

Liver Care Ltd

Liver Care Ltd

Inspection report

366 Marsh Lane
Bootle
Liverpool
L20 2BX

Tel: 01514741090

Date of inspection visit:
30 September 2016

Date of publication:
11 November 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This announced inspection took place on 30 September and 1 October 2016.

Livercare is a domiciliary care agency based in Bootle, Liverpool. The service provides personal care to people in their own homes. At the time of our inspection six people were receiving domiciliary care services from Livercare. This was the services first inspection.

There was 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.

We saw that there were some risk assessments in place to help keep people safe from harm; however, not all identified risks had been assessed.

During our inspection we saw that records relating to mental capacity were not completed. Management and staff had some knowledge of the principles of the Mental Capacity Act (2005), but were unclear about how to apply it.

Staff were recruited appropriately, however some people did not have a copies of identification in their files, although they had produced identification at the time of interview. We raised this with the registered manager at the time and they took immediate action to address this.

There was a lack of governance systems and quality assurance procedures appropriately documented in the service. The registered manager informed us people were often called and asked for feedback with regards to their care packages, and people did confirm this took place, however there was no formal procedures or feedback documented. The registered manager has since sent us a quality assurance document appropriate for the size of the service that they plan to use and this has been implemented.

Everyone we spoke with told us they liked the staff and felt safe knowing they received their care from Livercare. Staff were able to explain what action they would take if they felt someone was being harmed in any way.

There was enough staff to keep people safe, and people told us that they saw the same faces and staffing was never a problem.

There was nobody receiving medications at the time of our inspection. Everyone had chosen to self-administer their own medications, however, the registered manager had sourced training for staff in case people's needs changed and support was needed with medicines.

Staff training was delivered in house by an external training company and covered all mandatory subjects in accordance with the providers training policy. Staff induction was in line with the care certificate, and staff told us they completed shadowing before they worked on their own.

People told us that staff took time to ensure they had eaten and prepared them meals when necessary and if required to do so.

We saw that appropriate referral's to other medical professionals had been made when necessary on behalf of people using the service.

Everyone we spoke with told us they liked the staff, and felt they treated them with kindness and compassion. Staff we spoke with were able to describe how they protected people's privacy and dignity.

People told us they received good care and were involved in their care plan and any decisions about their care or support.

Care plans contained some information about people's likes, dislikes and preferences. Care plans contained explanations of people's daily routines.

There was a complaints procedure in place, records showed that there had been no formal complaints recorded. People we spoke with told us they knew how to complain.

People knew who the registered manager was and was complimentary about the management team in general.

During this inspection, we found three breaches of the Health and Social Care Act 2008. The provider has since sent us a detailed plan of action to address these concerns. You can see the action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risk assessments were not always in place to help keep people safe from harm.

Staff were recruited appropriately, and checks were undertaken before they started supporting people, however some information was missing from staff files.

There was enough staff deployed to be able to deliver people's care and support in accordance with their wishes.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service had not followed the principles of the Mental Capacity Act 2005 for some people, so we were not able to see who makes decisions for people and whether they were legally entitled to do so. There was no consent documented for people anywhere in the care plans.

Training was undertaken by all staff, which covered mandatory subjects in accordance with the providers training policy.

Staff ensured that people had enough to eat and drink. People told us staff would always make sure they had eaten.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they liked the staff and the staff treated them with respect.

Staff we spoke with gave us good examples of how they maintained people's dignity and confidentiality.

Some people told us they were involved in their care plans, other people we spoke with could not recall a care plan, but said that staff complete records at their home and they were happy.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Care plans contained some person centred information regarding people's background, likes and dislikes.

There was a complaints policy in place and people told us they knew how to complain. No one had raised any concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was no recorded quality assurance procedure in place. The deputy manager told us they routinely called people and asked how they were, and people confirmed this took place, however documentation, such as records and care plans, were not being quality assured.

On going feedback was gathered appropriately for the size of the service, and feedback forms were in the process of being sent out.

People and staff told us they liked the registered manager and deputy manager.

Liver 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 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 30 September & 1 October 2016 and was announced.

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 available to talk to us.

The inspection was conducted by an adult social care inspector.

Before our inspection, we reviewed the information we held about the home. This included the Provider Information Return (PIR). A 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 also looked at the statutory notifications and other intelligence, which the Care Quality Commission had received about the home.

We spoke with four members of staff, and the registered manager. We contacted three people who used the service by telephone and spoke to them.

During our inspection, we looked at three care plans belonging to people who used the service and three staff recruitment folders. We also looked at other records relating to the monitoring and running of the service.

Is the service safe?

