

LCMB Therahealth Homecare Ltd

# LCMB Therahealth Homecare

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

LCMB Therahealth Homecare provides personal care to people living in their own homes in the Bourne area of South Lincolnshire. The service was first registered with the Care Quality Commission (CQC) in July 2015 and started operating in September 2015.

We inspected the service on 29 September 2016. The inspection was announced. At the time of our inspection 13 people were receiving a personal care service.

The service did not have a registered manager. A new manager had been appointed in May 2016. She had applied to CQC to become the registered manager and, at the time of our inspection, was awaiting the outcome of her application. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers ('the provider'), 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.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves. Staff also knew how to recognise and report any concerns to keep people safe from harm.

People told us that they were highly satisfied with every aspect of the service they received. In particular, the provider's careful approach to managing staffing resources which meant they were supported by the same staff on a consistent basis. Staff had established warm, friendly relationships with people and went out of their way to help them in any way they could. Staff worked together in a supportive way. They enjoyed working for the provider and felt listened to by the manager and other senior personnel.

People were involved in agreeing the type and amount of care they received and their needs and wishes were understood and followed by staff. Staff treated people with dignity and respect and encouraged them to maintain their independence. Staff had the knowledge and skills required to meet people's individual needs effectively and supported them to prepare food and drink of their choice.

We identified a number of areas in which improvement was needed to ensure people received safe, effective care. These related to record-keeping and other administrative processes rather than the delivery of hands-on care. Improvement was required in the recording of medicines administration, the completion of people's individual risk assessments and in some aspects of staff recruitment procedures.

The manager of the service displayed an open and responsive management style and had already identified the areas for improvement we picked up in our inspection. She had the support of the provider to tackle these in a systematic way and make the changes that were required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

The provider assessed potential risks to people's safety but preventive measures to address these risks were not always documented.

There was no system in place to properly record the administration of people's medicines.

Pre-employment checks on staff had not been completed consistently.

Staffing resources were managed carefully to ensure that people received the same staff on a regular basis. Staff had enough time to meet people's needs without rushing.

Staff knew how to recognise and report any concerns to keep people safe from harm.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

Staff were aware of how to support people who lacked capacity to make some decisions for themselves.

Staff worked well with local healthcare services and supported people to access any specialist support they needed.

Staff assisted people to prepare food and drink of their choice.

### Is the service caring?

**Good** ●

The service was caring.

Staff at all levels in the service had warm relationships with people and supported them in a friendly, helpful way.

Staff encouraged people to maintain their independence.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their changing needs.

Staff knew people as individuals and provided support in ways that reflected their particular preferences and interests.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

### Is the service well-led?

Good ●

The service was well-led.

The manager was aware of the areas in the service that needed improvement and was working systematically to make the changes required.

The manager and the owner were well-known to everyone connected with the service.

Staff worked together in a friendly and supportive way.

Auditing and monitoring systems were in place to help ensure the care provided reflected people's needs and preferences.

# LCMB Therahealth Homecare

## **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.

The inspection was announced. The provider was given notice of our inspection visit because the location provides a domiciliary care service. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection was conducted by a single inspector who visited the administration office of the service on 29 September 2016. Following this visit, our inspector telephoned people who used the service and their relatives, to seek their views about how well the service was meeting their needs.

During our inspection we spoke with four people who used the service, two relatives, the director of the registered provider ('the owner'), the manager, two care workers and two community healthcare professionals who had contact with the service. We looked at a range of documents and written records including three people's care records, five staff recruitment files, information relating to the administration of medicines and the auditing and monitoring of service provision.

We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

# Is the service safe?

## Our findings

People told us they felt safe using the service and that staff treated them well. One person said, "I feel safe with them. They have an aura of professionalism." Another person's relative told us, "I trust them and always feel safe [when they are in the house]."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Advice to people and their relatives about how to raise any concerns was provided in the information booklet that was given to people when they first started using the service.

