Independent Home Life Services Limited

Live Well at Home

Inspection report

The Springs and Watermead
South Road
Lydney
Gloucestershire GL15 5LF
Tel: 01594 843574
Website: www.livewellathome.co.uk

Date of inspection visit: 11 and 12 June 2015
Date of publication: 24/07/2015

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

Overall summary

The inspection was announced. We gave the provider 48 hours' notice that we were starting our inspection because we wanted key people to be available. The service was previously inspected in July 2013 and then revisited again in November 2013 to make sure that the service had made improvements with staff recruitment. The required improvements had been made.

Live Well at Home provides a domiciliary care service to people living in the Forest of Dean, an extra care sheltered housing scheme in Cinderford and an older person's housing scheme in Lydney, all in Gloucestershire. At the time of the inspection the service was providing a service to 107 people.

There was no registered manager in post at the time of this inspection however the manager had already submitted her application to be registered and the interview was scheduled for 19 June 2015. Subsequent to the inspection we were advised that the manager's application had been approved and they were registered as from 24 June 2015. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People said they felt safe with the care staff who visited them. Where a person was supported with moving and handling tasks this was completed competently as staff had been trained to use the equipment. All staff received safeguarding adults training and were aware of safeguarding issues and their responsibilities to protect people from harm. Staff knew how to report any concerns. Robust recruitment procedures ensured that unsuitable staff who had been barred from working with vulnerable people were not employed. Risks were well managed in order to reduce or eliminate the risk and keep people safe. Where people were supported with their medicines this was done safely.

People were involved in setting up the service delivery arrangements and received the care and support they expected. Their preferences and choices were respected. People were provided with a copy of their care plans.

Care staff were knowledgeable about the people they looked after and received appropriate training and support to enable them to undertake their roles effectively. People were provided with sufficient meals and drinks if this had been assessed as part of their care plan. Staff would report any concerns they had regarding people's dietary and fluid intake and were supported to access health care services if needed.

People received their care and support from a small number of care staff because of the way in which staff rotas were worked. Most staff worked for four days and then had four days off and had good relationships with the people they supported. People were treated with kindness and respect and were always included in making decisions about their daily lives.

People and care staff said the service was well-led and they were encouraged to provide feedback. The quality and safety of the service was regularly monitored and used to make improvements. The service had a plan for making improvements.

Summary of findings

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 safe.

Care staff understood their responsibility to protect the people they supported from coming to harm. Safe recruitment procedures were followed at all times to prevent unsuitable staff from being employed.

Risk assessments were completed to ensure people could be looked after

safely and staff were provided with guidance about how to keep people safe.

Where people were supported with their medicines, this was done safely.

Good

Is the service effective?
The service was effective.

People were supported by staff who were competent in their roles. They were well trained and supported to carry out their jobs.

Staff had a sufficient understanding of the Mental Capacity Act (2005) and consent. People were supported to make their own choices but care staff ensured people were safe.

People were provided with the agreed level of support to eat and drink and maintain a balanced diet and hydration. People were supported where necessary, to access the health care services they needed.

Good

Is the service caring?
The service was caring.

People were supported by care staff who were kind and caring and they were treated with respect and dignity. They were listened to and their views and opinions were seen as important.

Care staff were able to provide a consistent service and got to know people well. They spoke well about the people they were supporting and knew the importance of good working relationships.

Good

Is the service responsive?
The service was responsive.

People were provided with a service that met their care and support needs. Assessments and the delivery of the care and support was personalised to each person.

People were encouraged to have a say about the service they received and their care needs were regularly reviewed. People were provided with a copy of the complaints procedure that enabled them to raise concerns if they needed.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People and care staff said the service was well managed and the registered manager, team leaders and senior staff were approachable and helpful. There was a clear expectation that people were provided with the best care and support.

Feedback from people who used the service was actively sought and where improvements were needed, appropriate action was taken to address any issues.

There was a range of measures in place to monitor the quality of the service and plan improvements. Learning took place following any accidents, incidents or complaints to prevent reoccurrences.

Live Well at Home

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, and to provide a rating for the service under the Care Act 2014.

