

Frewco Services Limited

Community Life Choices Head Office

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

This inspection visit took place on 01 March 2018 and was announced. The provider was given 48 hours' notice because the service delivered domiciliary care to people who lived in their own homes. We needed to be sure staff in the office and people the service supported would be available to speak to us. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. For example it provides a service to older people, people with physical disabilities and people with mental health needs. At the time of our inspection there were 17 people receiving a service from the agency.

At the last inspection in June 2016 we asked the provider to take action to make improvements because breaches of legal requirements were found. The provider had failed to ensure there were effective systems in place to monitor the safety and quality of all aspects of the service.

At this inspection visit carried out on 01 March 2018 we have rated the service Good.

During this inspection we found the management team had addressed the issues and had implemented systems to ensure people were safe. For instance we looked at how the service protected people from avoidable harm. We found risk assessments were now more robust and completed as part of people's care plans.

During this inspection, we found the management team completed a range of quality audits including improvement of auditing medication processes. These were now taking place monthly. Any issues found on audits were quickly acted upon and any lessons learnt to be implemented to keep people safe.

A new system was now in place for the administration and recording of medicines. Staff we spoke with told us it was much better and more accurate. One staff member said, "It is a really good system much more accurate with little chance of mistakes."

We looked at care records of two people we visited in their home. Care records had been improved and were now informative and organised so staff could identify what support and tasks were required for the person.

People who used the service and their relatives/carers told us staff were caring and kind towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The management team deployed sufficient staffing levels to provide support people required in their own homes. There was evidence by talking with people who used the service and relatives they found staff showed concern for people's wellbeing. They responded quickly when people required their help.

The service had systems in place to record safeguarding concerns, accidents and incidents and took necessary action as required. Staff had received safeguarding training and understood their responsibilities

to report unsafe care or abusive practices.

We found there was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff worked alongside experienced staff members and shadowed them to ensure they understood their role in people's homes.

The management team planned visits to allow staff members enough time to reach people and complete all allocated tasks safely.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Where appropriate in people's care plans, meals and drinks were prepared for them. Staff had received food and hygiene training to ensure they were confident when preparing meals in people's homes.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People supported by the agency told us staff and the management team who visited them were polite, reliable and professional in their approach to their work.

People who used the service and their relatives knew how to raise a complaint and who to speak with. The management team had kept a record of complaints received and these had been responded to in a timely manner.

The service used a variety of methods to assess and monitor the quality of the service. These included staff meetings, spot checks in people's homes, quality assurance visits, satisfaction surveys and care plan reviews.

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 ●

We found action had been taken to improve the safety of the service.

Arrangements for managing people's medicines had continued to improve to ensure people were protected against the risks of unsafe medicines practice.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents.

Is the service effective?

Good ●

We found action had been taken to improve the effectiveness of the service.

Arrangements for consent for people receiving care was now documented by the person who received a service or an appropriate representative.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments if required. They liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

We found action had been taken to improve the standard of care.

People who used the service told us they were treated with kindness and respect by staff at the service.

Care and support had been provided in accordance with people's needs and wishes.

People confirmed they were involved in their care planning, which was evidenced in care records.

People's care plans reflected their personal wishes and any support they required to express their choices and decisions.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

We found action had been taken to improve the responsiveness of the agency.

Care plans had improved and outlined people's care and support needs.

The registered manager had a system to ensure people's records were updated both at the office and in their own homes.

The management team had a system to check and manage people's complaints and concerns.

Is the service well-led?

Good ●

We found action had been taken to improve the leadership of the service.

Systems for monitoring the quality and safety of the service provided had significantly improved.

The management team consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were now in place to monitor the health, safety and welfare of people.

The views of people who used the service were sought in a

variety of ways.

Community Life Choices Head Office

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 service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service for people living with dementia, mental health and older people. In addition they support people who have a physical disability and younger adults.

We gave the service 48 hours' notice of the inspection visit to ensure we had access to the office base and because we needed to be sure that they would be in.

The inspection team on the day consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection site visit was on 01 March 2018. It included an on-site office visit. We visited two people in their home who received a service, telephone interviews with people who used the agency and relatives. We visited the office location on 01 March 2018 to see the management team and to look at care records of people.

Prior to this inspection, as part of our planning, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events.