Staffing levels were determined by the number of people using the service and, in scheduling care calls, the provider took great care to ensure that, wherever possible, people received care from the same staff members. A small number of bank staff were employed to support the regular staff and the owner, the manager and other senior staff also provided relief cover when it was required. The provider's commitment to providing continuity of staffing was appreciated by the people who used the service and staff alike. One person told us, "It's mostly the same people, which does help. You get used to the others and everyone does have to have a day off!" Another person said, "I tend to get the same people. I never get any strangers. [As a result] I am so much more settled in my mind than I was with [other homecare companies]." One member of staff told us, "They are very organised. I get to see the same clients which is nice. I get to know their needs and they get to know me." Commenting on the fact that he worked regularly with the same people, another member of staff said, "I like to work in this way. The clients like it too."

Reflecting this careful and conscientious approach to call scheduling, people were also satisfied that staff had sufficient time on each care call to meet their care and support needs. One person told us, "They always take their time. I never feel rushed. They do just as I want them to do." A staff member said, "The call times are long enough. I have never felt rushed." People also told us that their care calls were never missed and that staff almost all always arrived on time. One person said, "They pretty much come on time. There's been some trouble with roadworks recently [and] one time they got held up. I got a call [to tell me they were running late]. It's nice to know what's going on." Another person said, "They come on time. Spot on! If they were running late they would ring to warn me. It doesn't happen often, only once or twice a year."

The manager told us that she planned to recruit new staff to enable the service to expand and take on more clients. Describing her approach to recruitment, she said, "We can't grow without [new] staffing. But we can't accept [just] anyone. They have to be a caring person. It's not about numbers, it's about quality."

We reviewed the provider's approach to recruitment and found that improvements were required to ensure that staff were suitable to work with the people using the service. We examined five staff personnel files and found that Disclosure and Barring Service (DBS) checks had been obtained for each employee before they started working. However, in two instances, we found no evidence that the provider had also obtained pre-

employment references, creating an increased risk to the people who used the service. When we raised our concerns with the manager she told us this was one of a number of issues she had identified when she first came into post and that she had taken action to ensure consistent application of the provider's recruitment procedures for the future. We saw that the manager had recently recruited a new member of staff and that this had indeed been done safely and correctly.

We also identified the need for improvement in the administration of some people's medicines. No one using the service needed more than a verbal prompt from staff to remind them to take any tablets or liquid medicines. However, several people had prescription creams which staff applied to their skin and one person had a skin patch applied daily to release their medicine slowly over a 24-hour period. People told us they were happy with the support staff gave them with their creams and other medicines and we found no evidence that staff were administering them incorrectly. However, there was no formal record maintained by staff to confirm that these medicines had been administered in accordance with the person's prescription. When we raised this issue with the manager she said that she had recently become aware that the administration of some people's medicines was not being recorded properly. She told us that she had devised a medicine administration record (MAR) sheet and was introducing this as a matter of priority. She also told us that she was in the process of arranging medicines refresher training for all staff, to ensure their knowledge in this area was fully up to date.

Before someone started using the service, the manager or owner met with them to assess their needs and preferences and agree the support to be provided. As part of this process, a range of possible risks to each person's wellbeing was considered and assessed, for example risks relating to mobility and nutrition. However, when we reviewed these assessments we found that they had not always been completed consistently. For example, one person had been identified as being at high risk of developing skin damage but there was no guidance set out for staff to follow to help prevent or mitigate this risk. Although there was no suggestion that anyone had come to harm as a result of these shortfalls, we raised the issue with the manager. Again, she told us that this was one of the things she had identified when she came into post and that action was in hand to improve the way people's individual risk assessments were documented in the future.

The provider had taken steps to ensure the safety of staff, all of whom worked on their own for much of the time. For example, one person's house was on a bend and staff had been advised to take care when pulling in and out of the driveway. The manager also told us that staff were encouraged to contact her or the owner whenever they needed advice or had any worries about their safety. Confirming this approach, one staff member said, "I feel safe and have never had any concerns. [The manager] and [the owner] are always at the end of the phone."

## Is the service effective?

### Our findings

Everyone we spoke with said they thought staff had the skills and knowledge to meet their needs effectively. One person who had been using the service for three months said, "They are very on the ball. I have [a particular health issue] and it's considerably better. It's nearly all cleared up." Another person said, "They know what they are doing. I think they are very well-trained. They are a very good team." One community healthcare professional told us, "It's a relief when I hear that this agency is involved [with one of my patients]. They are really good and always follow any advice I give them or plans I put in place."

