

Living Plus Care Services Limited

# Living Plus Care Services Limited

## Inspection report

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27 June 2022

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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

### About the service

Living Plus Care Service Limited is a domiciliary care service providing personal care for people living in the community. At the time of our inspection there were 10 people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were safe and protected from avoidable harm because staff knew how to identify and report concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed and measures developed to remove or reduce identified risks. People were supported by staff who had been safely recruited.

People's medicines were managed safely. Staff received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable to safely administer medicines. Staff had received training in infection control practices and personal protective equipment was provided for them. The management team took appropriate action following any incidents and subsequent learning was shared with the staff team.

Before care delivery started assessments were completed to make sure people's needs could be met. Staff received training and the necessary support to help them to carry out their roles effectively. Management and staff knew people well, they promptly identified when people's needs changed, and sought professional advice appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives praised the kind and caring nature of the staff team. People received consistent care from a small team of staff. People knew about their care plans and could decide what care and support they needed. People and their relatives were confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

The management team was committed to providing a high standard of care to the people they supported as well as the staff team and understood their responsibilities under the Duty of Candour. People, their relatives and staff spoke highly of the management team and told us they were always available and supportive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 14 April 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration with CQC.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Living Plus Care Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 June 2022 and ended on 27 June 2022.

#### What we did before inspection

We reviewed information we had received about the service since initial registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We received feedback from two people who used the service and three relatives about their experience of the care provided. We received feedback from six care staff and had a video call with the registered manager on 27 June 2022. We reviewed a range of records relating to the management of the service, including a care plan and risk assessments, staff training records, and evidence of monitoring staff practice.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust and effective systems to help protect people from the risk of harm or abuse and understood their responsibilities to safeguard people from abuse.
- Staff received training and were clear about how they would report any concerns both internally to the provider and externally to the safeguarding authorities. A staff member said, "I can confidently raise concerns as it was covered in my training and induction. At present I have not raised anything, but if the time comes, I would know the correct procedure and what to report."
- People and their relatives told us staff provided safe care for people. One relative told us, "Staff provide safe care and they treat [person] with utmost respect."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and care plans were developed to help remove or reduce any identified risks. Risk assessments supported people to stay as independent as possible within the confines of their health needs.
- The management team helped ensure people received support in the event of an emergency. For example, they provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Staffing and recruitment

- People and their relatives felt there were enough staff available to meet people's care needs. They told us there had not been any missed care calls and all feedback indicated staff provided people's care within agreed timeframes.
- A staff member said, "Sometimes if a person is more unwell than usual it can take time but if this happens, I let the office know if I will be late for my next call. Sometimes I have time left and chat with the person and offer to help with something else." Another staff member said, "I have enough time to provide safe care. Sometimes a person's needs fluctuate, and they need more time on some days than other days, which can at times affect our next visits. I make sure I inform the office as I cannot contact the client directly."
- The registered manager operated effective recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Disclosure and Barring Service checks and satisfactory references had been obtained for all staff before they worked with people independently. (Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.) Newly recruited staff were introduced to people who used the service as part of the induction process.

### Using medicines safely

- Staff received training to support them to safely administer people's medicines. The management team undertook competency assessments once staff had completed their training to help ensure safe practice. A staff member said, "After finishing my training I had a meeting with the [registered] manager, we looked at support plans, risk assessments, evacuation plans and completed a medication form, where I was asked different questions to see if I had the right knowledge to support with medication administration. We went through medication policy, and how to report if something goes wrong when giving medication. I felt happy and confident."
- Staff supported some people with administering their medicines and just prompted others to take theirs as needed. Relatives and people who used the service were satisfied staff managed people's medicines in a safe and effective manner.

### Preventing and controlling infection

- Staff were provided with training and personal protective equipment (PPE) including gloves and aprons to help promote effective infection control. Practice in this area was monitored by the management team during spot checks. One staff member said, "We wear PPE on every visit and make sure we put it on and take it off properly." They went on to say, "I feel confident because of the training we have had on this and management regularly inform us if there are any changes, so we are up to date with the government rules."
- People and their relatives told us care staff promoted good hygiene practices.

### Learning lessons when things go wrong

- The provider took appropriate actions in response to any concerns and learning was shared with staff by a variety of means including updates, face to face meetings, group supervisions and team meetings.
- A staff member told us, "I have my staff handbook to go through if I would like information, but I know when to contact the office. We do team debrief sessions if there have been any issues and incidents and we are informed of any outcomes that allow us to continue to support people."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. Assessments included people's support needs and their individual preferences and formed the basis of people's care plans and risk assessments.
- People's relatives praised the staff team for the effective care and support they delivered. One relative told us, "They (care staff) are gently persuasive and [person] will do things for them that they might refuse when requested by us family members. For example, walking, eating, drinking and taking their medicine, these are major reasons we use the care staff."
- The staff team told us the time allocated for the care visits was appropriate to meet people's needs. One staff member said, "I have enough time to get to people on time, sometimes I am running late, but I call the office to notify them."
- Staff were proud of the care and support they provided. One staff member spoke of a person who had spent a long time being cared for in bed in hospital. The person had lost the wish to eat, talk or engage with people. The staff member told us, "As time passed with us providing our services, the person is now not only able to stand on their own and walk with just the assistance of a frame but is also able to talk more and their food and fluid intake have increased which makes the job more rewarding. We celebrate these milestones as a team."

