

Liver Care Ltd

370a Marsh Lane

Inspection report

370a Marsh Lane
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30 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: 370a Marsh Lane is a domiciliary care agency, providing personal care to people in their own homes. The service also provides accommodation and support to people over three properties but they are not in receipt of a regulated activity. This inspection only looked at the support provided to the eight people who received a regulated activity.

People's experience of using this service:

At the last inspection in December 2017, we found the provider to be in breach of Regulation as safe recruitment practices were not always adhered to. At this inspection we found that some improvements had been made, but not all staff files showed that the safe recruitment practices had been followed. The provider was still in breach of Regulation regarding this.

A system of checks on the quality and safety of the service were undertaken by the management team. However, these could be further developed to include practical supervision sessions (spot checks) with staff to ensure they continue to provide a good service to people. The checks in place did not identify all the issues we raised during the inspection, such as those relating to staff recruitment, environmental risk management and recording of consent. We made a recommendation about this in the main body of the report.

Staff were knowledgeable regarding the MCA and told us they always asked for people's consent before providing care. People told us they were happy with the care they received and took part in regular reviews of the care. However, there was no evidence that people had formally consented to the plans of care in place. We made a recommendation regarding this in the main body of the report.

Risks to the environment had not been assessed by the provider. Individual risks to people had been assessed and measures were in place to mitigate those risks. People told us they felt safe when staff were in their home as they knew the staff and had built good relationships with them.

There were sufficient numbers of staff to support people's needs. Although staff were not allocated travel times between the calls on their rotas, calls were allocated in a small geographical area to enable staff to get to people without delays.

When people required support with their medicines, records of administration were maintained and most of these records were completed accurately by staff who had been trained in the safe administration of medicines.

Staff were provided with training to ensure they knew how to manage safeguarding concerns and records showed these were managed well. A system was in place to record any accidents and incidents that occurred in people's homes. Incidents were reviewed for any themes or trends to help prevent recurrence.

Staff were competent, knowledgeable and skilled and carried out their roles effectively. They received regular supervisions and felt supported in their roles. The provider encouraged staff learning and development and several staff were undertaking additional qualifications. The provider worked in partnership with other agencies to continually learn and share best practice.

People using the service told us staff were kind and caring and treated them with respect. Staff spoke about people they supported with warmth and compassion and it was clear that staff knew the people they supported well. People's dignity, privacy and independence was promoted by staff when providing support.

People were involved in regular service reviews, where they could share their views about the support they received and any changes they felt were necessary. The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, their relatives, staff and other stakeholders.

People's individual needs in relation to their care and treatment had been assessed and plans of care developed based on their needs and preferences. Care plans were reviewed regularly and people were involved in these reviews.

Rating at last inspection: The last report was published in December 2017 and the service was rated as requires improvement at that time. We identified breaches of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 19; due to safe recruitment practices and Regulation 20A; due to the provider not displaying their previous rating.

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Enforcement: You can see what action we told the provider to take at the end of the full version of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

370a Marsh Lane

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 checked 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.

Inspection team: The inspection team consisted of one adult social care inspector on all days of the inspection.

Service and service type: 370a Marsh Lane is a domiciliary care agency providing support to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 29 November 2018 and ended on 4 December 2018. It included visits to people's homes, as well as telephone calls to staff and people using the service. We visited the office location on 30 November 2018 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the operations director, care managers and received feedback from four other members of staff. We met with three people who used the service to gather their views, as well as two of their relatives.

We looked at the care files of three people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not consistently safe. There was an increased risk that people could be harmed.

At the last inspection in December 2017, we found the provider to be in breach of Regulation as safe recruitment practices were not always adhered to. At this inspection we looked to see if improvements had been made.

Staffing levels and recruitment

- Safe recruitment processes were not always followed in line with the registered provider's recruitment policy. This meant that not all checks required for people working with vulnerable people had been made.
- ☐ The operations director took immediate action to ensure appropriate DBS checks were in place for all staff.
- This is a continued breach of regulation in relation to safe recruitment.
- ☐ The registered manager told us they were constantly recruiting to enable the service to grow. They only agreed to support people once sufficient numbers of staff were available to provide the required support.
- ☐ Staff were not allocated travel times between the calls on their rotas. This was managed by ensuring staff supported people in close geographical areas to prevent any issues with travel or traffic.
- ☐ People using the service told us that staff usually arrived at the time they expected them. Staff told us they had time to complete the calls on their rota safely.
- ☐ People were regularly supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs safely.

Assessing risk, safety monitoring and management

- ☐ Risks to the environment had not been assessed by the provider. Following the inspection, the management team provided templates of the environmental risk assessments they would implement straight away.
- ☐ Individual risks to people had been assessed and measures were in place to mitigate those risks. Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm.
- ☐ People told us they felt safe when staff were in their home as they knew the staff and had built good relationships with them.
- ☐ When equipment was used, records showed checks were made to ensure it remained safe.
- ☐ Information regarding people using the service, such as access codes to their homes, were kept confidential to help ensure people's safety.
- ☐ People using the service had contact details for the office and told us they could make contact at any

time.