New members of staff participated in a structured induction programme which included an introductory meeting with the manager and a number of initial training courses. This was followed by a period of shadowing an experienced member of staff before starting to work as a full member of the team. Commenting on their induction, one recently recruited member of staff told us, "I did a lot of training when I came here. 14 or 15 different modules before I started delivering care. [The owner] also took me round and introduced me to the clients I would be working with. I shadowed him for about three days." Reflecting on their own recent experience of being supported by a new member of staff, one person said, "[Name] had to have two or three days training before they were let loose! I have every confidence in them." The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was in the process of building this into the induction programme for new recruits.

The manager maintained a record of each staff member's annual training requirements and had provided a range of courses to meet their needs including safeguarding, food hygiene and basic first aid. We reviewed this record and saw that any training required for the year had already taken place or was scheduled to take place shortly. We noticed that neither the owner nor another senior member of staff, both of whom delivered hands-on care, was listed on the training record. The manager apologised for this oversight and undertook to update the record immediately. Commenting on some recent training, one member of staff said, "I found it quite informative. It made me a lot more aware than training sessions with [my previous employer]." Looking ahead, the manager told us that she wanted to make further improvements to the training arrangements and hoped to employ an in-house training coordinator to take the lead in this area.

Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA). This 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. Commenting on the importance of supporting people to make as many decisions for themselves as possible, one staff member told us, "I always say to people, 'I am here for you and if that's what you want, that's what we'll do.' I encourage them to make choices with everything." Confirming this approach, one person told us, "They always say, 'Shall we do this, or shall we do that.' I am in control."

Although she had not been involved in any best interests decisions for anyone using the service at the time of our inspection, the manager had a good understanding of best interests decision-making processes and



was clear on the steps she would follow should this be necessary in future.

Staff told us that they felt very well supported and supervised by both the manager and the owner. Talking of the direct supervision and guidance he received whilst providing care alongside the owner, one member of staff said, "All that he knows, he teaches me. He is always guiding me in what we need to do. And how to do it nicely." Talking of her relationship with the manager, another member of staff told us, "Whenever I come into the office to get [protective] gloves or my rota, she always encourages me to come into her office. And asks me if I have any issues and if I'm happy." The manager told us that she was in the process of establishing a system of documented one-to-one supervision sessions and was also about to introduce direct 'spot check' supervision of each staff member's care practice in a person's home.

Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including district nurses, occupational therapists and social workers. For example, the manager told us that she and the owner had recently visited one person's GP to follow up a query on their behalf. Talking of other people they supported, a staff member told us, "If I notice any marks [on their skin] I would ask [the owner or manager] for advice. They tend to get in touch with the GP or district nurse or advise the client what to do." This approach was confirmed by a local healthcare professional who told us, "They are really proactive. They flag up any changes [in a person's health] and if I need them to be there when I visit, it's never any trouble to arrange." One person said, "They work well with the district nurses [and] if something isn't right they direct me to the doctor or the nurses. They don't just leave it."

Staff assisted people to eat and drink whenever this was required. Staff were aware of each person's particular likes or dislikes and understood the importance of offering people choice in what they had to eat and drink. For example, one person told us, "They know what's in the fridge and freezer and always ask me what I like. Jacket potatoes, scotch eggs, a ready meal. I just have what I fancy!" Another person told us, "[Name] says, 'What are we going to have for lunch tomorrow?' She gets out whatever I decide, so it can be defrosted. If she didn't do it the way I wanted, I'd tell her." Staff were also aware of any risks that been identified in respect of people they supported to eat and drink. For example, the risk of dehydration and the importance of encouraging people to drink regularly. One person told us, "They encourage me to drink a lot. They always ask how much I have had to drink and give me a fresh glass."

## Is the service caring?

### Our findings

Without exception, everyone we spoke with told us that the staff who worked for the service were caring and kind. One person said, "They are very caring. Almost like family. I am so lucky." Another person said, "They give more than care. They give friendship."

