

Lifecarers Limited

Lifecarers Cherwell

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Lifecarers Cherwell is a domiciliary care agency (DCA) registered to provide personal care to people living in their own homes in the Banbury area. The service supports mainly older people and people with disabilities. At the time of the inspection the service was providing personal care and support to 31 people.

People's experience of using this service:

People and relatives spoke positively about the service. One person summarised their thoughts on the service and said, "I am over the moon with them [staff]. I don't get out much and they go over and above, they [staff] do everything to make my life comfortable."

People's needs and wishes were fully supported by staff that knew them well. People were respected and valued as individuals. People's care plans and risk assessments described their needs and preferences. These records were person centred and guided staff to support people safely. People were treated with dignity and respect and their independence was promoted.

Medicines were managed safely, and people received their medicines as prescribed. The registered manager recognised and would be implementing more regular checks on medicine administration records (MARS) to ensure these were correctly used.

The culture of the service was one of building positive relationships with people and their relatives. This included offering people a regular and flexible service. People were supported to maintain good health, access healthcare services and meet their nutritional needs.

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

Staff had the right skills, experience and support to meet the needs of people who used the service. There were regular effective checks on staff and their ability to do their jobs in a safe and caring way. Staff were happy with the support and communication they received. They felt their views were listened to.

The service continued to provide safe support to people. The provider followed safe recruitment processes that ensured staff were suitable to work with adults at risk. Risks to people's safety and their environment had been assessed and recorded.

The service continued to have quality assurance systems which looked at different aspects of the service and identified ways to improve the service.

Rating at last inspection: Good (report published 2 September 2016).

Why we inspected:

This was a scheduled, planned inspection based on the service's previous rating.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Lifecarers Cherwell

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 inspector and an expert by experience (ExE) who carried out telephone calls to seven people and three relatives to gain their views on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Lifecarers Cherwell is a domiciliary care agency that provides personal care to people living in their own homes. Not everyone using Lifecarers Cherwell receives a regulated activity. Care Quality Commission (CQC) only inspects the service for people receiving 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we consider any wider social care provided.

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 four days' notice of the inspection site visit because we wanted to be sure the registered manager would be available.

Inspection site visit activity started on 3 June 2019 and ended on 4 June 2019. We visited the office location on 3 June 2019 to meet with the registered manager and care manager and to review care records and documents relating to the running of the service.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We viewed the homecare website where people can leave their reviews on a service. The most recent review from a relative said they were 'extremely likely' to recommend the service to others.

During the visit we looked at three people's care plans and the medicine administration records for two people. We viewed a range of audits and checked recruitment records for two staff and saw evidence of the training staff completed and the support they received. During the inspection we spoke with the registered manager and care manager.

After our site visit we received feedback on the service, via email, from one relative, five care staff and one healthcare professional.

Following on from the visit the registered manager sent us additional evidence.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated their understanding and had received safeguarding training which included what actions to take if they thought a person was at risk of harm. A member of staff said if they had any concerns, "I would report it to my manager immediately."
- People said they felt safe using the service. They said they felt safe because, "Good continuity of staff. We have one main one [staff] who is very good with him." A relative confirmed, "I have no issues with the staff who care for [person]."
- The registered manager had a good knowledge of safeguarding and raised issues with the Local Authority as required. Records were kept of any safeguarding concerns to enable the registered manager to record action taken.

Assessing risk, safety monitoring and management

- Risks to people, such as risks surrounding their individual needs were assessed and recorded. People's care records contained guidance on how to manage these risks. This included risks around the person's environment, whether they needed bed rails to keep them safe and moving and handling risk assessments.
- People's equipment, for example hoists, were checked to ensure people and staff were safe. The registered manager confirmed a staff member recently had noted a hoist was due to be serviced and the registered manager ensured this was carried out. People's records did not record what equipment they had in their homes and when it needed to be serviced. The registered manager told us they would highlight more clearly in people's records what equipment, if any, was used and when it was last serviced rather than rely on staff carrying out a visual check of the equipment.