Staff support: induction, training, skills and experience

- Staff received training in areas including safeguarding, moving and handling, advanced dementia, fire safety and the Mental Capacity Act. A staff member told us, "I did my mandatory training during the final stages of my recruitment and attended some face to face training. Here I did basic life support and manual handling, which was informative and rewarding, I also partake in online learning."
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they enjoyed good support from the management team. A staff member told us, "I feel supported in my role and get along with my colleagues, which makes supporting clients easier as we can communicate together." Another staff member said, "Management have attended some of my care calls unannounced and watched me do everything. I did everything well and was wearing the right PPE. They make sure we are always up to date and inform us when training is due."
- Inductions for new staff were thorough and their knowledge was tested during shadow shifts prior to the staff member working with people unsupervised. A staff member told us, "All my mandatory training was done before even starting the role. I let the [registered] manager know I was still not confident to use the hoist after my shadowing shifts and they extended it by a week."
- People and their relatives praised the staff team for their skills, knowledge and compassion. One person

told us, "All staff know what they are doing, they remember all the little things to do to make me comfortable."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.
- Staff shared their understanding of the need to encourage people to take food and fluids. One staff member told us, "Yesterday when it was really hot management sent an email to all staff to remind them of the importance of prompting people to take fluids to help avoid dehydration."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management and staff team worked well with external professionals for the benefit of people who used the service. Staff shared examples where they had raised a concern about a person's skin integrity. One staff member told us, "I informed management via telephone. Nurses became involved very quickly which meant they were able to quickly assess, and we managed the person's skin integrity which resulted in no breaks."
- Information was shared with other agencies if people needed to access other services such as hospitals.
- The management team told us they changed the times people received their support so they could accompany them to health appointments if this was the person's choice.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff always asked for consent when supporting them. People had been asked for their consent to be supported in line with their individual care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. Ensuring people are well treated and supported; respecting equality and diversity

- The management team were committed to providing people with the care they needed, how they needed it, and in the best possible way for the individual.
- Staff and management took time to get to know people's individual likes and dislikes, their pasts and interests and incorporated these into their care. A staff member said, "Management use my interests and location to match with people. I wouldn't want my loved one being looked after in silence. I remember when I first supported a person I was wondering what I could talk about, but management had matched the person with me because we both liked football and found we were both fans of the same club, we spoke for ages and it built my confidence."
- People and their relatives praised the staff team for the care, kindness and support they provided. A relative told us, "We have the same few care workers come in which keeps the continuity and routine of medication exact. This helps [person] to recognise by name who they are."

Supporting people to express their views and be involved in making decisions about their care

- People's care plans showed they were consulted about changes to their care and these were documented. Regular reviews of people's support involving people, their relatives and other professionals took place.
- People and their relatives told us they were always involved in any decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff promoted people's privacy, dignity and independence. Staff told us how people were supported to maintain their dignity and increase their independence. For example, people were supported to regain some independence after significant hospital stays had reduced their physical stamina and wellbeing.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care to meet their individual needs and preferences.
- People's care was adapted to meet their changing needs. For example, where people began to regain some of their mobility the support was amended to help maximise independence.
- Care plans were detailed with regards to people's preferences, likes and dislikes. This meant staff had the information available to help ensure people received consistent care that met their individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says people should get the support they need in relation to communication.

- The provider had not yet had the need to make information available in different formats but said they would do so should the need arise.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain contact with their friends and families during periods where COVID-19 restrictions meant they could not freely see people.
- Staff told us management really listened to their suggestions to increase people's wellbeing. A staff member told us, "I spoke with the [registered] manager about taking a person out for walks in their electric wheelchair and into the garden as they enjoy it but have not had the chance. The [registered] manager quickly spoke with the person and their family and made a plan and looked at any risks or issues. The person was indoors everyday doing the same thing, so I wanted to make a change, and management listened."
- Staff understood the importance of everyday activities in people's lives. For example, a person had not been able to attend their place of worship due to COVID-19 restrictions. A staff member volunteered to help support the person to attend their church, this gave the person's wellbeing a significant boost. One staff member told us, "I enjoy supporting people with activities which make them happy such as gardening, it motivates me and shows I am doing my job well."

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they had a copy

of the policy in their homes to access if needed. People and their relatives told us they had not had the need to raise any complaints, but all said they would be confident to do so if the need arose.

#### End of life care and support

- The staff team supported people at the end of their life according to their wishes and preferences. People were supported to stay in their own home if they chose to do so and extra support was provided as needed from specialist services. Staff knew how to support people at the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding about the duty of candour and told us they encouraged staff to be open and honest in their feedback. Throughout this inspection process we found the registered manager to be very honest and open in their approach. A staff member told us, "They (management) encourage me to be open if I am having issues or I have concerns about a client's safety when working with others."
- The management team and staff understood their roles and respected the impact their roles had for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a good understanding of their responsibilities towards the people they supported and demonstrated a strong passion for delivering person-centred care.
- Staff said they felt proud to work for Living Plus Care Service. One staff member told us, "I would recommend other people to work here because I have felt supported since the start until now. The [registered] manager and other office staff are friendly and easy to talk to. If I have problems that affect work, I am able to go to the [registered] manager and find solutions."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives gave positive feedback about the service and how it operated. A person told us "I would recommend Living Plus Care Services to others looking for care in their own homes because you hear such horror stories, but these staff are very good."
- Staff feedback was sought via satisfaction surveys and face to face meetings with the management team.
- Staff were positive about working for the company. One staff member said, "If I had a family member wanting care, I think I would recommend Living Plus. This is because people appear happy and me and colleagues chat and laugh with them."
- Regular feedback about the quality of the service provided was gathered from people and their relatives. The satisfaction scores were high and written feedback included confirmed people were very happy with the care and support they received from Living Plus Care Service.

Continuous learning and improving care; Working in partnership with others

- Learning was taken from incidents to improve people's experience of care.
- The management team worked with external professionals to achieve good outcomes for people. For example, social working teams, community nurses, occupational therapists, wheelchair services, GPs and dentists.