

Lifecare Professionals Ltd

# Lifecare Professionals - 11 Burford Road

## Inspection report

Unit 319  
11 Burford Road  
London  
E15 2ST  
Tel: 020 8221 4160  
Website: [www.life-care.co.uk](http://www.life-care.co.uk)

Date of inspection visit: 11 & 18 February 2015  
Date of publication: 11/05/2015

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 11 and 18 February 2015. We gave the provider 48 hours' notice because the location provides domiciliary care and the manager is often supporting staff. We needed to be sure that they would be in. At the last inspection in October 2013 the provider was not compliant with Regulation 18 Health

and Social Care Act 2008 (Regulated Activities) Regulations 2010 about people's consent to care. The provider was compliant with this regulation at the follow-up inspection in April 2014.

Lifecare Professionals is a domiciliary care agency providing care for 180 people and had 123 staff at the

# Summary of findings

time of this inspection. The service provided home care for adults with learning disabilities, mental health conditions, physical disabilities, older people and people with dementia.

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

Safeguarding adults from abuse procedures were clear and staff knew the different types of abuse and how to report any concerns they had about people's safety. All staff had received safeguarding training and demonstrated a good understanding of their responsibilities in keeping people safe.

There were not always sufficient staff to meet people's needs. We saw that during busy periods some staff had worked long hours, seven days per week which put both them and people receiving care at risk of harm.

Staff were well trained and have received core training and had access to additional training to increase their skills. Staff were supported with regular supervision and annual appraisals to maintain the quality of their care.

People were asked for their consent for care to take place. We saw detailed records of people's consent to care, which were signed and dated by people who used the service.

Staff had good caring relationships with people they supported. Staff knew people well and had a good understanding of their needs, their backgrounds and made sure they respected people's religious and cultural beliefs.

People were actively involved in their care, and participated in reviews of their care plans and could discuss their care with the registered manager.

Care was responsive to people's needs but was not always properly recorded. Staff knew about people's preferences and how they wanted to receive care. However, care plans did not reflect this and did not contain people's preferences, life histories or needs and only listed care tasks to be performed.

Staff, people who used the service and relatives all felt able to speak with the registered manager and provided feedback about the service. People who used the service knew how to make a complaint and there was an effective complaints procedure in place.

At this inspection there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing and person-centred care. The provider recognised the hours worked by some staff were too high and has put a new process in place to cap the hours worked. You can see what action we told the provider to take at the back of the full version of this report.

# 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 not always safe. Staff had worked long hours every day without sufficient rest breaks and days off, placing people at risk of harm.

Staff all understood the safeguarding procedure, knew the types of abuse and were able to report any concerns they had.

People's medicines were managed safely, with clear systems for recording and auditing medicines given to people.

Requires Improvement



### Is the service effective?

The service was effective. Staff had received all mandatory training and received regular supervision and appraisals.

People were asked for their consent for care and support, with records of this consent included in people's care files.

People were supported to maintain a healthy, balanced diet based on their preferences.

Good



### Is the service caring?

The service was caring. Staff had positive caring relationships with people who used the service.

People were involved in annual reviews of their care and were able to make decisions about how they received their care and support.

Staff made sure they respected people's privacy and dignity when providing personal care for them.

Good



### Is the service responsive?

The service was not always responsive. People's care files were not person-centred and were focused on care tasks rather than their individual needs.

The service had a clear procedure for complaints and investigated and responded to all complaints and feedback.

Requires Improvement



### Is the service well-led?

The service was well led. The registered manager was open and transparent and encouraged people using the service, their relatives and staff to give feedback.

There were systems in place to monitor the quality of care and improvements to be made which were based on these service audits.

Good



# Lifecare Professionals - 11 Burford Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 and 18 February 2015 and was announced. We gave the provider 48 hours' notice because the location provides domiciliary care for adults and the manager is often supporting staff; we needed to be sure that they would be in.

The inspection was conducted by one Inspector and one 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 supporting adults with a range of care needs.

Before the inspection we reviewed the information that we held about the service. This included statutory notifications and safeguarding alerts and three previous inspection reports. We also contacted the safeguarding teams at the local authorities who commission the service.

We spoke with 14 people who use the service, five relatives, 12 members of staff and the registered manager. We also reviewed 16 people's care files and 15 staff files, and a range of policies and procedures, training records, accident and incident logs and service user feedback surveys.

# Is the service safe?

## Our findings

We spoke with people who use the service and their families, who told us they felt safe with the care workers and the service provided. One person told us, "We have been with the service for years. [Person] is very safe with them." However, we also saw that there were not always enough staff to be able to cover all of the shifts, with some staff working long hours, seven days a week.

We saw staff payroll and rotas which contained examples where care workers had worked over 300 hours in one month, working days of up to 17 hours. This meant that people were at risk of unsafe care as they were being supported by care workers who could be too tired to be able to provide care safely. Care workers also did not always have enough time to travel between appointments or have the time to take breaks as part of their working day.