Staffing and recruitment

- There were sufficient staff to keep people safe. People said they were usually visited by the same staff. One person said, "I have the same ones [staff] and they are lovely and know me well." The provider used an electronic system to monitor staff logging in and out of the care visits that could be monitored in real time. This ensured visits took place as planned and allowed to address any issues if cover was needed due to unforeseen circumstances.
- People confirmed they received details of who was visiting them. Staff also said they received a schedule of work in advance, so they knew who they would be supporting.
- The provider continued to follow safe recruitment practices that ensured staff were suitable to work with adults at risk.

Using medicines safely; Preventing and controlling infection

- Medicines systems were organised and people were receiving their medicines when they should. We identified one staff signature missing from an April 2019 medicine administration record (MARS). However,

the care manager confirmed staff had electronically recorded the person had received their medicines. Following on from the inspection, the registered manager took action to check April and May 2019 MARS for all the people they supported to receive their medicines. They reminded staff of the importance to record on the MARS as they had also noted a similar issue with staff noting on the electronic system the medicine duties they had carried out but had not always signed the MARS.

- Staff received medicines training and their competency to safely administer medicines was regularly checked.
- The provider's medicines policy and procedures included details of current legislation staff needed to be aware of to ensure they followed best practice.
- Staff had received training in preventing and controlling the spread of infection and had access to relevant guidance and information.
- Staff used personal protective equipment (PPE) where required.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends or patterns. Appropriate action was taken, for example, updating a person's care plan and risk assessments following a fall, to ensure the person was safe and well.
- Learning after events was shared at staff meetings and staff supervisions.

Is the service effective?

Our findings

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

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

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

- People and relatives were positive about support received and people were involved about the care being provided.
- People had an assessment of their needs and wishes before using the service. One person confirmed, "They [staff] assessed my needs and discussed everything."
- Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice.

Staff support: induction, training, skills and experience

- People felt staff were well trained. One relative said staff were, "Very good and experienced."
- New staff completed an induction programme, including on-line and face-to-face training, shadowing experienced staff delivering care and competency checks, before working unsupervised with people.
- Staff received support one to one supervision meetings with their line manager. One staff member said, "During my supervisions I have had feedback from clients including a lovely letter of thanks from a client."
- Staff received training on a range of subjects, including communication, dementia awareness and equality and diversity. One staff member confirmed the training, "Covers all I need to know." A second staff member told us, "The in-house training was an excellent introduction into the care industry."

Supporting people to eat and drink enough to maintain a balanced diet

- Where support with nutrition was assessed as part of people's care packages, dietary requirements and preferences were included in care plans. It was recorded if a person required soft foods or had a severe allergy to certain foods.
- Comments from people and relatives included, "They [staff] are brilliant, often will concoct things for me. They know what I can and cannot eat, I don't have to think they do it all" and "They [staff] check to make sure I've eaten or if I have had enough to drink."
- Staff recorded the meals and drinks people had during the visit so that any issues could be effectively monitored and acted on.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care records included details of GP's and other relevant health professionals involved in people's care. Staff would support people to attend health appointments as and when this was needed.
- Staff said they would inform the registered and care manager if and when people's needs changed.
- Staff worked with other health and social care professionals to ensure people's needs were met. One

person had struggled to take their medicines in a tablet form. Staff made a referral to the GP who in turn ensured the person was assessed by a speech and language therapist. This enabled the person to continue to receive their medicines but in a liquid format.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible". People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

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

- People told us staff respected their rights to make their own decisions.
- The registered manager had a good understanding of the principles of the MCA and working with others in people's best interests. They ensured staff had training in this area.
- Staff showed an understanding of helping people make choices about their daily lives. A staff member told us, "I must always act with the individual's best interests in mind and choose the least restrictive option for their care."