The motto of the service was 'where caring begins with the heart' and people told us that staff reflected this ethos in their work and went out of their way to help them in any way they could. One person said, "They do all that I ask and sometimes they do a bit more. [Name] changed my calendar this morning and put the heating on. If the bin is full [name] changes the bag and puts it in the [outside] bin on the way out." Another person said, "They feed the cat for me. [That's] a personal touch." A member of staff told us, "I hope they feel they can ask me for all the help they need. I have taken one lady's tops home to iron for her. She says they are much more comfortable when they are ironed."

Both the owner and the manager demonstrated a strong commitment to the provision of person-centred care. The manager told us, "We provide a personal touch [and] care for people as if they were our grandmother or grandfather." This philosophy was clearly understood by staff and reflected in their work. One member of staff said, "It's not just a case of going in there and doing care. We sit down and have a chat. We may be the only person they see [and] having a conversation with someone can really make their day." The people we spoke with confirmed that staff supported them in a warm, friendly way that reflected their individual needs and preferences. One person said, "I feel I know them more as friends. We chat together. They talk about their family and children." Another person told us, "They always give me a hug and a cuddle before they leave. You couldn't wish for somebody nicer." One person's relative said, "We've really got to know the staff who work with our son. They call me 'mama' and my husband 'papa'!"

Staff were also committed to helping people to maintain their independence and exercise as much control over their lives as possible. Describing the encouragement they gave to one person, a member of staff said, "Sometimes she just needs a reassuring hand on her back to give her the confidence to stand up by herself. Which gives her the chance to be more independent." Another member of staff told us, "If someone is a bit sleepy they might not want to have a shower until later. Of course it is their choice." Confirming the approach of staff in this area, one person told us, "They don't try to take over. I wouldn't want that." Describing the assistance they had received to get dressed, another person said, "This morning [name] brought in an armful of clothes for me to choose from!"

People told us that staff supported them in ways that maintained their privacy and dignity. One person said, ""I was a bit apprehensive [at first] as I had never had anyone wash me before. But they treat me with respect and make sure I am not embarrassed. It goes a long way." Another person said, "If anyone comes to the door they always cover me up and close the [bedroom] door before answering it." Describing their approach to providing people with personal care, one staff member said, "I always use a towel to keep things covered. And I always shut the curtains, just in case."

Information on local advocacy services was included in the information booklet that was given to people

when they first started using the service. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Although no one who used the service at the time of our inspection received advocacy support, the manager said she would not hesitate to make contact with local services should this be required in the future.

## Is the service responsive?

### Our findings

The manager told us that she took the lead in handling all new enquiries and referrals to the service. She said, "If I get an enquiry I will always ask about the person's age, any medical issues, what type of service they require and what time they want us to visit. If we [haven't got the staff to cover the call] at the time the person wants, we won't do it." If she felt the service did have the capacity to meet someone's requirements, the manager told us either she or the owner then visited the person to complete an assessment and agree the details of the service to be provided. Confirming this approach, one person's relative told us, "I have a written care plan in my folder. [The manager] came out and discussed it with me." Another person said, "There is a care plan. I was involved in deciding what I wanted."

We reviewed people's care plans and saw that they captured each person's physical and emotional needs and wishes. For example, one person's plan stated, "[Name] is a devout Catholic by faith and would sometimes like to talk about their religion." Another person's plan specified that they could only have a limited amount of liquid each day, due to a long-standing medical condition. The manager told us that she had recently started work to update the format and content of the care plans. Nevertheless, staff told us that they found the existing plans helpful when providing people with care and support. For example, one member of staff said, "Everyone has a care plan. It gives you a breakdown of their routine and what they expect or want from you." Another member of staff said, "Everything is there. The way they like things to be done."

Senior staff checked each person's care plan on a regular basis to make sure it remained up to date and accurate. The manager told us that she was also in the process of organising an annual review of each person's plan and would ensure the person and their relative had an opportunity to be involved in this process.