This was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who understood the safeguarding procedure and all knew how to report any abuse they witnessed or suspected. We spoke to staff who all told us about the different types of abuse and correctly told us the procedure for reporting their concerns. They all told us they felt confident in reporting abuse or concerns and said these would be acted upon. People told us they felt safe and able to report any concerns they had to the care workers or the registered manager.

People's needs were assessed when they were first referred to the service. We saw that as a part of the needs assessment there was a risk assessment completed that included both the risks to the individual and also risks in providing care within the person's home, which included environmental risks. The risk assessments included sections for managing the risks and actions for care staff to take when providing personal care for people.

The service had a clear whistleblowing policy that explained how staff could report any concerns and the protection they would be offered. We spoke to staff who could explain this procedure to us and said they were able to follow this. The registered manager encouraged staff to come forward with any concerns and had a pro-active approach to identifying and dealing with any concerns.

Equipment was used safely and staff were well trained in using the different types of hoist and frames that people they were caring for needed. We spoke to staff about their use of equipment. They told us they had been trained before using any equipment and they felt confident to use this equipment as part of their work. We spoke to people who told us they were happy with the staff supporting them using the hoists. We saw that people's care files described what equipment was necessary, and there had been risk assessments completed with clear guidance for staff to follow to make sure that equipment was used safely.

The provider had recently introduced a call monitoring system which tracked exactly when care workers started and finished their work with each person and could monitor time taken between appointments. This ensured that people received the correct care and that care workers arrived on time so that people received the support they required.

People's medicines were managed safely. We reviewed people's care files which contained details of the medicines they were prescribed and the level of support they needed. We saw that many people wanted to be prompted to take their medicines, and the care plans reflected this. Care workers told us they supported people to take their own medicines. We saw that medicines and Medication Administration Records (MAR) were audited by senior staff, and any errors on the MAR sheets were identified by those audits and training was given to staff. We spoke to staff who told us they were trained in medicine administration and handling before supporting people to take their medicines and made sure that people received the correct medicines at the right time.

# Is the service effective?

## Our findings

People were cared for by staff who had the skills necessary to meet their needs. We spoke to people about their care, and they all praised the care workers. One person said, "They do any task I ask them to do. They are absolutely excellent." People told us that they have regular carers who support them and know them well.

We looked at the training records for staff and at the training matrix for the whole staff team. We saw that staff had all completed the mandatory training programme, and there was a system in place that automatically booked refresher training courses once a certificate had expired. We saw that staff had completed an induction programme that included training on using equipment safely and safeguarding adults.

Staff told us that they received regular supervision and annual appraisals to support their work. We saw the supervision records within staff files which showed that staff were well supported. Supervision meetings looked at the care they provided, how to improve support and identified training and personal development needs. We spoke to care workers who told us they felt well supported and found the supervision meetings useful to discuss their work and how to improve.

People were asked for their consent for care and support. We saw that people had signed consent to care forms which had been reviewed annually. We spoke to staff who told us they would always ask people what care they wanted that day and provide the care that people requested. We spoke to the registered manager who was

aware of their responsibilities under the Mental Capacity Act 2005 and associated code of practice. People were supported to be independent and were presumed to have capacity to make their own decisions about their care.

People were supported to eat a balanced diet, with food of their choice which they enjoyed. We spoke to care workers about the food they provided for people. They told us how they always asked people what they wanted to eat and drink. One care worker told us, "I make meals for people. They tell me exactly what they want and I make it for them."

We saw in people's care plans that food and hydration were considered. People's ability to eat and drink different foods were assessed and they were provided with the support they needed. Where people required and specialist diet, including people with diabetes or requiring soft food, this was made clear within the care plan. We spoke to care workers about this, who confirmed the types of food they prepared for people with these different needs. They also told us they would prepare drinks and snacks to leave for people to have when they wanted them throughout the day. We saw that care workers were able to provide meals for people from diverse ethnic backgrounds, based upon people's wishes and needs.

People were supported to maintain good health and had access to other healthcare services and support. We saw in people's care files that there was information about their health needs and any other services that were involved in people's care. People were supported to arrange and attend appointments and alterations were made to care plans if people's needs changed.

# Is the service caring?

## Our findings

People told us they found the service to be caring and that the staff worked well with them. All of the relatives we spoke with told us that the staff were caring and respectful, and that they were listened to when they discussed the care provided. One person using the service told us, "I depend on them for everything. I have a little chat with them." Another person said, "The care workers are brilliant. They bend over backwards sometimes to do your wishes."

People's backgrounds and needs were considered when developing the care plans and through the matching of care workers to people using the service. The registered manager gave us examples of care workers who spoke different languages and matched them with people so they could speak their first language with the care worker, and other examples where people had preferences for male or female carers and people with particular skills.