This inspection of Live Well at Home was completed on 11 and 12 June 2015. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the information we had about the service. This information included the previous inspection report and statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted two social care professionals as part of our planning process and invited them to provide feedback on their experiences of working with the service. The comments we received have been included in the body of the report.

During the inspection we visited six people in their own homes and spoke with 12 people on the telephone. We also spoke with the relatives of three people by telephone. We met with the manager, the two team leaders, two senior carers and four care staff.

We looked at 10 care records, six staff recruitment files and training records, and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People said, "I feel very safe with my carers. I get more or less the same carers", "We feel very safe with our carers because we know them. They have to use the hoist and they are very good at that" and "I feel very safe. The girls keep me safe and ensure that I do not have anything to worry about". People were provided with information telling them how they could report any concerns they may have: this information was kept in their service folder/care file.

All staff completed safeguarding adults training as part of the induction training programme for new staff and also on a refresher basis. The training included all the factors that could be constituted as abuse. Staff we spoke with were knowledgeable about safeguarding issues and understood their responsibilities for safeguarding the people they supported. They knew to report

any concerns they had about a person's safety and would report to senior care staff, the team leader or the manager. Staff were aware safeguarding and abuse matters could be reported directly to the police, the Gloucestershire County Council (GCC) safeguarding team or the Care Quality Commission (CQC). If care staff had concerns during the evening or at weekends, there was an on-call system in place. The on call person always had information with them should they need to contact other agencies and were aware who to escalate any concerns to, within the organisation.

The registered manager had already attended level two safeguarding training with Gloucestershire County Council and arrangements were being made for the two team leaders to attend the level two training as well.

Either before or at the start of a service being provided to people a risk assessment of the person's home was completed to ensure that the home was a safe place for the care staff to work in. An assessment was made of access into the property, the safety of utility services and any electrical equipment that the care staff would need to use. The risk assessment included the presence of pets and other people living within the home. Staff had a duty to report any safety concerns in people's homes and had to report any accidents or incidents that occurred. Where staff were required to use hoisting equipment a moving and assistance plan was written. This recorded the equipment to be used and how many staff were needed.

The service had a business continuity plan in place written in 2015. This set out the arrangements in place in the case of IT failure or any other events that could disrupt the safe delivery of the service, for example adverse weather conditions.

Staff files evidenced that safe recruitment procedures had been followed. The measures in place ensured that only suitable staff were employed. The service had completed pre-employment recruitment checks and Disclosure and Barring Service (DBS) checks had been carried out for all

staff. These are police checks that make sure workers who have been barred from working with vulnerable adults are not employed.

Staff were employed to work within one of the three geographical areas of work. Each of the areas had a team of care staff. The registered manager said there were a significant number of staff vacancies and a recruitment drive was in place. There were two team leaders, one leading the service in Cinderford and the other leading the service in the forest community and Lydney. There were sufficient staff employed to meet the packages of care within an area and requests to support new people were only taken on when there was staff availability to meet their needs. Many of the staff were employed on a four days on duty and four days off duty basis. Both people being supported and the care staff said this worked well. This meant people were supported by staff with whom they were familiar.

People told us care staff had never missed any calls and they generally arrived at the expected time or within a five to 10 minute window. "If they are going to be late we get a call from the office to tell us what is happening", "They can be a little late due to traffic sometimes" and "They send a replacement if my carer is really delayed".

People made positive comments about how they were supported with their medicines or topical skin treatments. Where people needed support with their medicines there were appropriate arrangements in place to ensure they received them safely. As part of the assessment process the level of support with medicines was determined and an agreement was made where staff were to assist. Care staff

Good

Is the service safe?

were able to prompt or administer medicines but were not able to assist with specialised tasks. Care staff had to complete safe medicine administration training before they were able to support people with their medicines. Senior care staff checked that staff remained competent to administer medicines by checking their work performance regularly. Staff we spoke with confirmed that training and competency assessments were carried out. Care staff completed medicine administration records each time they supported a person with their medicines.

We noticed in one person's care plan that a family member was placing the person's medicines from the packets into a purchased tablet dispenser and then care staff were prompting the person to take the medicines. This may not be safe practice because the tablets had been removed from the packets where the prescribed instructions were printed. Care staff had no way of knowing whether the medicines were correct. The team leader took prompt action during the inspection: the person would be supported by their family until arrangements could be made for the supplying pharmacist to dispense medicines in a blister pack.

