the same time. Action was needed to address this issue so staff understood that writing up notes in this manner might hurt the feelings of the person they were supporting and make them feel excluded.

Is the service responsive?

Our findings

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to and staff listened to them and made changes as necessary.

Is the service well-led?

Our findings

People told us they thought the service was well-managed and personalised. One person said, "The manager is very caring and very organised. She understands what I need and makes sure the staff help me in the way I want." Another person told us that staff listened to them if they wanted changes to their care. They said, "I can tell them if they've done something not quite right and they don't mind and do it the right way next time."

Most of the relatives we spoke with said they would recommend the service. One relative told us, "[The registered manager] has been fantastic to our family. We could not have managed without her." Another relative commented, "The management and the staff are wonderful and always very helpful."

We looked at the results of a survey staff carried out this year to get people's and relatives' views on the quality of the service provided. The majority of the responses received were positive. One person wrote, "It was a good day for me when I contacted LL Recruitment. Should I ever need care again they will be my first call." One person commented they hadn't yet had their care reviewed, although they didn't say how long they had been using the service for. We discussed reviews with the registered manager who said a formal system of review was in place and people had their care reviewed after two weeks and then every six months or more frequently if their needs changed.

All the staff we spoke with said they enjoyed their work and were appreciative of the people using the service. One staff member said, "The best thing about this job is meeting people in their own homes and getting to know them. It's a privilege." Another staff member told us, "[The registered manager] is very people-friendly and caring. She knows most of our clients and wants the best for them."

Staff told us they were well-supported by the registered manager. One staff member said, "[The registered manager] is always there if we have a question for her, even in the evenings we can call her and she always picks up the phone." Another staff member told us, "The agency is well run, there are no problems with it, it's brilliant, the best I've worked for and I would recommend it to anyone."

Staff had regular team meetings and one-to-one supervision sessions to help ensure they had the support they needed and their skills and knowledge were up to date. One staff member said, "If I am unsure about anything [the registered manager] goes through it with me and gives me encouragement. [The registered manager] and the care co-ordinator are extremely supportive and the team work is excellent." Staff said they were asked for their views on the service at team meetings and supervision sessions and were listened to.

We looked at how the registered manager monitored the service to ensure it was providing good quality care and support. Records showed she carried out a series of audits of key aspects of the service including care records, medicines, and accidents and incidents. For example, people's daily notes, written by staff, were audited once a month. We looked at a recent audit and saw the registered manager had identified some good practice and a couple of areas where improvement were needed. For example, one record had been written in pencil, which was unacceptable, and some staff had not written the person's name on every

page of their care notes which they needed to do. The registered manager said when shortfalls like this were identified she emailed or texted staff to alert them to these and remind them of their responsibilities to keep good and accurate records.

Calls times and durations were monitored electronically via 'smartphones' (mobile personal computers) which staff carried and used to log in and out of people's homes. If a member of staff was more than five minutes late office, staff were sent an alert enabling them to phone the staff member and find out what has happened. The registered manager said that if a member of staff was significantly delayed someone in the office would call the person using the service or their relative. The registered manager explained, "Some people want us right on time so we would call them straight away to let them know [that staff were running late]. Others are happy to have their care during a window of time so they don't need contacting if there is a slight delay. So it depends on what arrangement we have with people. But we would never leave anyone waiting and wondering where we are."

Staff told us they thought they had enough travel time between calls to get to people promptly. One staff member said, "It's rare but we do sometimes get held up. It happened this morning due to a medication issue I had to sort out urgently. But people are informed if we are likely to be delayed." Another staff member said the registered manager and care co-ordinator were quick to step in if for any reason a staff member couldn't get to their call. They told us, "If someone didn't turn up for a call [the registered manager] would be there in five minutes! She would always step in and help as the clients come first." This was a further example of this being a well-run service with a 'hands-on' registered manager who worked closely with her staff to provide timely and good quality care and support.