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported in a caring and compassionate way. One person said, "They [staff] are very kind and pleasant." Another person told us staff were, "Lovely and helpful, just a big benefit to me."
- Staff had developed caring and empathic relationships with people. People praised the staff for the care and support they offered them. Comments included, "I'm never rushed, I couldn't do without them" and "In a way they [staff] are friends, my extended family and go above and beyond my expectations with what they do."
- A relative spoke highly about a staff member who had recognised the person receiving the support enjoyed singing. The relative gave us an example of where the staff member had been kind and thoughtful. "Whilst they [staff] were giving her a good wash, she was trying to sing 'all things bright and beautiful' the carer brought her a recording of it which was very thoughtful."
- Staff understood people's different preferences. Where people had expressed a gender care preference this was documented to ensure the person was happy with the gender of the staff member visiting them. If people wanted to be called by a name different to their birth name this was noted on their care records.
- The registered manager had measures in place to ensure there was no discrimination when making care and support decisions. Staff completed equality and diversity training and information was given to staff during staff meetings about the protected characteristics. Protected characteristics are the nine groups protected under the Equality Act 2010 and include, age, disability and sexual orientation which staff needed to be mindful of when supporting people.

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

- People and their relatives had been involved in care planning and had been given the opportunity to share information about the person's life history, family background and likes and dislikes.
- Staff were mindful of supporting people in line with their needs. One person had severe allergies and before staff visited the person they had to ensure they wore no perfume or anything that could trigger an allergic reaction for the person. The registered manager told us they had received feedback from the person who said their quality of life had improved due to the care being offered to them.
- A relative confirmed staff were caring and took time to support the person. They told us, "They [staff] always listen to her if she's feeling tired and she doesn't want to walk anywhere or she doesn't want to have a wash but they will try to encourage it."
- Staff described they supported people to make their own choices and they helped people to be as independent as they could be. One staff member said, "If someone with compromised mobility insists on walking, I would follow with a wheelchair ready in the event that they could no longer continue walking."

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted people's capabilities and the importance to promote people's independence. This was noted in a document called, 'What's important to me?', 'Who am I?' what I have achieved so far?' How Lifecarers can best support me?'
- Staff explained how they respected people's right to privacy. One staff member told us, "When I visit a client for personal care the curtains and door are closed for privacy. I use a towel to further protect their privacy."
- People's personal records were kept securely at the office with only designated staff having access to them. The staff used individual logins to access electronic records.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were outlined in their care records. As the records were changing from paper copies to electronic records the information was being reviewed to ensure it continued to be relevant to the person.
- People's individual communication needs were assessed and reflected in people's care records. This ensured the provider met Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.
- The registered manager confirmed that information could be amended and produced in a way that each individual person could understand. One person received the staff rota in a different layout so that they could understand and read it easily.
- Staff supported a person with limited verbal communication. The registered manager had identified that more details needed to be included in this person's care plans to clearly show how they communicated to staff. We saw this was actioned during the inspection.
- The registered manager gave us a few examples of where staff had spent time encouraging people to engage with them to have a better quality of life. For one person, who had been refusing help with their personal care, over time they learnt to trust the staff visiting them and slowly begun accepting help in areas of their daily life. They had previously been found wandering at night and now this had reduced as they knew when they were being visited and were happy to see the staff member.
- The registered manager gave another example of where they had been flexible in adapting a person's visits times to enable staff to prepare the person for the day ahead and take them to the day centre. The person had been struggling to get to the new day centre and was at risk of becoming socially isolated. Through offering an earlier morning visit and with staff taking the person to the day centre, they were able to socialise with other people which lifted their mood.

Improving care quality in response to complaints or concerns

- People and relatives were clear they would go to the registered manager if they had a complaint. Comments included, "I have no issues about their standard of care and if I felt there was any issues I would address it straightaway with the manager. If ever I have had little niggles before or suggestions I have always felt like they've been answered straightaway" and "I'd ring the office, they always respond and come back to me."
- Complaints had been dealt with appropriately by the registered manager. For example, we saw they had extended a staff member's probation period to ensure they were suitable for the role.

