

Lincolns Care Ltd

Lincolns Care Ltd

Inspection report

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Date of inspection visit: 21 September 2015
Date of publication: 21/10/2015

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?

Requires Improvement 

Overall summary

Lincolns Care Ltd is registered to provide personal care to people who live in their own homes through the domiciliary care service and supported living service. At the time of our inspection four people were receiving personal care from the domiciliary care.

We last inspected Lincolns Care Ltd in June 2014. At that inspection we found the service was meeting all the essential standards that we assessed. This unannounced inspection took place on the 21 and 22 September 2015.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the scheme is run.

Audits of daily notes and medication administration record charts had not always identified issues. Where issues had been identified the required action had not always been taken or recorded.

Summary of findings

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. The care plans contained good, person focussed information.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had their capacity to make day-to-day decisions assessed.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. People were supported to be as safe as possible and risk assessments had been written to give staff the information they needed to reduce risks.

The recruitment process ensured that only suitable staff were employed to provide care to people using the service. There were sufficient staff to meet the needs of people receiving a service.

People's privacy and dignity was respected by all staff. People and their relatives were aware that there was a complaints procedure in place and who they would contact.

Staff felt supported by the managers and they were able to raise any concerns or discuss any ideas they had.

Although systems were not in place to monitor and review the safety and quality of people's care and support, people and their relatives had individual contact with the registered manager on a regular basis.

Summary of findings

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 safe.

Staff were following safe practices when they administered medicines which meant people received their medicines as prescribed.

Risks to people's safety were recorded and managed effectively.

The recruitment process ensured that only suitable staff were employed to work with people using the service. Sufficient numbers of staff were employed to meet the care and support needs of people.

Good



Is the service effective?

The service was effective.

People's capacity under the Mental Capacity Act 2005 had been assessed to ensure decisions that were taken were in their best interests.

People received care from staff who had received most of the appropriate training they needed.

Good



Is the service caring?

The service was caring.

Staff were kind and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People had their needs assessed and staff knew how to meet them.

The service was flexible in the way it provided care.

People were aware of how to raise any complaints or concerns and who to speak with.

Good



Is the service well-led?

The service was not well led.

People and staff felt supported by the management and leadership of the registered manager.

People and staff were supported in case of emergencies as there was an out of hours system for the service.

Requires Improvement



Summary of findings

Audits had been completed but did not always identify areas for improvement or detail what actions had been taken when areas for improvement had been identified.

Although systems were in place to monitor and review the safety and quality of people's care and support, people's views had not been sought since 2013/2014.

Lincolns 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 was undertaken by one inspector and took place on 21 and 22 September 2015 and was unannounced.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This 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. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

During the inspection we telephoned three people who received a service and spoke with one relative. We spoke with the registered manager, deputy manager and three care staff.

As part of this inspection we looked at four people's care records and records in relation to the management of the service.

We looked at other information that we held about the service including notifications, which provide information about events that happen in the service that the provider is required to inform us about by law.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us they had been helped by staff to understand how to keep safe in relation to a concern. A relative said, “Yes I feel my [relative] is safe, the staff are very good.” A member of staff said, “I [keep people safe] follow their care plans and ensure issues are acted on.”

Staff told us, and records confirmed that they had received training in recognising the signs of harm so that people were protected. Staff were able to explain their responsibilities and the action they would take in reporting any incidents. They were aware that they could report allegations to other authorities outside Lincolns Care Ltd. One member of staff said, “I know how to raise any safeguarding issues and have done so.” The registered manager said there had been one safeguarding concern. There was evidence to show the outcome and the process, which followed Lincolns Care Ltd policy.

The registered manager said there had been no whistleblowing concerns. Staff confirmed they were aware of the provider’s whistle blowing policy and their responsibilities to report poor practice. One member of staff said, “I know about this. I would talk to [registered manager] or [provider].”

Risk assessments had been written with the person and been signed and dated by them where possible. They covered areas such as people’s premises, moving and transferring, meal preparation and animals in the house. One person said, “I was involved with my risk assessments. [Name of registered manager] came and wrote them with me.”

Staff told us there had been no accidents in people’s homes, but knew how to record and report them to the office if they occurred.

People and relatives said that the staff arrived and stayed for the correct amount of time. Information provided by the registered manager showed that there had been no missed calls for people who used the service, out of 43 calls during a seven day period. Staff told us that they covered staff who were on holiday or went sick. One member of staff said, “There’s another carer [who provides care for the person] and we would cover each other for sickness or holidays.” We saw that there were enough staff to meet people’s personal care needs.