Using medicines safely

- ☐ When people required support with their medicines, records of administration were maintained.
- ☐ We saw that most of these records were accurately completed and kept up to date. However, one record included a dose change that was not recorded clearly.
- ☐ Staff had received training to enable them to administer medicines safely. However, they had not had their competency assessed when required. The registered provider had developed a new system to check competency which was due to be implemented.

Safeguarding systems and processes

- ☐ Staff had received training regarding safeguarding and a policy was in place to guide them. Staff were confident about safeguarding processes and how to raise any concerns they had.
- ☐ A record of safeguarding concerns had been maintained. There had not been any safeguarding issues since the last inspection.

Preventing and controlling infection

- ☐ Staff had completed training regarding the prevention and control of infection and had access to a policy to support them in their practice.
- ☐ Personal protective equipment such as gloves and aprons were readily available to staff to help prevent the spread of infection.
- ☐ Food hygiene training was completed by staff who supported people with meal preparation.

Learning lessons when things go wrong

- ☐ A system was in place to record any accidents and incidents that occurred in people's homes. One incident had been recorded since the last inspection and records showed that staff had taken appropriate action following the incident.
- ☐ Incidents were recorded electronically and reviewed regularly to help identify any trends or themes so that action could be taken to reduce the risk of recurrence.
- ☐ Service reviews included information on any lessons learnt since the previous review. For instance, one person's review indicated they were prescribed a medicine that had a varying dose each day. Records had not always reflected the dose administered, so a new recording system had been implemented for that medicine to ensure records were accurate and reduce the risk of any errors.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community any restrictions need to be referred to the Court of Protection for authorisations. The registered manager was knowledgeable regarding the MCA and told us they would contact people's social worker if they felt they were being restricted and required a referral to the Court of Protection.
- ☐ Staff had a good understanding of the MCA and told us they always asked for people's consent before providing care.
- ☐ People told us they were happy with the care they received and took part in regular reviews of the care. However, there was no evidence that people had formally consented to the plans of care in place. The registered manager told us they would review these records straight away and ensure consent was clearly recorded.
- ☐ Relevant people, such as those who hold Power of Attorney, were involved in decision making when legally required to be.

We recommend that the registered provider reviews and updates its systems to ensure consent is recorded in line with current legislation.

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

- ☐ People's care files contained assessments of need completed by social care professionals. The service used this information to help develop effective plans of care.
- ☐ Before people received support from the service, a member of the management team completed an assessment of their needs to enable them to develop individualised plans of care.
- ☐ Assessments were detailed and included outcomes for people based on their needs and choices. Plans of care were reviewed regularly.
- ☐ Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- ☐ Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- ☐ People receiving support, and their relatives, told us they felt staff knew what they were doing and were well trained. One person told us, "[Staff] are very good. I can't fault them."
- ☐ Staff told us they had received sufficient training to enable them to meet people's needs safely. A record was maintained by the service so they could monitor staff training needs.
- ☐ When staff started in post they completed a comprehensive induction and shadowed more experienced staff to enable them to get to know people and their needs.
- ☐ Regular supervision was completed with staff and appraisals had been scheduled.
- ☐ Staff felt supported in their role by the registered manager and other members of the management team.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ Care plans recorded when people required support preparing food and drinks.
- ☐ People's preferences in relation to meals and drinks were sought and recorded.
- ☐ A relative told us staff met their family member's nutritional needs well and helped maintain their safety by rotating food and removing any out of date food from the fridge.

Supporting people to live healthier lives

- ☐ The service worked in liaison with other health and social care professionals to ensure people's needs were met effectively.
- ☐ When other health and social care professionals were involved in people's care, this was recorded within people's care files.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People using the service told us staff were kind and caring and treated them with respect. Their comments included, "I love them all", "The carers are like family", "They are all lovely" and "I can't say a bad word about them."
- ☐ Staff spoke about people they supported with warmth and compassion.
- ☐ Staff knew the people they were supporting well and we observed positive, familiar interactions during our visits to people's homes. People told us they got to know the staff well as it was usually the same carers that visited them.
- ☐ People had shared information with the service about their life history, likes, dislikes and preferences. This information was used to develop individual plans of care to enable staff to get to know people as individuals, understand their backgrounds and engage them in meaningful conversations.
- ☐ Staff understood how to communicate with people most effectively for the individual. They knew when people required additional support due to hearing or visual impairment. Care plans were in place to support this.

