

Lincolnshire Home Care Limited

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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 was our first inspection of the service since it was registered by us on 21 September 2015. The inspection was announced and it was completed on 30 June 2017 and 7 July 2017.

Lincolnshire Home Care is registered to provide care for people in their own homes. The service can provide care both for younger adults and for older people. It can also provide assistance for people who live with dementia, who have a physical disability and/or who have a learning disability. At the time of our inspection the service was providing care for 40 people, nearly all of whom were older people. The service had its office in Spalding. It mainly covered Spalding, Moutlon and Holbeach. However, it also extended to Skegness and the surrounding area for people who were receiving palliative care at the end of their lives.

The service was operated by a company. The director of the company was also the registered manager. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

The registered manager and care staff knew how to keep people safe from situations in which they might experience abuse and people had been supported to avoid preventable accidents. Medicines were managed safely and people had been helped to obtain all of the healthcare they needed. There were enough care staff to complete planned visits in the right way. However, background checks for new care staff had not always been completed correctly.

Although care staff had not received all of the training the registered persons said they needed, in practice they knew how to care for people in the right way. This included supporting people to eat and drink enough.

CQC is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered persons and care staff had received training in this subject and they helped people to make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the Mental Capacity Act 2005 and codes of practice were followed. This helped to protect people's rights by ensuring decisions were made that were in their best interests.

People were treated with kindness and compassion. Care staff recognised people's right to privacy and promoted their dignity. There were arrangements in place to assist people to access independent lay advocates and confidential information was kept private.

People had been consulted about the care they wanted and they had been given all of the assistance they needed. This included people who lived with dementia and who needed extra support. Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

This included choosing which interests they wished to pursue and how they wished to meet their spiritual needs. There were arrangements to quickly and fairly resolve complaints.

People had been consulted about the development of the service and quality checks had been completed. Good team working was fully promoted and care staff were supported to speak out if they had any concerns about poor practice.

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.

Care staff knew how to protect people from abuse and people had been helped to stay safe by avoiding accidents.

People were assisted to manage their medicines safely.

There were enough care staff to complete planned visits in the right way.

Background checks for new care staff had not always been completed correctly.

Is the service effective?

Good ●

The service was effective.

Although care staff had not received all of the training the registered persons said they needed, in practice they knew how to care for people in the right way.

People had been helped to eat and drink enough and care staff had assisted them to obtain any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good ●

The service was caring.

People said that care staff were kind and considerate.

Care staff recognised people's right to privacy and promoted their dignity.

There were arrangements to help people access independent lay

advocates.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been regularly consulted about the care they wanted to receive.

Care staff had provided people with all the care they needed including people who lived with dementia.

Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

There were arrangements to quickly and fairly resolve complaints.

Is the service well-led?

Good ●

The service was well-led.

People had been consulted about the development of the service.

Quality checks had been completed to ensure that the service ran in the right way.

Good team working had been promoted and care staff had been encouraged to speak out if they had any concerns.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were 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.

Before our inspection visit we reviewed information we held about the service. This included the Provider Information Return (PIR). This is a form the registered persons had completed to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed other information we held about the service such as notifications. These refer to events that happened in the service which the registered persons are required to tell us about. In addition, we invited feedback from the local authority who contributed to the cost of some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We spoke by telephone with five people who used the service and with three of their relatives. We did this to obtain their views about how well the service was meeting people's needs. We also spoke by telephone with five care staff so that they could tell us about their experience of working in the service. In addition, on 30 June 2017 we visited two people who used the service in their homes so that we could see first-hand how well the service was delivering care.

We visited the administrative office of the service on 7 July 2017 and the inspection team consisted of a single inspector. The inspection was announced. The registered manager was given a short period of notice because they were sometimes out of the office supporting care staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with a care worker, two care coordinators, the service manager and the registered manager. In addition, we examined records relating to how the service was run including visit

times, staffing arrangements, recruitment, training and quality assurance.

Is the service safe?

Our findings

People said that they felt safe when in the company of staff. One of them remarked, "The staff are fine I have no problem with them at all." Relatives were also reassured that their family members were safe. One of them said, "They definitely know how to choose the right staff as they're all the kind sort of people who you'd want to have in your home."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that the registered manager and care staff knew how to recognise and report abuse. This was important so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. Records showed that the registered manager had acted promptly to keep someone safe after concerns had been raised that they may be subject to financial abuse from someone not connected with the service.