The provider had recently introduced a new Care at Home Medication Policy and Procedure. An update training programme had been arranged for all care staff and those that we spoke with confirmed they had done the training.

Good

Is the service effective?

Our findings

People said "I was asked what help I needed and how I would like this to be arranged", "I get the exact help I need" and "I am so well looked after. I don't know how I would manage without the staff". Relatives commented, "The staff very competent and conscientious", "The staff are reliable and have never let my mother down" and "The staff keep in touch with me and let me know about any changes".

People were looked after by staff who worked a 4 days on/4 days off duty rota and visited the same people each working session. This meant they were able to get to know people well, knew the way people liked to have things done and were aware of their preferences. One person said, "The girls are very good. They are my eyes now because I cannot see very well". They also said it would be difficult for them if they had lots of different staff visit them and had to explain each time what was important for them.

People were supported by staff who were appropriately trained. New care staff had to complete an induction training programme and an external training provider was used to deliver the training. The training covered safeguarding adults, health and safety and infection control, moving and assistance, safe medicine administration and dementia awareness. The training programme met the requirements of the new care certificate. The training days were complimented with 'on the job' competency tests and a period of 'shadowing' with an experienced member of staff before they worked on their own.

For all staff there was an on-going programme of refresher training to ensure their work practice remained up to date. Some of the training was one-off training whereas others had to be repeated on a two or three yearly basis. All staff we spoke with said their training was up to date, it was relevant to their role and they were alerted when they needed to do refresher training. All had recently completed safe administration of medicines training in readiness for the introduction of the provider's new procedures. Training records showed staff had received a range of training appropriate to their role.

All care staff were encouraged and supported to achieve relevant health and social care Qualifications at level two at least (formerly called National Vocational Qualifications (NVQ)). The registered manager had already completed the registered managers award and was working towards a level seven leadership and management award.

All staff received regular supervision meetings with their line manager and an annual appraisal. Spot checks or direct observations of their work performance were also carried out by the senior care staff to ensure staff were working effectively. We saw some records of these direct observations. Staff meetings were led by the team leaders with a plan to hold these on a four weekly basis.

Staff said they gained people's consent to assist them when they arrived and made sure they were happy for them to do the tasks stated on their care plan. People we met when we visited in their own homes or contacted by telephone said the staff asked them if it was alright to support them. Included in the essential training programme was a session on the Mental Capacity Act 2005 (MCA) and staff were provided with a basic understanding of the act. Staff we spoke with had an adequate understanding of the MCA. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. When a support service was being arranged for a person it was identified whether they had the capacity to make day to day decisions. Where there were concerns about a person's capacity, key health and social care professionals were involved to support decision making.

People said "I have never had a missed call", "Sometimes the staff may be five or 10 minutes late but I don't worry I know they have a lot to do" and "The timings of my calls were agreed when the service was set up". This person needed time specific calls because they needed assistance with their medicines which had to be administered regularly. People told us care staff had sufficient time to complete the tasks that were on their care plans and always asked them if there was anything else that needed doing before they left. However one person said that on one occasion the member of staff had forgotten to make sure they had their pendant alarm with them before they left. No-one told us the care staff "clipped" their care calls or did not support them for the expected amount of time. Staff told us there was generally enough time allocated to care visits to enable them to deliver care safely. The

Good

Is the service effective?

registered manager told us that the local authority still commissioned 15 minute calls for some people but where the staff did not feel this was appropriate they challenged the council.

If a person needed assistance with meal or drink preparation the level of support they needed would be identified during the assessment process. The specific tasks required would be recorded in their care plan. People may be provided with support for their breakfast, lunch time meal, tea or evening hot drink, or even all four. In one person's care plan it was written "likes to have hot milk on their cereal". Those people who lived in the extra care sheltered housing complex were provided with a meal at lunch time in the dining room and care staff would support them along to the dining room if this was required. Staff said they would report any concerns they had about a person's dietary or fluid intake or appeared to be losing weight. One staff member said they had spoken to a person's relative when they had concerns that they did not drink enough and may have a water infection.

