

Locums4Care Ltd

# Locums4Care Ltd

## 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

Locums4Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. Not everyone using Locums4Care Ltd receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This service was registered on 26 May 2017. This was their first inspection.

At the time of this announced comprehensive inspection of 7 June 2018, there were nine people who used the service that received 'personal care'. The provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people and or their relatives where appropriate, to speak with us on the telephone to find out their experience of using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives had developed good relationships with the care workers and the registered manager. People received care that was personalised and responsive to their needs. They expressed their views and care workers listened to what they said and ensured their decisions were acted on.

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

People's care records were accurate and reflected the support provided. Care workers protected people's privacy and dignity.

Systems were in place to minimise the risks to people from abuse, accessing the community and with their mobility and nutrition. Care workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of care workers employed who had the knowledge and skills through supervision and training to meet people's needs.

Where people required assistance with their medicines, safe systems were followed. Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

The service worked in partnership with other agencies. Where care workers had identified concerns in

people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on.

Accidents and incidents were recorded and reviewed regularly to ensure lessons were learnt and reduce reoccurrence. Systems were in place to monitor quality and to drive improvements within the service.

## 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.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of care workers who had been recruited safely to meet people's needs.

People's medicines were managed in a safe way.

Steps were taken to protect people from the risk of infection.

Accidents and incidents were recorded and reviewed regularly.

### Is the service effective?

Good ●

The service was effective.

Care workers received supervision and training to support them to perform their role.

The service worked with other professionals to provide people with a consistent service.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided.

### Is the service caring?

Good ●

The service was caring.

Care workers were kind and considerate, respected people's preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

### Is the service responsive?

Good ●

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager was approachable and had a visible presence in the service.

Care workers were encouraged to professionally develop and understood their roles and responsibilities.

Systems were in place to monitor and improve the quality and safety of the service provided.

The service worked in partnership with other agencies.

# Locums4Care 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 announced comprehensive inspection on 7 June 2018, was carried out by an 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 provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people and or their relatives where appropriate, to speak to us on the telephone about their experience of using the service.

Due to technical problems, the provider was not able to complete a 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. We took this into account when we inspected the service and made the judgements in this report.

Inspection activity started on 7 June and ended 21 June 2018. The inspector visited the office location on 7 June 2018 and spoke with the registered manager. We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 11 and 13 June 2018 with their permission, we carried out telephone interviews and spoke with two people using the service and three relatives.

On 13 June and 20 June 2018, we spoke with three care workers on the telephone and received electronic feedback from two community professionals. We also received feedback from a relative of a person who used the service via Healthwatch Suffolk.

# Is the service safe?

## Our findings

People told us that they felt safe using the service and in the company of their care workers. One person said, "I feel safe in my home with my carers." A relative described how the care workers ensured a person's safety and well-being during moving and handling. They said, "[Person] needs to be hoisted a number of times every day and it's not the nicest thing. The carers make sure that [person is] happy and feeling safe in the sling before they start to move them. Thankfully, we have never had an accident, at least so far, which is reassuring."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training in moving and handling or safe management of medicines to support care workers when learning needs had been identified.

Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, nutrition, accessing the community and risks that may arise in the environment of people's homes. People who were vulnerable because of specific medical conditions such as Parkinson's, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us, and records confirmed, that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. There had been one instance of a missed visit and records showed that action had been taken to address this. The registered manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required. The registered manager also told us that they regularly delivered care to people which helped them to maintain relationships with people and to check care workers were competent.

People and relatives told us that in the main the care workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. Feedback from a relative who had participated in a Healthwatch survey commented, "Mainly the same carer each day at a time to suit [family member]."

However, some people fed back that as the times varied from day to day and there was no rota, it made it difficult to plan around and affected their routines. One person said, "I would really like a rota so I know who should be coming and at what times. It's really not good enough to not know who is going to be looking after me until they've actually walked through the door." A relative commented, "Unfortunately, unlike our previous agency, we don't get any list that tells us who is going to be coming and when. If we are lucky, the carer who comes in the morning will tell us that they will be doing the rest of the day as well, in which case

we then know who will be here. A lot of the time it is different carers and it's just a case of waiting to see who comes through the door." We passed this feedback onto the registered manager who assured us they would address this and advised they would implement a rota system.

There had been several personnel changes amongst the care workers since the service was registered. Feedback received showed that continuity of care and communication had been affected. One person said, "Things have steadied. I know all my carers and get on well with [registered manager] who sometimes does the care or me." A second person commented, "I have two or three main carers. They usually stay for the full amount of time, or thereabouts." A relative told us, "There has been a lot of turnover of staff during the last year."

The registered manager explained that they were aware of the inconsistencies and had taken measures to address this. This included actively recruiting care workers to provide people with a small team of care workers who could provide cover and continuity of care. To improve efficiency, a care coordinator was being recruited to assist them in the office with the scheduling of people's visits.

Systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Gaps in an applicant's employment history had been explored during the interview process. The registered manager explained about the short-listing process used to identify applicants they wished to interview. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working in care. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people.

There were suitable arrangements for the management of medicines. One relative said, "The carers help [family member] with their medication. Working well, no issues." Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. People's records provided guidance to care workers on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines to be administered 'as required' protocols were in place to guide care workers on when to offer these.

Care workers were provided with medicines training. The registered manager carried out competency checks on the staff and audited people's MAR audits to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were readily available to them in the office and they could collect them when needed. "One person said, "They leave a box of gloves here and I just remind them that they need to replenish it when they are running low."

The registered manager had implemented positive changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This included reviewing their pre-assessment processes as well as evaluating existing policies and procedures to ensure they were fit for purpose, bespoke to the service and



less generic. Care workers demonstrated understanding of accident and incident reporting procedures. We saw examples of investigations completed after an incident had occurred by the registered manager and the written responses provided. The investigation findings were shared with the staff team and changes implemented to practice where possible to prevent risk of reoccurrence.

# Is the service effective?

## Our findings

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and these were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

People and relatives confirmed that the care workers had the skills and knowledge to provide them with the care and support they needed. One relative commented positively on the moving and handling arrangements in place, "They couldn't be more caring when they are hoisting and moving my [family member] around the rooms. There is always at least one experienced carer and if there is somebody new, they will always come with an experienced carer who can show and talk them through what is needed." Another relative said, "From what I see they [care workers] seem to have the skills that they need to look after them."

Care workers told us they were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. Additional training to meet people's specific needs was also provided this included: Parkinson's, stroke awareness, fluid and nutrition and catheter care. One care worker said, "I enjoy my job. Training is good. If I need anything, training, support, I just ask [registered manager]." Another care worker said, "We have training and supervision. I feel supported, [registered manager] is available. They do care calls too, so know people well, helps if you have a question or spot a change you can talk it through."

Care workers told us they had completed a thorough induction programme once in post. This included working alongside experienced colleagues, and reading information about people using the service, including how identified risks were safely managed. Records we looked at confirmed this.

The registered manager explained how care workers were encouraged with their career progression. This included being put forward to obtain their Care Certificate, if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications. The Care Certificate is an identified set of 15 standards that sets out the knowledge, skills and behaviours expected of health and social care workers.

Care workers described how they were encouraged to professionally develop through ongoing learning and training opportunities. They were provided with one to one supervision meetings but could also approach the registered manager when needed. Records showed that in these supervision meetings, care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the guidance that they needed to meet people's needs effectively and to identify any further training requirements. The registered manager advised that there had been some missed supervisions due to the changes in personnel

but shared with us their plan to address this which included active recruitment. We saw that care staff were booked in for supervision in the upcoming month.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. A relative told us about the care workers; "They only usually have to worry about doing a microwave meal. They will tell [person] what we've got available in the fridge and then it's up to [person] what they fancy to eat." Another relative commented, "The carers make sure [family member] has something to drink and will leave snacks." Where care staff identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, care staff recorded this in people's care records to guide staff in how risks were reduced.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses and occupational therapists.

Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing.

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. We checked if the service was working within the MCA principles.

Care workers and the registered manager demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks.

People were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. One person said about the care workers, "They always check with me first and ask what I want and need doing." A relative commented, "The carers are very patient and they never rush [family member] to do anything that they don't wish to do." Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service. The registered manager explained how, as part of continual improvement of the service, they were enhancing people's care records to reflect a more person centred/holistic approach. This included providing further information on how people made decisions about their care and how best to support them if they needed any assistance, such as if they had variable capacity or the type of decisions they needed assistance with.

## Is the service caring?

### Our findings

People had developed positive and caring relationships with the care workers who cared for them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "I can sometimes feel quite low in myself and I have to say the carers are very good and when they notice, they will sit and chat with me and make sure they cheer me up before they leave." Another person added, "One of my carer's never minds going out to the shop across the road just to pick up any provisions that we've run out of, which is very considerate of them."

Feedback from relatives about the approach of the care workers was complimentary. One relative commented, "They are extremely good at taking care of [family member]" A second relative commented, "Overall I am pleased with the carers, they do a good job and are kind and gentle with [family member]." Feedback from a relative who had participated in a Healthwatch survey described the care workers as, "Caring and compassionate."

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records. One relative said, "We do talk to [registered manager] about different things and once or twice there has been extra jobs added to the care plan, as and when they were needed."