Our findings

We looked at risk assessments. We saw that even though risks had been identified in people's care plans, there was not always a suitable risk assessment in place. For example, we saw that one person's care plan identified that the person was unable to mobilise independently and the care plan made reference to staff using the 'hoist' to complete all transfers. However, we saw that there was no moving and handling risk assessment, mobility risk assessment, or information detailing how the person was to be safely transferred. Another person had a pressure relief cushion in place, which was referred to in their care plan as 'check pressure cushion.' However, there was no risk assessment in place with regards to the person's skin integrity, and if the staff were required to monitor any pressure areas on behalf of that person. We also saw one person had been assessed by the deputy manager as being at high risk of falls, however despite having a high risk score, there was no further assessment carried out to help minimise the person's risk of falls. We saw, from looking at these care plans, that even though some risks had been assessed and identified, there was a lack of consistency with regards to how to manage the risks. Not having this information completed accurately could put people at risk.

This is a breach of regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised these concerns at the time of our inspection with the registered manager and they have since sent us an action plan of how they plan to address these issues, which includes reassessing all of the people using the service to ensure sufficiently detailed information is available for staff.

We checked the service's approach to recruitment. We saw that staff had been appropriately recruited and selected. Staff recruitment folders contained copies of interview notes, explaining the reason for selection, as well as two references for each person and Disclosure and Barring Service (DBS) checks. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We saw that some staff files did not contain copies of photographic identification, and we raised this with the registered manager at the time of our inspection. The registered manager has since contacted us to advise us this had been addressed.

We asked people using the service if they felt safe and secure. Everyone we spoke with told us they did. One person said "Well you always see the same people, so I am happy." Another person said "Yes I feel safe with them."

We saw that there were enough staff employed to deliver a consistent service to people and people confirmed they had the same staff coming to their home which they liked. One person said "That's a good thing about the place [Livercare] being small."

We asked about time critical calls and how the service managed them. Time Critical care calls are call times that are specifically requested, usually to support a medication or regular appointment that the person

using the service has. We saw that due to the size of the service there was no issues with regards to people receiving calls at their preferred times. There was one person receiving time critical calls due to planned activities taking place with their family. We saw from rota's these were scheduled in at the correct times. We were unable to speak to this person as they were not home when we called, however, we saw the informal feedback between the deputy manager and this person which confirmed call times were not a problem

There was no one receiving support with medication at the time of our inspection, people either self-administered their medication or lived with family who did this for them. We enquired about staff training around medications as were told this training was currently being implemented for all staff.

As staff were expected to carry out their duties in people's own homes, we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each of the homes that the staff visited, including any parking restrictions, when staff would have to walk a far distance and any hazards in the home, such as worn carpets or pets.

Staff were able to describe the course of action they would take if they felt someone had been harmed or abused in anyway. Training records confirmed that staff had been trained in adult safeguarding, and team meeting minutes we saw confirmed that this topic was discussed. There was a safeguarding adult's policy in place which all of the staff were familiar with, which incorporated the local authorities safeguarding procedures as well as the providers. Staff told us they would not hesitate to whistleblow both internally to managers and externally to other organisations, such as CQC if they felt concerns were not being addressed.

Is the service effective?

Our findings

We looked to see if the agency was working within the legal framework of the 2005 Mental Capacity Act (MCA). The 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 application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). There was no one subject to a DoLS during this inspection.

The registered manager explained the process they would follow if an application was required to safeguard someone in accordance with the principles of the MCA. This included involvement of the local authority if a DoLS needed to be applied for from the Court of Protection (CPA). The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves

Mental capacity assessments were not completed for people. It was unclear from people's care plans, whether they had capacity or not, and capacity was not documented when the provider completed their initial assessment forms with people before their care package commenced. For example, one person's family member had been requesting changes to the person's care package. A capacity assessment had not been undertaken for this person to see if they understood this request and could make this decision for themselves. Mental capacity assessments should be undertaken to determine whether a person has capacity to make a particular 'key' decision.

Furthermore, we could not find any examples that best interests processes had been followed for this person or any other person who lacked capacity to make decisions about their care and treatment.

Staff were able to tell us about the MCA, however were unclear on some of the principles of the act. We saw the induction training covered did not cover this subject; however it had been discussed during team meetings. We also saw confirmation that this training was booked for all staff

We checked to see if the service had obtained individual consent from people who were able to give this. We saw from looking at people's care plans that written consent had not been requested for staff to provide care and gain access to people's homes.

This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (3) need for consent.

The registered manager has since taken action with regards to this, and capacity assessments have been

completed for people where needed.

Staff training was completed in house and covered topics such as manual handling, first aid, safeguarding and health and safety. We saw the certificates for all five members of staff and the deputy manager. This has been completed recently and was in date.