We received information from the local authority about the care people received. This helped us to gain a

balanced overview of what people experienced when accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and eight carers/relatives of people. We also spoke with the registered manager, manager, senior carer and five support workers. We looked at the care records of two people who used the service and training and recruitment records of two staff members.

In addition we looked at records related to the management of the service and medication records. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead the agency in ongoing improvements. We also looked at staffing levels focusing on how staff provided care within a geographical area.

Is the service safe?

Our findings

At the last inspection in June 2016 we found risk assessments were not always translated into care plans of people. This meant people were at risk of injury through inappropriate moving and handling techniques and were not safe. In addition we found changes to people's medication were not clearly recorded. Also systems to audit medication and check administration of medicines were safe, were not in place.

These findings demonstrated breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the management team had addressed the issues and had implemented systems to ensure people were safe. For instance we looked at how the service protected people from avoidable harm. We found risk assessments were now completed as part of people's care plans. For example personal care risk to people who had mobility problems. We saw a number of good examples within documentation. Information was clear and concise with in depth information to guide staff when moving and handling people. Information was clear how many staff were required and how to support the person so they could provide the care the person required safely. One staff member said, "Information in care risk assessments are now clear so people are handled safely."

Environmental risk assessments were in place, which covered areas such as fire awareness, lighting and entrances to people's homes. Records showed they had risk assessments annually completed. Any actions needed to reduce the possibility of such hazards were headed, 'Safe systems of work'. Other risk assessments were in place relating to cross infection, medication administration and domestic tasks.

Medication administration was an important aspect of each person's treatment at Community Life Choices. A new medication audit system was now in place and staff we spoke with told us it was much better and more accurate. One staff member showed us the system which was completed by hand held terminals whilst with the person receiving their medication. One staff member said, "It is a really good system much more accurate with little chance of mistakes." This system detailed, personalised information to guide staff about safe management of each person's medication requirements. This included when changes occurred to their medicines.

Associated recordkeeping followed the National Institute for Health and Care Excellence guidelines. For example, we saw there were no gaps in documentation. We noted the management team provided staff with relevant medication training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people with their medicines. One person being supported by the agency said, "Yes I have so many I can't manage them on my own. They're in blister packs so the carers know what they are doing."

We asked people who received a service from Community Life Choices if they felt safe in the care of staff who visited them. Comments were positive and included, "Oh yes, definitely. They always send two carers and we have to use the hoist now, the girls have been ordered to use it because before that they helped me by

manual handling." Also, "Yes I do [relative] is safe and I'm happy with this company, no problems."

The management team had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. This was confirmed by staff we spoke with. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the service did not respond to concerns they had raised with them.

We looked at how accidents and incidents were managed by the service. One of the management team told us any incidents that occurred were addressed and they monitored for trends and patterns when visiting people in their own home. We saw evidence of this in accidents that had happened and action taken to reduce the risk of further incidents. They told us they analyse any incidents and learnt lessons to ensure people were kept safe.

Staff had received infection control training and were provided with appropriate personal protective clothing such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care. People supported confirmed staff wore gloves and aprons when delivering their personal care. Comments included, "They always wear gloves and aprons." Also, "The carers wear gloves when giving personal care."

We looked at two staff files and found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The management team monitored and regularly assessed staffing levels to ensure people in their homes were supported at specific times according to their care plan. We looked at recruitment processes the service had in place. Checks were in place that were required. They included information about any criminal convictions recorded, an application form that required a full employment history and references.

Staff members we spoke with told us now they were allocated sufficient time to visit people and undertake their duties. One staff member said, "It is a lot better now we are busy but the new manager understands the pressure at times." One relative we visited said, "They are brilliant sometimes stay over the time they should if there is an issue." Staff told us at times the management team completed unannounced visits to ensure they were delivering appropriate support at the correct times allocated. In addition people who used the service told us the management team were constantly calling to check the service was reliable. For example one person said, "Now and again the manager of the carers pops in without them knowing to make sure everything's all right. They must be quite strict I think."

Is the service effective?