We found that people had been protected from the risk of financial mistreatment. We saw that people had been given a written account of how much they would have to pay for the service. In addition, records showed that people had been correctly charged for the visits they had received.

Records showed that the registered manager and care staff had identified possible risks to the health and safety of each person who used the service. As necessary, they had then taken action in consultation with health and social care professionals to promote people's wellbeing. An example of this involved staff liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls. This had enabled people to benefit from having suitable hoists and walking frames. In addition, we noted that the registered manager recognised the importance of investigating any accident or near miss that occurred. This was so that steps could quickly be taken to help prevent the same thing from happening again. A relative commented on this matter saying, "The staff do go above and beyond and they let me know if there's a problem that needs to be sorted out, such as something that needs to be repaired in my family member's home."

People said and records confirmed that care staff had provided them with the assistance they needed to use their medicines at the right time and in the right way. They also said that care staff helped them to make sure that they always had enough medicines to hand so that they did not run out. Relatives were also reassured about this matter with one of them remarking, "I find it very reassuring to know that my family member is being helped with their medication otherwise it would probably get in a muddle."

We found that there were enough care staff to reliably complete all of the visits that had been planned. Records showed that planned visits were consistently being completed at the right time and they had lasted for the correct amount of time. This helped to reassure people that their care was going to be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The time keeping in general is very good and they have things well organised. If very occasionally they're

running late I'll get a telephone call to tell me."

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to both people the registered persons had not obtained a suitably detailed account of their employment history. This had reduced their ability to determine what background checks they needed to make. In addition, in relation to one person one of the checks the registered persons considered to be necessary had not been completed. These shortfalls had limited the registered persons' ability to assure the persons' previous good conduct and to confirm that they were suitable people to be employed in the service.

However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff since they had been appointed. Furthermore, the registered manager told us that the missing checks for the two members of staff concerned would quickly be completed. They also assured us that the service's recruitment procedure would immediately be strengthened to ensure that in future all of the necessary checks would be completed in the right way.

Is the service effective?

Our findings

People told us they were confident that the care staff knew how to provide them with the assistance they needed and wanted to receive. Speaking about this a person commented, "I know the staff who call to see me really well and we've worked out our own routine of how we do things. It suits me and I'm happy with it." Another person remarked, "The staff completely know what they're doing and my carer came to meet me before the visits started which I thought was a very nice touch."

Care staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The registered manager said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff regularly met the registered person to review their work and plan for their professional development.

However, records showed that care staff had not received all of the refresher training that the registered persons considered they needed to ensure that their knowledge and skills were up to date. These subjects included how to safely assist people who experienced reduced mobility, providing basic first aid, and ensuring good standards of hygiene to reduce the risk of people acquiring avoidable infections.

Nevertheless, we found that in practice care staff knew how to care for people in the right way. An example of this was care staff knowing how to correctly assist people who experienced reduced mobility or who needed support in order to promote their continence. Another example was care staff having the knowledge and skills they needed to help people keep their skin healthy. They were aware of how to identify if someone was developing sore skin. We also noted that care staff understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing. We also found that care staff knew how to provide basic first aid and they understood the importance of following good hygiene practices. In addition, the registered manager told us and documents confirmed that arrangements had been made for all care staff to receive refresher training in key subjects during the course of 2017.

We noted that people had been provided with the help they needed to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. For other people staff were preparing and serving food so that they could enjoy having a hot meal. Relatives valued this part of the assistance their family members received. One of them said, "I know that the care staff help my family member with their meals and they leave them a snack and a drink for when they are not there to carry them through to the next call."

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered persons and care staff were following the Mental Capacity Act 2005 in

that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave us some practical examples of this in action. They described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor. Another example, involved the way that care staff had gently reminded people about the importance of making sure that their homes were kept secure.

Records showed that on a number of occasions when people lacked mental capacity the registered person had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this was the registered manager liaising with a person's relative and doctor after care staff had become concerned that a person could no longer safely live in their home even with the assistance they were receiving. We saw that this had enabled careful consideration to be given about how best to support the person concerned including the medicines they were using.

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. An example of this was care staff consulting with relatives so that people were supported to attend hospital appointments.

Is the service caring?

Our findings

All of the people who used the service with whom we spoke were very positive about the quality of care they received. One of them said, "I absolutely look forward to seeing my care worker and simply can't speak too highly of the service." Relatives were also complimentary with one of them remarking, "The staff have been very good with family member. I can tell from how they speak about them that my family member sees the staff as friends more than employees."