People were protected because there were effective recruitment procedures in place that were followed. We saw that all appropriate checks had been obtained prior to staff being employed to ensure that they were suitable to work with people using the service. One member of staff said, “My references and everything were done [checked] before I started [work].”

People told us they were supported to take their medicines as prescribed, and medication administration records (MARs) confirmed this. One person told us, “They [staff] will watch me do it [administer own medicines]. My independence has got much better and it means I only need support.” There was information to evidence that staff had discussed medication with people. Where possible people (or their relative) had signed that they consented for staff to administer creams and other medicines. Staff who administered medication said they had received training and that their competency was checked.

Is the service effective?

Our findings

People told us how they were supported by staff. One person said, “I can do a lot for myself but they [staff] help me get ready for bed.” People told us they were encouraged by staff who understood their needs and how to help them remain and improve their independence.

The registered manager said that new staff attended an induction training programme, which provided all the mandatory training expected by the provider. Newly recruited staff worked with more senior staff until they were competent to work alone. One member of staff said, “I went with other staff to all the people I would be caring for. I shadowed [working with more senior staff] for a while until I was ready. It made it easy when I had to do it on my own.” Competency was assessed by the registered manager and deputy through observations in areas such as medicine administration and moving and repositioning people during spot checks in people’s homes.

Staff told us they received a range of training that supported them with their roles, such as safeguarding people from the risk of harm, food hygiene and infection control. Records showed that staff had attended training which included communication and care about the person. One member of staff said, “I am working towards my National Vocational Qualification Level Two in care.” Another member of staff said, “I have talked with [registered manager] and would like to do more training about specific illnesses and how they progress. [Registered manager] is looking into it and I am sure this will be arranged.” One person told us, “Staff understand their role and are very experienced.”

Staff told us that they were supported in their roles by face to face supervision meetings and checks that take place in

a person’s home [spot checks]. One staff member said, “I talk with [registered manager] every Friday.” Another staff member said, “I get supervision but not regularly, but I also get spot checks.” One relative said, “They look after the staff and are very professional. They supervise the carers [staff] and do spot checks.” The registered manager said that staff yearly appraisals had been put in the diary but none had yet taken place.

People were able to communicate verbally and express their views. Where other languages were spoken by people the registered manager had provided staff who spoke that language. A relative told us that communication was very important and that by speaking the same language had made their family member feel more comfortable.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed. Staff had some understanding of the MCA and were able to explain about people’s rights and decisions. One member of staff said, “People are able to tell us about the care they want and make their own decisions.” The registered manager said all staff would receive training on MCA and DoLS through the local authority and this would be completed as soon as possible. There was evidence that several courses had been cancelled by the local authority and future dates had been provided to Lincolns Care Ltd.

People’s health and wellbeing were monitored by staff. Care records showed that staff had taken appropriate steps if they had any concerns and liaised with other health professionals. For example there was evidence that staff had informed the office staff of concerns over one person’s mobility. As a result an occupational therapist visited the person and showed staff how to use new equipment safely.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, “I’m very happy with those [staff] who come. I’d let you know if I wasn’t.” Another person said, “[Member of staff] is super. She has a special way of letting you stretch yourself but is always there to support you. She enables me and enhances my independence.” A relative told us, “We [family] are very happy with Lincolns Care [Ltd]. The staff do a superb job.”

People and their relatives said that they had talked to staff about the information used to create their care plans and they had made decisions about the care that they wanted from the staff. People had been asked about a number of choices such as if they wished to be cared for by a male or female staff member, language preference, smoker or non-smoker and uniform or no uniform. People and their relatives told us that they had been asked about the choices and where any specific requests had been made the appropriate staff had been provided.

People and their relatives told us that they had a good relationship with the staff who provided their care. One

person told us, “I have always been introduced to any new carer [staff]. I know who is coming and they [Lincolns Care Ltd] never just phone to say a new carer is coming. They always introduce them, we meet and they make sure I’m happy with the carer [staff].” A relative said, “The staff often stay over the time [allotted] and are very flexible.”

People told us they felt the staff treated them with respect. One person said, “They [staff] treat me with respect, they treat me like a friend.” All staff were able to tell us how they respected people’s privacy and dignity. One staff member said, “I listen to what people want and ensure their dignity when helping them to wash by keeping the door shut and covering them.”

People told us they were able to speak for themselves, but if they needed to they all had relatives who would help them. The registered manager said there was information available if anyone needed an independent advocate.