Staff clearly knew and respected people as individuals. For example, talking of the people who used the service, one member of staff said, "I love their wisdom. You learn a lot from them." Staff used this knowledge to provide support in a responsive way that reflected each person's particular preferences. For example, one staff member told us, "One person likes to have a laugh and a joke with me. It can be a bit rude but it's in their nature! I wouldn't go into another house and be the same." People told us they appreciated the way responded to them as individuals. For example, one person said, "They take an interest in you as a person. Compared with other [homecare companies] I can't believe the difference."

People also told us that they found it very easy to contact senior staff by telephone if they needed to make any changes to their scheduled care calls or discuss any other issue. One person said, "I rang [the owner] to cancel last night. I find it very easy to get through." Describing one occasion when they had requested an extra care call at very short notice, another person said, "I rang them up and within ten minutes they were here. They did [what I needed them to do] and went. I don't know if they even charged me."

Information on how to raise a concern or make a formal complaint was included in the information booklet people received when they first started using the service. People told us they knew how to make a complaint

and were confident that this would be handled properly by the provider. However, people also told us that they had no reason to complain. One person said, "I have never had to complain and I don't feel as if I am ever going to have to. [The owner] is very responsive." Another person told us, "I have never had any concerns. If I did, they would definitely sort it." Describing how she encouraged people to contact her or the owner if they had any concerns, the manager told us, "We tell people they must give us a ring. We would like to resolve things without the need for a formal complaint." Reflecting people's feedback, we saw that there had been no formal complaints in the twelve months that the service had been in operation.

## Is the service well-led?

### Our findings

Everyone we spoke with told us how highly they thought of the service they received from LCMB Therahealth Homecare. One person told us, "They are very good. Excellent. I was with [another homecare company] before. It's like chalk and cheese. I can't fault it." Another person said, "They are very good. I would recommend them to anyone." One local healthcare professional told us, "If only this agency could be replicated!" Another said, "They are one of the smaller agencies but they are making a name for themselves. I would be happy to recommend them."

Throughout our inspection visit, the manager demonstrated a very open and responsive management style. In her first few months in post she had identified a number of areas which required improvement and was working systematically to make the changes required. These related primarily to record-keeping and other administrative processes including the issues we identified on our inspection concerning staff recruitment, individual risk assessments and medicines management. Acknowledging that this remained a work in progress, the manager told us, "I believe the quality of care is very good but there has to be a strong [administrative] foundation before we start to grow." Her analysis was confirmed by the owner who told us, "We need to build strong foundations. That's why we have [the manager]. We are lucky to have her."

Both the owner and the manager were clearly well-known to, and respected by, everyone connected with the service. Both provided hands-on care on a regular basis which enabled them to keep in close contact with people who used the service and staff. Talking of the owner, one staff member said, "He's almost like one of us. He doesn't come across any different." Talking of the manager, another member of staff told us, "[The manager] is very supportive. There's a big difference [since her appointment]. Everything has been updated. She is doing a good job." One person said, "[The owner] came this morning. It's [my regular carer]'s day off. He's lovely, really nice. I have also seen the manager. She got my lunch [recently]. She is very nice and good at chatting which relaxes you."

Staff worked together in a friendly and supportive way. One recently recruited member of staff said, "Everyone welcomed me and we get on well. I have never worked with people who are so happy. I have definitely made the right move." Another staff member said, "We have a good team. We always help each other." There were regular staff meetings and daily logs were also used to ensure effective communication. Staff told us they were able to talk freely with the manager and owner and felt listened to if they raised any issues. One member of staff said, "They always listen to me. Whenever I have any issues or problems they are always there."

The provider had begun to develop systems in place to monitor the quality of the care provided. For example, people's care records were reviewed on a quarterly basis to ensure they remained up to date and accurate. The manager also reviewed any accidents or incidents to identify any learning for the future. Looking ahead, the manager told us she had plans to introduce additional monitoring systems. For example, to audit the new medicine administration records that were being introduced and the daily contact sheets that were completed by staff at the end of each care call. The manager also said she intended to establish a system of individual quality assurance visits to each person who used the service, to

provide them with an opportunity to provide their feedback on the service they received. The provider was aware of the need to notify CQC or other agencies of untoward incidents or events within the service.