People were supported by the care staff to access their GP, district nurse or other healthcare professionals as and when needed. People would be supported to collect their repeat medicines from the chemist if this was identified on their care plan. One person told us that when they had been unwell , the care staff had contacted the GP and their relatives and had stayed with them until the relative arrived. They told us "It was very kind of them and comforting to me not to be on my own when I felt so rotten". Another person said the member of care staff who visited them had suggested she make a doctors appointment regarding a medical condition and this had been "sound advice".

Good

Is the service caring?

Our findings

People said the care staff who supported and looked after them were kind and caring. The majority of people we spoke with described the care and support they received as 'good' or 'even better'. People told us they were treated with respect and dignity at all times. They said they had good working relationships with the care staff who supported them. Comments we received included, "The care I get is very good. They are lovely girls and very attentive", "The staff treat me like one of the family", "They know just how to care for me" and "They are very respectful in all ways".

Relatives said, "They (the staff) came to our home and we had a long discussion about my husbands care", "The staff are so kind and compassionate" and "They are very polite. They knock on the door when they arrive and call out to let me know they have arrived".

Care staff, senior carers and the team leaders spoke about the people they were supporting in a caring and respectful manner. They told us it was important they allowed people to have private time and also to make sure they had time to talk with the person they were looking after. The staff respected people's privacy and maintained their dignity at all times. People were asked by what name they preferred to be called and any other choices and preferences they had important to them.

Before a service was set up people were visited by the team leader or the senior carer and an assessment was completed. During this meeting people were asked how they wanted to be supported. Where appropriate family, friends or other representatives were involved in this meeting however the views of the person receiving the service were always respected and acted on.

Social care professionals who responded to our request for feedback about the service told us, "Things have improved with this service. We have a really good working relationship with the team leader and know we can rely upon a kind and caring service for people" and "Feedback we have received from people supported by the Live Well at Home staff has been very positive".

People on the whole knew who was going to be supporting them because of the way in which the duty rotas were organised. Staff knew the people they were looking after and spoke about them with genuine kindness and care.

Good

Is the service responsive?

Our findings

People were given information about the service and their aims and objectives and this was kept in the care file kept in people's home. Information contained in the service user guide included contact telephone numbers for Live Well at Home and other relevant agencies, a copy of the care plan and details about the care plan review process and the complaints procedure.

People told us they received the service they expected and had agreed to and which met their care and support needs. The following comments were made: "Their care and support means I am able to stay in my own home", "I used to live in a care home but I am live independently in my own flat now. I am much more happier" and "I mainly have the same staff and they know what needs to be done for me. This only changes if staff are on holiday or off sick".

Care records were kept in the office and also in the homes of the people being supported. An assessment of the person's needs was carried out either before the service started or on the initial visit. This formed the basis of the care plan and personalised task sheet. These set out the tasks that needed to be completed by the care staff. Where people were supported two, three or four times a day, there was a separate task list for each visit. People had copies of their plans, task sheets and risk assessments in the care files in their own homes.

All care packages were reviewed six weeks after the start of a service, then routinely at six months and yearly thereafter. Records were maintained of these reviews in people's care files and information added to the electronic care records so that an alert could be set up when the next review was due. Senior staff and team leaders told us reviews would also be completed if there was an increased need for support or a reduction in the person's needs. Care staff were expected to report any changes in people's care needs or health to the office and to liaise with health or social care professionals as appropriate. This ensured that the service being provided remained appropriate and people received the support they needed.

Most of the care and support packages were commissioned by the local authority and the individual care packages were contracted to provide an agreed amount of support. A new electronic call monitoring was about to be implemented and care staff will be expected to log in and out of their care calls. In the meantime care staff completed timesheets and these were processed by the provider's other branch in Cheltenham. When we visited that branch in February 2015 we found that the timesheets were not being monitored effectively but the registered manager felt that interim improvements had been made.

People were only sent a copy of the staff rota the week before if they requested this however most people were receiving support from the same care staff.

People said they felt able to raise any concerns they had with the staff and that they were listened to. People said "I have made a complaint in the past but it was resolved. I am more than satisfied now", "I made a complaint about 18 months ago and asked not to have one particular member of staff. I haven't seen her since" and "I am sure I would be listened to if I did raise any concerns". The majority of people we spoke with said they had no reason to complain and had never made a complaint about the service they received.