Relatives told us that the support provided by the care workers helped people to be as independent as possible. One relative commented, "Since my [family member] started being looked after by the carers, their strength has got better and they are now able to walk around the home, albeit rather slowly. This means they don't need so much doing as they did previously. [Registered manager] has now changed the care plan so that it shows the carers the changes." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. They understood why it was important to respect people's dignity, privacy and choices and shared examples of this with us. People's right to privacy and dignity was respected and promoted. People and relatives described how the care workers closed curtains and doors and used towels to cover people's modesty when supporting them with personal care. One person said, "My carer will always make sure the curtains are shut of an evening before they help me get undressed for bed and again the curtains don't get opened in the morning until I am ready and dressed for the day." A relative said the care workers, "They are treated respectfully and spoken to kindly; never heard any shouting or a carer being rude."

## Is the service responsive?

### Our findings

People were provided with care and support which was responsive to their needs. One person told us, "First thing in the morning, if I am not ready to have a wash, then my carer will usually make me a cup of tea so I can just sit and have that with a biscuit before we do everything else."

People and their relatives where agreed, were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were appropriate. One person told us, "Everything that I asked for was included in the care plan and from time to time, if there is anything else that crops up, then I will usually mention it to [registered manager] and they'll look at changing the care plan to make sure that its included." A relative commented, "When we've needed to discuss anything about [family member's] care, we've usually waited until [registered manager] is here as a carer and then we've talked to them about it while they are here looking after [family member]."

People's care records were comprehensive, regularly reviewed and care workers confirmed they reflected people's needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions for care workers for when a person needed assistance and when to encourage their independence. There were also prompts throughout for the care workers to promote and respect people's dignity. The care plans included pre -assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions, communication and mobility needs.

As part of continual improvement, the registered manager was developing people's daily records to make them more individualised and person centred and not just task led. This included further details on people's mood and well-being and, where possible, reflecting the interactions and engagement between people and the care workers. This was a work in progress. The registered manager explained how they were going to include guidance and prompts in the daily records books to aid staff understanding alongside further training in record keeping.

There had been several compliments received about the service within the last 12 months. Themes included 'caring staff approach' and 'families feeling supported' by the service.

People and relatives told us that they knew how to make a complaint and that information about how they could raise complaints had been provided. One person described how if they were not satisfied with the care they would not be afraid to speak up they said, "If I wasn't happy then I would tell [registered manager] not a problem, they do the care as well so easy to get hold of them." A relative described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "No fuss, we asked for a change in one of the carers, no repercussions or awkwardness, that carer doesn't come anymore and the ones that do are fine."

No one at the time of our visit was receiving palliative care. However, care records showed us that the

service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team and palliative care teams. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

## Is the service well-led?

### Our findings

The registered manager was hands on in the service and acted when errors or areas for improvement were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. The registered manager had established an open and inclusive culture. The registered manager and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt the service was well-led and that the registered manager was a visible presence in the service. One care worker said, "They know exactly what is going on, helps they deliver care so know people and their families well. [Registered manager] is approachable and fair; will listen to your opinion. I feel supported and would recommend working here." Another care worker said, "I enjoy working for the company, get on well with the other carers and the manager. Good team spirit."

People and relatives told us the registered manager was available and approachable. One person said, "I see [registered manager] quite often as they come to provide the care so I can talk to them then or pick the phone. No bother." A relative said, "[registered manager] fills in for some of the carers when they are not well, so I can always have a chat with them if I've got a problem or I have their telephone number to ring." Feedback from a relative who had participated in a Healthwatch survey commented, "Well managed and flexible."

Improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. Audits and checks were carried out on all aspects of the service, this included safe management of medicines and care records. The registered manager was implementing a new reporting tool. This monitored and analysed incidents, accidents, complaints, missed and late visits. The reporting of this supported the management team to identify any trends and patterns and to act accordingly to reduce further risks, such as taking disciplinary action where needed in addition the outcomes and actions from the reporting tool fed into a development plan for the service. The registered manager showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. For example, active recruitment, staff training, enhancing people's documentation to be outcome focused, staff supervision, communication both internal and external and engaging in the healthcare community.

People were asked for their views about the service. This included opportunities through regular care review meetings and welfare checks with the registered manager when they visited them in their homes. At the time of our inspection the service had been operating for just over a year and the first quality assurance survey was being carried out. The registered manager explained how they would use people's views and experiences to develop the service further and as well as the results of the surveys, had recently introduced telephone welfare checks.

The registered manager acknowledged that there had been several personnel changes which had impacted the service in terms of continuity of care but the staffing situation had settled. They advised that they were recruiting a care coordinator to provide support in the office and they did not take on extra care packages

unless they had the care workers available. Records showed that they were actively recruiting to support the growth of the business.

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They described how their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service, including in staff meetings. A care worker shared with us, "We talk all the time, have meetings, and discuss what needs to change what is working well." The minutes of these meetings showed that suggestions from care workers, for example, how they supported people, were valued and listened to. The minutes showed that care workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry.

Where relevant the registered manager submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high-quality service.