Care workers knew people well and people told us they had regular care workers to support them, who they had got to know and understood what they needed. People told us that the carers spent all of the allocated time with them and sometimes more if they needed extra support and would do all of the tasks they asked them to.

People were involved in decisions about their care. We spoke to care workers who confirmed they always listened

to what people wanted and delivered these tasks for them. One care worker told us, "I always ask people what they want and give them the opportunity to have what they want. I work according to them and their care plan so they get the right care for them."

We saw that people were able to access advocacy services if they required them. People had used the local advocacy service to help speak on their behalf if they were unable to, so their voice would be heard and they could access the care they wanted and needed.

People's privacy and dignity was respected by the care workers, who provided support to help maintain people's privacy and independence. We spoke to one care worker who told us, "I always keep things confidential and private. I make sure the bathroom door is closed when providing personal care and keep people covered up when washing them." Care staff told us how they kept people's information confidential, so they respected people's privacy and wishes about what should be shared.

Care workers told us how they would always knock and seek permission to enter rather than just letting themselves in. They respected people's homes and made sure they behaved appropriately and followed the guidance of how people wanted support.

# Is the service responsive?

## Our findings

People told us they found the service was responsive to their needs and provided them with the support they wanted. All the people we spoke to said their care plans were reviewed annually and were satisfied with the care they received. One person told us, "My mother has Alzheimer's but they look after her very well. They try to talk to her and encourage her to do things by herself."

We looked at people's care files and saw that people had care plans but these were not always personalised to people's needs or recorded their preferences. We saw details of all the care tasks to be undertaken for the person, but not records of how they liked to receive their care, life histories or other personal information for care workers to use to provide person-centred care. Care plans were based upon local authority service contracts and had not been developed with any additional detail for care workers to follow beyond this.

We saw one care file with a new style of care plan and the registered manager told us that they would work towards updating all the care plans using the new template which provided more personalised care plans. However this had not yet been done.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to staff who told us they knew people well and understood what their needs were and knew about people's personal preferences. One care worker told us, "There's a care plan in each person's home which has all the information about them and what care to provide. I always make them feel they are important."

People told us that they felt well matched with the care workers who supported them. We spoke to staff about their understanding of people's backgrounds and how they provided care to support them. One member of staff told us about ensuring they always used halal meat when preparing food for one person, and asked them about any other particular ways they wanted to receive their care.

The service had a clear complaints policy and we saw examples of complaints and feedback that had been given to the service, and actions taken to respond to these issues. People told us they felt able to contact the registered manager if they wanted to raise any issues or make a complaint. We looked at the complaints log and saw the details of recent complaints and the investigations that had been undertaken into these. We saw that complaints had been taken seriously and the registered manager had investigated the issues, discussed them with people using the service, their relatives and the care workers. We saw that complaints and feedback had led to changes in the service, including change in care workers for people, training for staff and increased supervision.

# Is the service well-led?

## Our findings

The service had an open culture and people using the service were involved in decisions and were able to discuss any issues they had. People who used the service, their relatives and staff all told us the registered manager was always available and would listen to what they had to say.

People told us they thought the service was run well. One relative said, "We have been with them for years. They are very approachable. They take instructions from us though they use their professional judgement as well but we discuss everything." Another person told us, "I will definitely recommend them to another person."

The service conducted regular surveys of people using the service and their families. We looked at the two most recent surveys and saw that people were giving positive feedback about the service, but were also able to highlight any issues they had. We saw one example where the feedback was that one of the carers had not been attending on time. We asked the registered manager about this, who confirmed that they have changed the staffing for this person and we saw in the records that this had happened and that the person was receiving the correct care. We also saw examples of other comments and suggestions that people had made about the service and actions had been taken in response to these.

Staff told us that they felt confident to raise any issues or concerns with the registered manager. One member of staff told us, "The manager is always very helpful and has been very supportive of me."

We saw the service had a whistleblowing policy in place and all of the staff we spoke to understood and could explain the correct procedure to follow if they wanted to raise any concerns.

Staff said the registered manager was open to suggestions from staff and encouraged staff to discuss their ideas at staff meetings. We saw details of staff meetings and team meetings held every three months that were used to discuss the service and how care was provided.

The registered manager was meeting all of the requirements of their registration and had made all appropriate notifications of incidents. We saw records of complaints, safeguarding concerns and accident and incident records. There was a clear procedure for reporting and managing any incidents that occurred.

The provide had good systems to monitor the quality of care and support that people received. We saw details of audits that had been completed about the service, including details of spot checks where senior staff would attend care appointments and observe staff providing care. We saw the audit forms used for these checks, and examples where care staff had been praised and also examples where issues had been identified, and saw that additional training and supervision had been provided for these care workers.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

### Regulation

Personal care

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider did not maintain appropriate records about people's care and support needs.

This corresponds to Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014

### Regulated activity

### Regulation

Personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not always have enough staff to meet people's needs, resulting in some staff working excessive hours.

This corresponds to Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014.