Our findings

People received effective care because they were supported by a trained staff team who had a good understanding of their needs. We were able to confirm this by training records we looked at and comments from staff and people who used the service. People who used Community Life Choices told us staff understood their needs and said they were content and confident with the care and support they received from staff. One person said, "Yes, they're well trained. I have no grumbles at all." Also, "Yes some of the carers are absolutely exceptional and they go over and above. They're fantastic at getting [relative] into the shower. Other carers do everything on the list. Overall, a very good service."

We spoke with staff members, looked at individual training records and the training matrix. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. Staff commented, "Training is excellent the best company I have worked for in terms of supporting staff with training."

People supported by the service had received a full assessment of their needs before carers commenced their visits. This ensured the service had information about the support needs of people and they were able to confirm these could be met. Following the assessment the service, in consultation with the person to be supported or family member had produced a plan of care for staff to follow. One person said, "I think you have to get involved yourself, and make suggestions. The carers are very good."

Care records of people who received a service from the agency contained evidence consent to care had been obtained. Each area of their support planning evidenced agreement to how they wished to be assisted and support provided.

People who used Community Life Choices relied on the service to provide meals for them and the agency ensured staff had received appropriate food and hygiene training. People who said they had food prepared for them told us staff were competent in the kitchen and enjoyed prepared meals for them. For example one person said, "They are good and prepare the food I like anyway."

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. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff now received regular supervision that consisted of quarterly one to one meetings with one of the management team. They also had annual appraisals that commented on their personal development and training needs. These were one to one meetings held on a formal basis. Staff spoken with confirmed these

meetings were now in place. They told us they felt supported by the management team and senior staff. One staff member said, "Supervision now takes place and I find it very useful."

Community Life Choices had a 24 hour on call service to manage support delivered for people and to make sure effective communication was available all the time should issues arise. A relative said, "They are now contactable at any time."

Staff at the service supported people with their healthcare needs. They were discussed as part of the planning of support people required. We found people's care records included contact details of their General Practitioner (GP) or other health professionals they required contact details of. Support was updated and times altered if a person's health needs changed. One relative said, "They even ring the GP for me and order bed-sore meds or other things, then tell me what they've done. They really stepped up to the mark when things started going wrong with [relatives] health."

Is the service caring?

Our findings

People supported by the agency told us they were treated with kindness, respect and sensitivity. For instance comments from people who used the service and their carers/relatives included, "They are all so kind and ensure our privacy is respected. They are lovely people everyone who works for them." Also, "They are all lovely, very kind and like friends in a way."

Care records we checked were personalised and contained information about the person's likes and dislikes. In addition the management team had a matching process for staff to people who used the service where possible. This meant staff with particular interests would support people who had the same interest so that they could develop relationships. This was confirmed by staff and relatives of people who used the agency. One relative said, "My [relative] likes reading and they get on like a house on fire and discuss books."

People who used Community Life Choices and their relatives told us they were involved in their care and consented to their care packages. We saw agreement had been reached about how support was to be provided and how they would like this delivered. This was evidenced in care plans. Comments from people who received a service included, "They're very considerate and helpful with [relative]." Also, "We signed consent to what support we required with the agency."

We looked at how people were supported to maintain their independence. The management team completed environmental risk assessments to ensure people's homes were suitable to meet their needs.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. People supported by Community Life Choices were aware of their cultural and religious choices. For example a document in people's care plan requested information about any cultural or religious needs. This should be taken into account during the visit of staff to support them.

People we visited in their own homes told us staff were sensitive and treated them with dignity. For example comments included, "They're very considerate and helpful with [relative]." Also, "[Carers names] very friendly and chatty."

We spoke with the registered manager and manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People who used the agency told us they received support that was personalised to their needs and met their requirements. For example a relative of a person who used the service said, "They know how my [relative] functions and make their life better by providing the care she needs." Also we received positive responses, where this was relevant regarding personal care. This was in that everybody expressed complete trust in staff to treat their information as confidential and personalised to themselves.

Staff told us they had regular visits by the same staff as much as possible so they were able to form relationships with people and get to know them better. One staff member said, "We do now try and stick to the same carers where we can." A relative/carer said, "We have a lot of visits however they provide the same staff as much as possible."