End of life care and support

- The registered manager informed us no people received end of life care at the time of our inspection. The registered manager confirmed if people informed them of their end of life wishes this would be clearly

documented in their care records.

- Staff were given the opportunity to complete end of life care training. The registered manager recognised that for some staff they would not feel able to support a person with their end of life care. Staff received ongoing support to carry out their work effectively and would be helped to carry out end of life duties if they felt able to do this.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People felt the service was managed well. One person said, "Office staff and management are always available and helpful."
- We observed a service where the registered manager and care manager were motivated to run a caring and effective service and lead by example, showing care and compassion for the people using the service. They knew the people staff supported and wanted to offer a reliable competent service.
- Staff could share ideas on how best to support people. One staff member said, "I feel able to contribute my own views through to the agency." A second staff member confirmed, "I am confident that the manager runs this agency well, the knowledge about the care industry is excellent and any care concerns about a client are immediately acted upon."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to check aspects of the service to make sure people were receiving a good service. We saw there were a number of audits in place which we saw evidence of throughout the inspection. Audits covered a range of areas, for example, spot checks on staff, staff recruitment files and training.
- During the inspection, the registered manager was reflective on areas that were working well and where they needed to strengthen the audits to ensure they were effectively picking up on areas needing to be improved, such as checking people's medicine administration records (MARS) more frequently.
- The culture of the service was one of encouragement and recognising when staff had worked well. Staff were informed when people had commented favourably on their work to encourage them to continue working well with the people they visited.
- The registered manager had developed an operational development plan to look at how to continue to grow the business and recruit and retain staff so that people continued to be supported by familiar and consistent staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were introduced to the staff who would be supporting them so they could make a decision about whether they were happy with the match.
- People's opinions were sought, and they had a number of opportunities to provide their feedback. The registered manager invited people to leave feedback on the homecare website. We saw several people and relatives had done this. People were also contacted by phone or met staff in person to share their views on

the service being provided.

- People's relative's, if they had permission, would be able to access people's electronic records from the end of July 2019. This would enable them to view the current care plan and see what staff had written when they had carried out visits. The aim was to be transparent and reassure relatives that the person was being supported effectively.
- Staff were positive about the support they received. One staff member said, "Communication is good. Any issues I raise are resolved." Staff received a weekly memo so they were kept up to date with any news about the service or be made aware of any changes to current practices.
- Staff were supported to provide anonymous feedback on how they felt about their role, the service and to see if there were any areas to improve on. We saw the results and action plan from the 2019 feedback.

Continuous learning and improving care

- The registered manager had regular contact with other registered managers through the provider to look at best practice and to share their expertise. They also received updates from the United Kingdom of Homecare Association (UKHCA). This is an organisation that supports and advises those staff working in community type home care services.
- The registered manager recognised the importance of supporting and training staff. A healthcare professional who offered training to staff commented, "The managers have been proactive in arranging training and ensuring that staff are competent in their roles."
- The registered manager was keen to support staff development. Senior staff were being trained to carry out assessments and other roles were being looked at to encourage staff to consider if they had interests in the administration side of the business or working more in the filed supervising staff.

Working in partnership with others

- Records were kept of staff making referrals and having contact with community professionals. The registered manager worked in partnership with health and social care professionals to meet people's needs. Where one person had expressed their desire to be more independent the registered manager made contact with an occupational therapist for them to carry out an assessment with a view to stop using the hoist to mobilise the person. The assessment deemed the person could be mobilised using a different piece of equipment and staff with the occupational therapist worked closely together. Over time the person needed less equipment, no longer required two staff to help them move about and gained confidence and independence.
- The registered manager had developed community links and regularly had an information stand for people in the community to know more about homecare services and to encourage people to consider a career in social care.