People said they were treated with respect and with kindness. An example of this was a person saying, "My carer thinks nothing of doing little extras for me. For example, they'll do me bit of shopping in their own time." Another example was a person who told us, "The staff are very kind and they're not clock watching and will spend extra time with me if I need it."

We found that care staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative spoke with us about this and remarked, "I pretty much know all of the care staff who call to see my family member and we know what each other's doing so we're not getting in each other's way."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the registered persons had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that care staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed care staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. In addition, there were arrangements for care staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person needed assistance and could not open their front door.

Care staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that care staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was care staff saying that they never used social media applications for these conversations. This was because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. We also noted that the

service's computer system was password protected and so could only be accessed by authorised staff. In addition, we saw that paper records were stored neatly in subdivided files that were kept securely when not in use.

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to regularly meet with the service manager to ensure that the service continued to meet their needs and wishes. A person summarised this arrangement saying, "When I first started with Lincolnshire Home Care one of the senior ladies came to see me and we talked about the care I needed and things like what times I wanted my visits to be." Another person commented, "I see the senior staff quite often as they sometimes do my visits and so they know what's going on with my care."

People said that care staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person commented about this saying, "The care staff are great and quite literally I couldn't and wouldn't want to try manage without them." We examined records of the tasks care staff had completed during a number of recent visits. We found that the people concerned had been given all the practical assistance they had agreed to receive as was described in their care plans.

The registered manager said that as far as possible each person received their care from the same member of staff or from a small team of care staff. This was so that people could be relaxed in the company of care staff who they knew them well. Several people commented on this aspect of the service. One of them said, "I definitely want to know who'll be calling and nearly all of my visits are completed by one of two staff. Occasionally it's been someone different but usually I know them too."

Care staff were confident that they could support people who lived with dementia and had special communication needs. This included care staff knowing how to effectively support people if they became distressed. A member of staff illustrated this by describing how they reassured a person by sitting quietly with them and chatting about everyday subjects such as their respective families and favourite television programmes.

Care staff understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example of this was the registered manager consulting with people about the gender of the members of staff who assisted them. Another example was a person who was supported to meet their spiritual needs by attending a religious service. In addition, we noted that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

We noted that care staff had supported people to pursue their interests and hobbies. An example of this involved a person being supported to enjoy attending a local day centre. We also found that care staff helpfully re-arranged the times of visits so that people could attend events such as hospital appointments and family gatherings. A relative commented about this saying, "The service is very flexible and they'll do what they can to change visit times and do so at short notice if for example my family member has to go for a hospital appointment."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered person aimed to address any issues brought to their attention. Records showed that in the 12 months preceding our inspection the registered persons had received one written complaint. We saw that this complaint had been quickly investigated and fairly resolved.

Is the service well-led?

Our findings

People and their relatives told us that they considered the service to be well managed. A person commented about this saying, "I'm sure that the service is very well run. The staff are well organised and they arrive on time. They always look smart in their uniforms and if you telephone the office someone always answers." Relatives were also reassured about this matter. One of them remarked, "It is a small service and that makes it more personal. If I speak with the owner they know exactly what's going on with my family member's care and that's very reassuring."

People and their relatives had been consulted about the development of the service. Records showed that this included them being invited to give feedback by completing a satisfaction survey. We saw that in the most recent surveys people had consistently given the service a high approval rating. We also noted that the registered person had taken action to implement any improvements that had been suggested. An example of this was the time of a person's morning visit being made a little earlier so that it was more convenient for them.

Records also showed that the registered persons completed a number of quality checks. These were done to ensure that the service was running in the right way to reliably provide people with the assistance they needed. The checks included the registered manager regularly examining the electronic and written records that were created on each occasion when care staff completed a visit. This enabled the registered persons to check that visits were being completed on time and that they lasted for the right amount of time. They also involved making sure that each person had been provided with all of the care they had agreed to receive. In addition, records showed that the service manager regularly completed unannounced 'spot checks' to make sure that in practice care was being provided in the right way.

There were policies and procedures in place to develop good team working practices so that people consistently received safe care. There was always a senior member of staff who could be contacted by care staff if they needed advice. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way.

Care staff told us that there was an open, relaxed and friendly approach to running the service. They also said that they could speak to the registered manager or to the service manager if they were to have any concerns about the conduct of a colleague. They were confident that robust action would be taken if they raised any concerns about poor practice.