Luton Friendship Homecarers

# Luton Friendship Home Carers Limited

## 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

We carried out this announced inspection by visiting the office on 30 March 2016. Following this, we spoke with people who used the service, relatives and members of staff by telephone. At the time of the inspection, the service provided care and support for 73 older people living in their own homes.

There was 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.

People using the service were kept safe from any risk of harm and staff knew how to report any concerns regarding people's welfare. Risk assessments were carried out on both the environment and on behalf of the person to detail ways in which they could be kept safe. There were enough trained and competent staff available to meet people's needs, and people told us they usually received their calls on time. There were robust recruitment procedures in place to ensure that staff employed were suitable to work in the service. People received their medicines as prescribed by staff who were trained and competent.

Staff received a variety of training that was regularly updated and refreshed as required. Supervisions and performance reviews took place with the management team to provide them with an opportunity to develop their skills further. Training was provided to understand the Mental Capacity Act 2005 and assessments were carried out where people required decisions to be made on their behalf. People consented to their care and support. People's healthcare needs were met by the service and they were referred to other healthcare agencies for support where required. People who required support with cooking, eating and drinking had their dietary needs met.

Staff were caring and understood the people they were providing care to. People were treated with dignity and respect and given opportunities to give their feedback on the quality of their care.

People's care plans were detailed and comprehensive enough to provide an overview of the person's needs and preferences. If people's needs changed then the service were responsive to this and worked closely with other stakeholders to ensure consistency of care. Regular reviews took place with the person and their relatives to give them an opportunity to contribute to the planning of their care. The service had a robust policy in place to handle complaints and dealt promptly with those received.

People, relatives and staff were positive about the management of the service. The visions and values of the provider were clear and people spoke highly of the ethos of the organisation and how it translated into practice. Staff were given opportunities to develop and contribute to the service through team meetings. There was a robust system in place for quality monitoring and identifying improvements that could be made in all areas of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were safeguarded by staff who understood how to protect people from avoidable risk of harm.

There were robust recruitment procedures in place to ensure that staff who were suitable to deliver care and support safely.

There were enough staff available to meet people's needs.

### Is the service effective?

Good

The service was effective.

Staff received a range of specialised training that was relevant to their role.

People's healthcare needs were assessed and the service worked with other professionals to support people's health and well-being.

Staff received regular supervision and performance review from management.

### Is the service caring?

Good

The service was caring.

People were supported by kind and compassionate staff who understood their needs.

People were treated with dignity and respect.

### Is the service responsive?

Good

The service was responsive.

People had care plans in place that were person-centred and had involvement from people and their relatives.

Complaints received by the service were handled and resolved

efficiently.

## Is the service well-led?

Good

The service was well-led.

The visions and values of the service were demonstrated by strong management.

People involved with the service were encouraged to provide feedback and suggestions for improvement.

There was a quality monitoring system in place for identifying improvements that needed to be made to develop the service.

# Luton Friendship Home Carers Limited

**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.

This inspection took place on 30 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that somebody would be available at their registered office. The inspection was carried out by one inspector and an expert-by-experience who made phone calls to people using the service on the 31 March. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the reports from local authority monitoring visits.

During the inspection we spoke with five people who used the service and six of their relatives. We spoke with four members of staff, the deputy manager and registered manager. We looked at eight care plans which included risk assessments, guidelines, healthcare information and records relating to medicines. We looked at seven staff files including recruitment information, training, supervision and induction records. We also looked at quality audits, satisfaction surveys, minutes of meetings and complaints received by the service. We reviewed information on how the quality of the service was monitored and managed.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel well supported and safe when I have my carer here. My family have thought from time to time about looking for somewhere suitable in residential care for me, but I think as long as I can manage with my carers coming in, and they know that I am safe here with them, then I hope they will let me stay in my home for as long as I can."