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

- ☐ People were involved in regular service reviews, where they could share their views about the support they received and any changes they felt were necessary.
- ☐ People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
- ☐ People's feedback was sought through surveys completed by post or over the phone. These had only recently been completed and so the results had not been analysed at the time of the inspection.
- ☐ People were supported to make decisions and staff sought support and advice from other professionals when necessary, to assist people with decision making.
- ☐ A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us staff encouraged them to be as independent as they could be. One person aimed to improve their mobility and told us staff supported them to mobilise each time they visited in order to achieve this.

- ☐ People told us their dignity and privacy was protected by staff when receiving care.
- ☐ Staff shared examples of how they ensured people's dignity was maintained and we observed staff treat people with dignity and respect and provide compassionate support during our visit.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- ☐ People's individual needs in relation to their care and treatment had been assessed and plans of care developed based on these needs.
- ☐ Care plans were detailed and provided information regarding people's preferences and life history. Outcomes for people were recorded and information about what is important to the person. This enabled staff to get to know people and provide support based on their preferences and choices.
- ☐ Staff were aware of people's choices and preferences in relation to their care.
- ☐ Care plans were reviewed regularly as part of the service reviews and records showed that people and their relatives when needed, were involved in these reviews. Each outcome was reviewed and any changes or improvements required were recorded and the plans updated.
- ☐ People's care plans were created electronically and a copy printed and kept in their homes. This ensured staff had easy access to the care plans, as well as other visiting health and social care professionals when required, to ensure people's needs could be met.
- ☐ The service was in the process of transferring to the use of a care recording system which staff could access securely via an app on their phones.
- ☐ Staff completed daily logs to record the care provided, so all staff had up to date information regarding people's needs.
- ☐ The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. For instance, when people had a hearing or visual impairment.
- ☐ People's needs, including their cultural and religious needs were met. For instance, the person supported a person and their family members, to ensure their religious routines could continue. Another person's care was provided in a way that met their cultural beliefs.

Improving care quality in response to complaints or concerns

- ☐ People had access to information regarding complaints procedures within the newly developed service user guide.
- ☐ People and their relatives, told us they knew who to contact if that had any concerns regarding the service they received and felt any issues would be addressed.
- ☐ The registered manager maintained a log of any complaints and this showed that no complaints had been received since the last inspection.

- ☐ The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- ☐ The service did not provide end of life support at the time of the inspection. The management team were sourcing training to ensure staff would have the necessary skills and knowledge to support people in the future.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Continuous learning and improving care

- ☐ A system of checks on the quality and safety of the service were undertaken by the management team. However, these could be further developed to include practical supervision sessions (spot checks) with staff to ensure they continue to provide a good service to people.
- ☐ The checks in place did not identify all the issues we raised during the inspection, such as those relating to staff recruitment, environmental risk management and recording of consent.

We recommend that the provider reviews and updates its practices to ensure the quality assurance systems are always effective.

- ☐ When actions were identified through the audit system, we saw that they had been addressed.
- The registered provider had arranged for all members of the management team to undertake NVQ Level 5, to ensure they would be as effective as possible in their roles.
- ☐ Service reviews included information about any lessons learnt and how improvements could be made to the service provided. the service provided would be improved.
- ☐ The registered provider told us they were working through the Liverpool City Council quality framework to ensure they were providing a good quality service. They were also involved with Liverpool Home Care Providers Network, to help ensure they are up to date with best practice.
- ☐ The registered manager understood the responsibilities of their role.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- ☐ The registered provider had displayed their rating within the office and on their website as required.
- ☐ The registered provider was due to implement a fully electronic system that would support the quality monitoring system in place. It would also give staff access to care records to ensure they had access to the most up to date information regarding risk to people and the support they required.
- ☐ Staff told us the registered manager was approachable and that they were listened to.

Engaging and involving people using the service, the public and staff

- ☐ Systems were in place to gather feedback from people and their relatives about the service. These included service reviews, quality assurance surveys and complaints processes.
- ☐ Staff meetings were held regularly to enable staff to share their views regarding the service and for the management team to share any necessary information about the service.
- ☐ People could contact the service at any time of the day or night as an on-call system was in place.

Provider plans and promotes person-centred, high-quality care and support

- ☐ People provided positive feedback regarding the quality of the service they received. People told us staff usually arrived on time and stayed until their needs had been met in the way they wanted.
- ☐ The registered provider was working on recruiting and retaining staff to ensure people's needs could always be met as the service developed. A number of incentives had been introduced, such as free bus passes for staff who did not drive and support to fund bicycles for use at work.
- ☐ The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, their relatives, staff and other stakeholders.
- ☐ The registered provider was working hard to implement new systems and had employed a new operations director to help further develop the service.

Working in partnership with others

- ☐ The service has developed links with a local college and supports students undertaking health and social care pathways, by offering placements with the service. This helps students gain experience and develop their skills in social care.
- ☐ The registered manager worked closely with other agencies to ensure good outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Not all safe recruitment practices were adhered to.