Good

Is the service well-led?

Our findings

The majority of people we spoke with were happy or very happy with the service they were provided with and described the office staff as helpful and accommodating. They said, "I get a good response from the office and whatever I ask is well executed", "The office staff are very helpful", "I can contact the office whenever I want to" and "The service is well managed. If I ever need to change the times of my visits, they do try their very best".

The aim of the service was "to enable people to maintain independence, freedom of choice and as high a quality of life as possible within their own home" and to "deliver high quality care professionally". It was evident from speaking with the registered manager, the team leaders and care staff that this was an aim shared by all.

There was a team structure in place that consisted of a locality manager (the registered manager), two team leaders, three senior care staff and care staff who were on the whole employed to work within one of the three teams. They could be asked to provide cover in other areas as and when needed. Staff said that the service was well-led and the new registered manager had provided more support than the previous manager. On the whole care staff were managed on a daily basis by the senior care staff and the team leaders who knew the people being supported and were knowledgeable about their service provision. Out of office hours there was an on-call system for management support and advice. Staff said the arrangements worked well. The on-call cover was shared between a number of key senior staff. There was a good level of management support to enable the service to be run well.

Staff said the team leaders were responsive to any suggestions they made, they were listened to and their views and opinions were valued and respected. They told us there was a whistle blowing policy and there was an expectation that they would report any bad practice.

Staff meetings were held on a monthly basis with each of the staff teams although these may be cancelled during holiday periods. Care staff were able to provide feedback about the people they were supporting. The registered manager planned to attend as many as possible of these meetings in order to be able to introduce herself to the team. All meetings were minuted and copies of the notes were given to those staff who had been unable to attend.

The registered manager attended monthly 'Care at Home' meetings with the provider and this was attended by other domiciliary care service managers. The last meeting had been held on 13 May 2015. During these meetings the different issues at other branches were discussed with the aim of all branches being able to learn from situations, events and outcomes of changes made. The registered manager also attended operational board meetings on a monthly basis too. This evidences that the provider is well aware of how the service is running and where improvements are being implemented.

The service had systems in place to ensure quality and safety was maintained. The team leaders had to submit weekly reports to the registered manager and the registered manager had to submit monthly reports to their line manager. Information was recorded about staff starters and leavers, people receiving a service, safeguarding alerts made, complaints received and any accidents or incidents. An annual survey of people using the service was sent out by head office and completed forms were analysed by them. The service was provided with the results and this was shared with us during the inspection. The report showed a series of graphs and comments which neither the registered manager or inspector were able to decipher. The registered manager had already asked for the report to be produced in a different format. The registered manager will prepare an action plan for those areas were improvements were needed.

The local authority commissioning team were to visit Live Well at Home the week after our inspection as part of the re-tendering process. They will undertake a review of the service to ensure it can meet contractual arrangements. The providers quality assurance manager visited the service on a monthly basis. A programme of audits was completed and any actions set from the previous review were revisited.

The registered manager audited any complaints received, any safeguarding alerts raised and any accidents or incidents that had occurred. The registered manager did this in order to look for trends and to enable them to make changes and prevent reoccurrences. The service had received one formal complaint since the beginning of the year. Whilst this complaint had still not been resolved it had been handled in line with the providers complaints procedure. Appropriate action had been taken so far however the complainant was still not satisfied. The

Good

Is the service well-led?

registered manager talked about a number of learning points that had resulted from the complaint and what actions they had taken. There was also a system in place to handle any 'grumbles or concerns' and the handling of these was also tracked by head office to make sure they were dealt with appropriately.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. Since the beginning of 2015, one notification had been submitted to tell us about an event that had happened.

All policies and procedures were kept under review. Some of them were in the process of being replaced with the providers new policies. All key policies were distributed to the staff team and examples included safeguarding adults, handling of people's money, confidentiality and the new medicines policy.

The registered manager had a clear plan of improvements. They intended to recruit more staff in order to be able to increase the number of people they were able to support in their own homes. New responsibilities had been implemented for the two team leaders and bespoke management training had already been arranged at the end of June/beginning of July 2015. This training included supervision and appraisal, conflict management, disciplinary procedures and undertaking investigations. Team leader and senior care staff handbooks were being collated.