There were enough suitably trained and skilled staff available to meet people's needs. People told us that the staff were usually punctual and stayed for the allocated amount of time. People were usually sent the same members of staff if possible and notified if there were to be any changes or lateness. One person said, "The girls in the office are very good at phoning and letting me know if I'm suddenly having a change of carers as I do worry a lot about who will be coming." Another person told us, "If my carer is running late, it is usually just because of the traffic round here and she's never been longer than five or 10 minutes late in all the time she's been coming to me so it really doesn't make any difference to me at all." The service has a computerised system for staff to log in and out to confirm the time they had spent on visits. We were shown the data from these calls and saw that visits were usually consistent and for the correct length of time. A member of staff said, "We always set out early for calls if we can, we always stay for the right amount of time." People told us their calls were never missed, and we saw that the managers would deliver hands-on care in case of staff shortages or emergencies.

People were given information on how the service would help to safeguard them and the agencies they could contact if they were concerned about their welfare. The service had made safeguarding referrals to the relevant agencies as required following any significant incidents. Incidents were followed up and measures put into place to minimise risk of recurrence.

Risk assessments were in place for each person to identify the specific risks involved in their care and how they could be mitigated. If people who were at risk of deterioration in their condition the risk assessments provided clear guidance for staff on how to identify and manage the risk safely. For example we saw in one person's care records that their physical condition had deteriorated to the extent where they could no longer use their preferred equipment to be transferred. This had been highlighted in the risk assessment and suitable alternatives put into the place with the agreement of the person and their family. Environmental risk assessments were also carried out to ensure that it was safe for people and staff who might be working in the homes. These ensured that lighting and security was adequate to meet people's needs and that staff could safely prepare food and access the property.

People told us their medicines were administered safely. One person said, "I know my family worry about whether I've taken the medication that I should do all the time, so once my carer has got me up and sorted, she will get me a drink and give me my tablets from the special box the pharmacist gives me. When I've taken them she fills in the record so we can show that I've had them all." There was a list of people's medicines included in their care plans which detailed the reason they were prescribed, the potential side effects and how the person preferred for them to be administered. Staff were assessed on their competency once they had completed the medicines training to ensure that they were confident and able to support

people with this safely. The manager placed important emphasis on getting this aspect of people's care right, and all staff were required to declare their understanding of the medicines policy and their responsibility to ensure they were meeting this need as safely as possible.

Robust policies were in place to ensure staff were recruited safely to work in the service. In addition to set questions which assessed their suitability, all staff were asked to complete competency tests at the interview stage. This helped to assess the level of staff knowledge in key areas such as medicines and safeguarding. We saw that two references were requested from previous employers and were verified by the manager once received. Each member of staff had completed a Disclosure and Barring Service (DBS) check to ensure that they were of suitable character to work at the service.

Good

# Is the service effective?

## Our findings

People told us that they were supported by trained staff who delivered effective care. One relative told us, "As far as I can tell, the carers seem to have the relevant skills and training to look after [relative]." Another relative was able to tell us about the ways in which the service had helped to improve the quality of their family member's welfare. They told us, "I have to say I have been very impressed with the agency as when [relative] first came out of hospital [they] were not really able to walk around her flat even with the use of a walking frame. However her regular carer, who has known [them] for many years has worked with [them] and she is now able to use a walking frame, albeit only when [their] carer or one of the family are with [them], but it has made such a difference to [them] and I'm particularly grateful to the carer for taking the time out to do that for [person]."