People would be supported at the end of their life. There was information about end of life care for people and a form that was in the process of being completed in their homes so that staff had the necessary awareness of people’s decisions.

Is the service responsive?

Our findings

People or their relatives told us they were involved in their plans of care through discussions with the registered manager of Lincolns Care Ltd, and there was evidence in the care records to confirm this. One person said, “[Name of registered manager] came out to write the care plan. There have been reviews and it is a collaborative approach with anyone who is involved in my care. The reviews are regular and [name of registered manager] is very hot on that.” A relative told us that the care plan for their family member had been discussed and updated when they came out of hospital. We found that care plans contained good detailed and personalised information and staff were clear about the care they provided to people.

Staff told us they had the most up to date information about a person’s health and wellbeing because any changes were sent to staff before the next visit. This was done through phone calls or texts from the registered manager or deputy. One member of staff confirmed, “The managers’ report any changes about people’s health or if

they go into hospital. They will always call or text and talk to you about it.” One person told us, “There are lots of changes [in their care plan] and each time new information is made available to staff.”

People and their relatives told us they felt the service provided by Lincolns Care Ltd was flexible and responded to their changing needs and support. One relative said, “The agency has been very flexible. My [family member] changes the times, it’s set up then [family member] changes again. The staff do what is comfortable for [family member]. ”

People told us that they knew how to make a complaint or raise any concerns and were confident that any issues they raised would be dealt with. People told us they had no concerns and were aware of the complaints procedure. One person said, “I phoned once when no-one [carer] turned up. They got someone very quickly.” Another person said, “I have not made a complaint, but a concern I raised was immediately dealt with to my satisfaction.” No complaints had been received in the last 12 months.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection who was supported by a deputy manager and care staff. People and their relatives knew the name of the registered manager and deputy manager. One person said, “I know [names of registered manager and deputy manager], it’s like talking to good friends.” People and their relatives said they felt comfortable with the staff that worked with them regularly, one person saying, “It’s more like family”. One member of staff said, “We [staff] are friendly and kind. We are here to work for the people [we care for] and I enjoy looking after them.”

Staff and people said the management was open and transparent and staff were aware of their roles and responsibilities. One member of staff said, “Any problem and you ring [registered manager] and she will find the time to talk to you.” Another staff member said, “You can come into the office at any time. [Name of registered manager] is always there when I need her.” People and staff were aware that there was an out of hours system available so that they could respond with urgent concerns. One member of staff said, “After 5:00pm there is the out of hours [telephone contact] and whether it’s [name of registered manager and deputy manager] they always answer immediately.”

The registered manager and deputy manager checked the quality of the service provided so that people could be confident their needs would be met. However, where shortfalls had been found, action to bring about improvement had not always been taken or recorded. For example, in audits of the daily notes and MAR charts, some errors and recording issues had not been noticed until pointed out by the inspector. Such as a cream applied for a person with only the name of the cream but no other details such as where the cream should be applied or how frequently. This meant the errors and issues had not been followed up or used to improve the service. The registered manager said she would complete a check of daily notes and MAR charts immediately to ensure any errors or issues were addressed with staff.

Staff said there had not been any staff meetings and the registered manager confirmed that. However the staff stated that they phoned or went in to the office to speak with the registered manager whenever they needed to and she always made time to talk with them. Staff said there had never been an occasion when they had not felt supported and that information that would normally be given during a team meeting was discussed individually. The registered manager said that staff meetings would be arranged but there were only four staff and individual time was given to ensure they were well supported.

Although systems were in place to monitor and review the safety and quality of people’s care and support, people told us the last survey about the service was in 2013 or 2014, and the registered manager confirmed this. People told us that they would inform the registered manager about any positive or negative areas about the service, as they had regular contact with her. One relative said, “The managers phone up and keep in touch.” One person said, “I feel as if I have dibs in [I am part of] what goes on [within Lincolns Care Ltd].” The registered manager stated that the 2015 survey would be sent by 25 September 2015.

Staff were clear about the values held by the service that ensured people were supported to be as independent as possible. One staff member said, “We are really centred around the person. There are no targets and it’s [Lincolns Care Ltd] not out to make money.” One person said, “This is a very person focussed service. You are matched with carers [staff] and [name of registered manager] comes and introduces each of them.”

Staff were aware of the whistleblowing policy and about the importance of reporting any poor practice. They had the necessary phone numbers and one staff member said, “I know about whistleblowing, it’s when staff do something [poor practice] and I’d go straight to [name of registered manager].”