We looked at care records of two people we visited in their home. Care records had been improved and were now informative and organised so that staff could identify what support and tasks were required for the person. We found they were updated on a regular basis and involved people who used the service. One person said, "Yes [relative] was involved in reviews." Copies of care records were available in the office. Staff we spoke with told us they found the care plans easy to follow and informative about people's support needs.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the assessment procedures identified information about whether the person had communication needs so they could access information independently. We confirmed this by talking with a relative/carer who said, "Staff are very friendly and chatty. They use smiles and facial expressions to communicate and call them [family name for the relative]. They try to make [relative] happy."

People supported by the service told us they found office staff were responsive in changing times of their visits when required. A relative told us they were quick to respond if they needed an extra visit because of holidays or if the person was not well and required extra support. However two people we spoke with told us office staff had changed times without letting them know. We spoke with the management team about this and they assured us this was now not happening and would ensure people were communicated with when times required changing.

We asked staff and the management team about supporting people with outside events or activities. They informed us staff regularly supported people to maintain contact with friends and outside activities that maintained people's independence.

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed in the office at Community Life Choices. People we spoke with were aware of the process to follow. People said they could contact the office if they needed to raise any concerns. People told us about complaints they had

made regarding a range of issues around timetables, but were happy that this had more recently been addressed to their satisfaction. People who used the service said they felt the new manager had matters in hand. One person confirmed to us, "It is such a better service now with a good senior management team who keeps in touch."

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided, should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to make sure any issues were looked into and outcomes reached.

We spoke about end of life care and how people were supported sensitively during their final weeks and days with the registered manager. They told us they would liaise with other healthcare agencies that were directly involved in the situation to provide appropriate support and care. As part of staff training programmes information training was provided on dying, death and bereavement. The management team also spoke with staff about caring for people who needed end of life support to see if they had the skills and abilities to provide appropriate support. This showed the agency guided staff on how to care and respect people's end of life decisions and recognised the importance of providing end of life support.

Is the service well-led?

Our findings

At our last inspection in June 2016, we found the provider had failed to ensure thorough auditing systems, in particular medicine audits, were in place to keep people safe and improve the service.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

During this inspection, we found the management team completed a range of quality audits including improvement of auditing medication processes. These were now taking place monthly. Any issues found on audits were quickly acted upon. For instance the January 2018 medication audit highlighted to the management team some medication records were not completed fully. They made contact with the staff member responsible and provided further instruction and training to reduce the risk of mistakes happening again. Other audits included, care records, and health and safety. One of the management team said, "We now have a thorough system in place and undertake monthly audits to identify and look into any issues and it has improved the service."

People we visited in their homes all told us the management team were supportive and always calling in to see them. One person said, "The new manager is on the ball and so lovely. She contacts me weekly and pops around to see us. Any issues and we only have to call." A relative said, "I now know who to speak with if I have an issue. The new manager has been terrific."

We found the service now had clear lines of responsibility and accountability with a structured management team in place. This was confirmed by staff we spoke with, one said, "It is so much better now staff morale is high and we now work well as a team. That is down to [manager]."

The management team were experienced, knowledgeable and familiar with the needs of people they supported. A staff member said, "It is thankfully a lot better since the new manager took over and new systems to support staff are now better."

Staff told us the agency was well led, suitably managed and organised. They told us the management team were always around supporting them. One staff member said, "[Manager] has been fantastic. I have needed some extra time for personal issues and she has been so supportive."

To ensure staff were more reliable and provide the management team with information to ensure the service delivery was good they had a new electronic logging in system. This meant staff would 'scan' themselves in and out of people's homes when starting and ending visits. This would enable the management team to monitor reliability and identify any themes regarding the service and staff issues. We spoke with staff about the system and all were in favour of it. One staff member said, "It is so much better and more reliable."

Staff meetings were held to involve and consult staff in improving the service, such as office and care staff.

One staff member said, "We never had these before and I feel they are so useful and help keep everybody on their toes and provide an input to the service." Staff told us the team worked well together and regularly discussed how to improve the service for people who used Community Life Choices.

Surveys were now in place and would be carried out on a regular basis for people who received a service and relatives/carers. Any negative comments were analysed by the management team and acted upon. Two returned so far this year were positive and one person who used the agency wrote, 'Support staff do a fantastic job we could not do without them.'

The management team had systems and procedures in place to monitor and assess the quality of their service. For example the management team carried out spot checks whilst support staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Care, medication and financial records were also monitored during the visits.

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, healthcare professionals including social workers.