Staff received a variety of training that enabled them to carry out their duties effectively. One member of staff we spoke with was enthusiastic about what they'd learned, saying: "We do lots of different courses, a lot of different subjects. Some of it is really useful and taught me things I didn't know. It's good to learn more about dementia to understand how it affects people." The manager told us they offered a mixture of online learning for theory-based training, and practical training where required. Staff completed the care certificate when they first joined and completed courses including health and safety, infection control and record keeping. In addition, the service offered a variety of more specialised training such as person-centred care and nutrition. Training sessions were held regularly at the provider's offices to give staff practical demonstrations of how to use moving and handling equipment. All staff were required to complete this moving and handling training prior to assisting people to transfer. Training had also been offered in response to people's changing needs. For example we saw that one person had recently been assessed as requiring PEG (Percutaneous endoscopic gastrostomy) feeding at certain times of day. The service had been able to meet this need by sourcing a trainer who could teach the staff to use this equipment properly. The manager told us that she had supervised this process herself at first to support the staff's training and ensure that they were putting into practice what they had learned. All training was regularly updated and refreshed as required.

Staff received a full induction into the service. One member of staff said, "I had a chance to shadow and read up on everything. If that wasn't there I wouldn't know what I was doing." We saw that new starters had the opportunity to read through policies, complete their training courses and work alongside experienced members of the team. Following their initial induction period they were then assessed for competence in key areas such as personal care and communication skills. This helped to ensure that employees felt supported when they first started work with the service and were putting their learning into practice.

Staff received regular supervision and performance review from management. One staff told us, "They always try and catch us for supervision whenever they can. It's a good chance to discuss things that are going on and get feedback on how we're doing." We saw that these supervisions were taking place every two or three months on average. In addition to this, each staff member was subject to spot checks at random intervals to ensure that they were delivering care effectively. People were asked to provide feedback on each of their carers so that any issues could be addressed with them individually. Annual appraisals were held

with staff each year to assess their overall performance and set objectives going forward.

Staff we spoke with understood the principles behind the Mental Capacity Act 2005. The Mental Capacity Act 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. Staff were able to describe how the act applied to their practice and received training to help them to develop their understanding.

People consented to their care and treatment. Care plans included consent forms which people were asked to sign to indicate consent for specific areas of their care and support. These forms established exactly what the person was consenting to, for example personal care and meals. If people were not able to provide consent then the service had asked their next of kin to sign on their behalf. Decisions around consent were subject to review where necessary. Prompts to ask for consent were included in people's care plans in significant areas. For example when a person required a transfer via mobility equipment, the care plan always prompted staff to ensure they had consent first.

People's healthcare needs were established in their care plan and included the support that they required to maintain their health and welfare. Where a person had involvement from District (community-based) nurses or other therapies, the care plan clearly detailed how those agencies supported the person with their specific needs. If a person was at risk of developing pressure ulcers, for example, then staff were informed of who to contact if they observed any sign of this during their visit.

People's dietary needs were detailed in their care plans with foods and drinks that they enjoyed at different times of day. If carers were required to assist people with their meals then the care plan included the different ways in which they could provide the necessary support.

Good

# Is the service caring?

## Our findings

People and their relatives told us that they were supported by staff who were caring, compassionate and put people's needs first. One person told us, "What's lovely about the agency is that I have my regular carers who I have got to know well over the years and they know me. They are really like members of the family now and I sometimes wonder if I could manage without them." Another person said, "My main carer has been looking after me for many years now so it is more like having a friend coming in."

Everybody we spoke with were complimentary about the attitude and respect shown to them by the staff employed by the agency. One relative said, "I have to say we have both been struck by the way in which our [relative]'s carer interacts with [them]. [Staff] takes such a caring, calming and compassionate approach to [person] that it makes us feel that we were right to allow [them] to stay at home with carers visiting [them]." Staff spoke enthusiastically about the people they worked with and could tell us about each individual they cared for in detail. One member of staff said, "Of all the people we support, there's only two I haven't met. I know all of them, they all know me and we have a personal relationship. If I go in and visit them then they know me, they'll talk to me. That makes it special."

A relative had written to the manager to thank the service for the care they'd provided. They said, "Friendship were the third domiciliary care agency I commissioned for the care of [relative]. Previous agencies had put [them] at considerable risk, but I found Friendship to be so different, person-centred and flexible, always putting [person]'s needs at the forefront. You are trustworthy, with integrity."