We asked about the induction of new staff. Staff were inducted according to the 'The Care Certificate'. The care certificate is an identified set of standards which health and social care workers adhere to in relation to their job role.

Staff supported people with medical appointments when necessary. Most people attended these on their own or with family. Any advice from the medical professionals was recorded in people's care plans.

There was a supervision schedule in place. Supervisions were taking place every eight weeks, and appraisals were due to take place. Staff confirmed they were invited into the office for supervisions and they were always conducted by the deputy manager.

People told us that staff took their time during their call to ensure that they had sufficient to eat and drink. One person told us, "They make sure I have eaten." Most people lived with their family members; therefore staff were not required to make people's meals.

Is the service caring?

Our findings

Everyone we spoke with told us they felt the staff were caring. Some of the comments we received included, "They [staff] are brilliant," and, "Such lovely polite people," also, "They [staff] are so cheerful."

The registered manager showed us where people's records and personal information were stored in the office. This was stored appropriately, in a way which ensured people's confidentiality was protected.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection.

People told us that they were routinely communicated with by the deputy manager to ensure that everything was running smoothly. One person said, "[Deputy manager] calls to make sure we are ok." Someone else said, "Communication is good, we will get a phone call if the staff are ever running a bit late."

Some people told us they had been involved in their care plans, and others said they might have been, but could not recall the care plan. People confirmed that the staff completed records when they visited them in their homes.

Staff we spoke with were able to describe how they ensured people's dignity was maintained and their privacy was respected. One staff member said, "I always knock and say good morning, then I chat to the person while I am supporting them." Another member of staff said, "I always cover one half of the person to protect their modesty (when providing personal care)."

Is the service responsive?

Our findings

People we spoke with told us that the staff gave them a person centred service. This is when care is delivered centred around the needs of the person, and not the service. People gave us some examples of how the service and the staff did this. One person said, "They always ask me what I want." Someone else said, "Oh yes, they know our ways."

People told us they could choose whether they were supported by male or female staff, at the time of our inspection people were supported by a small team of female staff.

We saw that information was provided in people's care plans about their likes and preferences, which showed that staff had taken the time to get to know people. For example, we saw that one person liked to be dressed in a certain way as they enjoyed afternoons out, and this was outlined in their care plan. When we spoke with staff, we found that staff were knowledgeable about the people they supported, and how they wished for their support to be delivered. People confirmed that their care was discussed with them.

People told us staff listened to any concerns they raised. There had been no complaints raised at the service in the last twelve months. People were encouraged to share their experience and complain if they felt the needed to. The complaints procedure was displayed in the office, and each person received a copy when their care commenced. We saw this policy encompassed the procedure of the local authority as well as the providers own policy and procedures. We asked people if they knew how to complain and they all told us that they would contact the manager.

The deputy manager gave us a good example of when they had raised an appropriate referral with other medical professionals on behalf of a person using the service. We were able to view the rationale of this referral and the deputy manager and staff team acted appropriately.

Is the service well-led?

Our findings

There was a registered manager in post who had been in post since the service opened.

We looked at the procedure in place for quality assurance in the service. We found that there was a lack of auditing at the service with regards to people's records and staff files. Auditing is a way for the provider to ensure service provision and records are completed accurately, and where improvement is required, devise suitable action points. Shortfalls which were highlighted by our inspection such as the lack of complete risk assessments, the principles of the MCA not being followed appropriately, and the missing information in staff recruitment files would have been identified if the service was subject to regular auditing systems.

This is a breach of Regulation 17 (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager has since sent us evidence that quality assurance processes will be implemented at the service. The registered manager told us that as the service is so small at present they felt issues were being dealt with informally, however understood the need for robust quality assurance procedures to be in place.

Feedback was gathered verbally by the deputy manager due to the size of the service and people's comments were compiled into a report, which we were able to view. We saw some changes, such as call times, had been amended as requested by people.

All of the staff we spoke with told us the management team were supportive. One person said, "[deputy manager] is absolutely lovely." Staff told us the managers were approachable and nothing was too much trouble. All of the staff we spoke with told us they attended regular training and had regular supervisions. The training matrix and supervision table confirmed this. Staff told us they felt confident to raise any concerns with the manager. All of the staff we spoke with said they would recommend working at Livercare to friends and family.

Team meetings were regular and were well organised on rotas so staff would be available to attend. The last team meeting was in September 2016.

The service had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

The registered manager was aware of their role with regards to when they are required by law to notify CQC and we had received all notifications as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent was not always sought in line with the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always assessed as part of people's plan of care.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance procedures were not in place.