People told us they were treated with dignity and respect. One person said, "Now the lighter evenings are coming, my carer will always make sure she pulls the curtains in my bedroom before we start undressing to get me ready for bed. I never have to ask her to do that, she just does it automatically." Staff were able to describe ways in which they observed people's right to privacy. One member of staff said, "We make sure we cover people, talk to them and show them respect. I talk to them as we go, close the doors and make sure everything is how they like it."

Families were encouraged to be involved in the care and support of their relative and we saw that correspondence that had taken place between them was added to their care plan. Copies of plans, reviews and changes were forwarded to relatives for their input where possible.

A service user guide was issued to people when they first joined the service which set out the service that people would receive and the support available to them. Details of local services were made available should people need to use them, and people were informed of the values and ethics of the organisation.

Staff we spoke with described the ways in which they observed people's right to confidentiality and kept their personal information private. People told us they had concerns about their private information being shared. One person said, "In all the years my carers have been coming to me, I've never heard them talk about anybody else that they are looking after or have looked after and I would be very shocked if they suddenly started doing that."

Good

# Is the service responsive?

## Our findings

People told us they knew what was in their care plans and that they had contributed to their contents. One person said, "I recall meeting one of the managers whilst I was still in hospital and we sat and chatted about what I needed help with. I know the plan is in my folder for my carers to refer to if they need to. I do see a manager from the service, probably about once a year, so that we can see if there is anything that needs changing." A relative we spoke with told us they were involved in the initial assessment and planning and then subsequent reviews. They said, "My [relative] has a care plan which is kept in the folder that the carers sign to say what they have been. [Manager] arranged to come and visit us and we then sat and talked through what it was my [relative] required help with. At the end of this discussion [manager] went away and put together the care plan which was then sent to me to have a look at. I was able to add in one or two things that hadn't quite been understood when we met and then I took it to mother and she signed it. We have had one review so far, which I think was about the six month mark when [manager] visited to make sure everything was going alright. We decided that [relative] could perhaps do with one extra visit to prepare some tea for [them] so this was added to the care plan. I must say both [relative] and I have appreciated how much attention has been given to making sure that everything is as my mother requires it."

The service completed a care needs assessment form for person which established the details that were later used to create their care plan. For people who had been using the service for longer periods of time, we saw that care needs assessments were carried out regularly. This helped to ensure that the information contained within the care plan was up to date and reflective of the person's changing needs. We saw that where one person was using new equipment to support their healthcare needs; this had been captured in the assessment and integrated into the care plan. This helped to ensure that staff had the most recent information about the person before they delivered their care.

Each care plan included a 'pen picture' which detailed the person's background, social history, family details and daily living skills. The call times for people were included in their care plans with details of the tasks that staff needed to follow during each visit. People's skills and hobbies were included in their care plans in basic detail, for example we saw that some people enjoyed watching television, listening to music and playing cards. Each person had a 'main goal' to enable the service to work towards defined objectives for them. For example for one person an objective had been set to try and support them to begin mobilising again following an illness. People's daily notes detailed the care and support that staff had offered during each visit and we found that these were written respectfully and comprehensively enough to capture the nature of their calls.

People we spoke with told us they knew how to make a complaint. One person said, "The complaint form is in the folder which is kept in the lounge for the carers to sign each day. I've never had to make a complaint though and I think if there was a problem I would let my [relative] handle it for me." A relative we spoke with was positive about the way in which the agency had handled their issues in the past. They said, "We certainly know how to make a complaint because there is a leaflet in the folder that tells us all about it. However, we have never had to make a formal complaint about [relative]'s care in all the years she has been with them. We did have a minor issue recently, which was more of a misunderstanding, but I have to say the agency

approached it very professionally, they rang me up and discussed it and went away to look at the records and then within two days had come back to me, to say that they were going to change the way something was done. I did stress to them that I wasn't making a formal complaint but they insisted that it was handled in the same professional manner. I would therefore have no hesitation in going to them with a complaint because I'm certain they would deal with it in a fair, honest, and open manner." The service had received four complaints. We saw that investigations had been undertaken in response to these complaints and that outcomes had been communicated to the complainants. For example, one person had complained about the conduct of their care staff and asked that they had a new member of staff instead. We saw that the service had resolved the complaint quickly and found an appropriate alternative member of staff for the person.

Good

# Is the service well-led?

## Our findings

People we spoke with were positive about the management of the service. One person said, "In my opinion, everyone in the office and the manager are very approachable. They always say they don't mind being contacted at any time and you get the feeling that they genuinely mean that rather than just saying it because they need to. I have really appreciated that she has gone the extra mile to help."

The management team consisted of a business development manager, registered manager, a care team manager and two senior supervisors. Staff felt supported by the registered manager and told us she was helpful and approachable. One member of staff said, "The managers are very nice, you don't get that everywhere."

The registered manager told us that the service had started as a local church befriending scheme to offer support to people in the nearby community. She told us the service had grown over the years but that the values she had established at the beginning of their journey were still there. By promoting a charitable, person-centred and local culture, the service had developed significantly since it began. She was able to tell us about each person that used the service and understood their needs. She still offered hands-on care herself and tried to remain active in the community wherever possible. By demonstrating these kind of role modelling behaviours, the manager was able to inspire a positive ethos across the organisation. Staff were able to explain the visions and values of the provider and one member of staff said, "The way we work with people makes us special. I think we're unique in what we do. We know everybody, the carers, clients; we work so closely with everybody. We know the clients as if they're our own family."

People were given the opportunity to contribute to their care and support through regular monitoring questionnaires that were conducted with the person and their relatives. People were asked to comment upon how they were getting along with their carers, whether they were happy with the care they received and asked for any additional feedback. Where concerns had been raised we saw example of how the service had addressed these. In one instance a family member had stated that call times were too sporadic. We saw that the window of time for visits had been shortened and that the feedback from the person on the next monitoring survey was much more positive. This showed that the service listened to people and acted upon their concerns promptly.

The service had sent out questionnaires to people and relatives to gain their feedback. The responses were collated and used to issue a report which celebrated the positive feedback and identified areas that required improvement. We went through the action plan with the manager who was able to tell us about the steps they'd taken to resolve each of the areas where feedback had been more negative. For example where some relatives had expressed concern at not being involved in all reviews, the manager had tried to use new ways of communication including texts and emails to contact them and provide them with the required information. The manager had spoken to people or relatives who had raised concerns to notify them of the action that was being taken to resolve them. Overall, the feedback was positive with most people rating the service as 'outstanding' and a small handful as 'good'.

Staff were invited to attend regular team meetings. One member of staff told us, "We discuss a whole variety of things, we remind staff about logging in and logging out of our care system, make sure they understand the values of the organisation and are showing people care and respect."
The service had a system in place for quality assurance. Regular audits across different areas of the service helped to identify shortfalls or improvements that needed to be. We saw that there were systems for highlighting when training and supervisions were due to ensure that these were kept up to date. The managers used the CM2000 computerised system and daily notes sent back to the office to identify gaps or inconsistencies. If there were issues then these were then discussed with the individual carers in supervision. A report was generated each month which looked at changes in people's condition or medicine needs and ensured that MAR sheets were being filled out correctly. Care plans and staff files were routinely audited to ensure that the information contained in them was relevant. The manager was able to tell us about a number of ways in which they were seeking to improve some elements of the service. For example it had been identified that the current system of logging in and out was occasionally prone to errors. The manager had identified software the service could use to make this easier for staff. She told us they were hoping to go 'paperless' by implementing new systems that would make them more responsive. During our inspection we noticed that the systems the service used has evolved over time to meet best practice guidance. This helped to establish a culture of continual development.