

Lincoln Healthcare Group Limited

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Inspection report

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19 October 2017

23 October 2017

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Lincoln Healthcare Group Limited is based in Newcastle and provides personal care and support to people living in their own homes. The service currently supported people living in Newcastle and North Tyneside but also covered Gateshead and Northumberland areas when required. At the time of our inspection there were 28 people using the service.

This inspection took place on 17, 19 and 23 October 2017 and was announced as we intended to visit people in their own homes and wanted to ensure management were present in the main office. We last inspected this service in July 2015, at which time we found them to be meeting all the regulations and rated the service as good overall.

The service had a registered manager who had been registered with the Care Quality Commission (CQC) since 2012. During the inspection we were informed that the current registered manager had changed roles within the organisation and intended to deregister. There was a new manager who was in the process of applying to the Commission to become registered. 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 told us that staff managed their medicines safely although procedures needed to be updated, including records kept. We have made a recommendation about this.

People told us they felt safe living at their homes with support from staff. Staff understood their responsibilities to report any safeguarding concerns to the manager. People and staff told us they felt there were enough staff employed at the service and we confirmed this through records.

Risks had been identified and measures put in place to minimise the risks to people and staff. Accidents and incidents were recorded and monitored.

People told us they were supported by staff to maintain their nutritional needs. Staff were trained and received support from the management team.

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 supported this practice. People and their relatives knew how to complain if they felt this was necessary.

People were respected and their dignity was maintained. Staff displayed kind and caring attitudes and treated people as individuals. People's care needs were detailed, recorded and reviewed by staff with input from people, relatives and other relevant individuals. The provider was in the process of reviewing its care recording procedures.

Staff told us they worked well as a team. They felt supported by the manager and the provider who staff said were approachable and made them feel valued.

Audits and checks of the service were in place to monitor the quality and safety of the service and the manager was in the process of reviewing their medicines audits and checks. Surveys were used to gather feedback from people about the service they received.

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 consistently safe.

Medicines procedures needed to be reviewed and improved.

People told us they felt safe. Safeguarding procedures were followed correctly and staff understood their role.

Risk assessments were completed and emergency procedures were in place.

Safe staff recruitment procedures were followed.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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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 the 17, 19 and 23 October 2017 and was announced. We gave the provider 24 hours' notice of the inspection because we needed to seek permission of people who used the service and let them know that we would be either visiting them in their own homes or calling them on the telephone. We also needed to be sure staff would be available in the local office to access records.

The inspection was conducted by one inspector and one expert by experience. An expert by experience is someone who has personal experience of this kind of service, either through their own experiences or that of their family or friends. The expert by experience telephoned people and their relatives to gain their views of the service.

Prior to the inspection we reviewed all of the information we held about the service, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers and are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Before the inspection we contacted the local authority commissioning and adult safeguarding teams to obtain their feedback about the service. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. Where people responded, we used their views to support the planning of the service.

We asked for a Provider Information Return (PIR) prior to the inspection. The PIR 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. This information also informed our planning of the inspection.

We contacted five people and seven relatives by telephone. We also visited three people in their own homes and spoke with a further four relatives. We spoke with the provider, the registered manager/training officer, the new manager, the company secretary, the HR manager (currently still the registered manager), the care supervisor, a care coordinator, and five care staff. We contacted two care managers, one district nurse and one occupational therapist to gather their views of the service. We reviewed a range of six care records (including medicines) and information regarding the management of the service, including reviewing the information on four staff personnel files, service audits and health and safety information and meetings.

Is the service safe?

Our findings

The people we spoke with told us they felt safe with the support they received at home from staff. They made comments such as, "I feel very safe, I've had the same carer for quite a few years and I've never had a problem. I get told if it's a different carer coming, everything is excellent"; "I have the same carer every week, she cleans, tidies, reads my mail and helps me sort hospital appointments. If she's on holiday I don't have anyone else – it's my choice" and "They [care staff] are always here on time, they make sure I'm safe and well looked after and when we thought I needed extra support I got it."

Relatives also commented on how safe their family member was. Comments included, "I know he is safe with them [care staff] and that makes me feel safe"; "Yes, I feel she [person] is safe, I have had no reason not to think that" and "Very safe, staff think out of the box and use common sense."

Staff displayed an understanding of safeguarding and how to protect people from harm and improper treatment. One staff member said, "I'd always do the right thing if it came to something like that. I would not hesitate. Policies and procedures were in place to assist the staff to carry out their duties in relation to safeguarding people. Staff told us they had regular safeguarding training and the training matrix confirmed this to have either taken place or was planned to."

We saw in people's care files, that the service had assessed risks associated with individual care needs. This included risks involving for example, moving and handling and staff working within the property. We saw evidence that these were reviewed and monitored by the provider.

People confirmed that staff supported them well with their medicines, whether they took them themselves or had them administered. One person said, "I don't know what I would do if staff did not help me." Relatives told us they had no concerns with their family member's medicines regime.

Staff told us they received accredited training in the safe handling of medicines and had checks carried out on their competency by senior staff. We were able to confirm this through the training records we viewed. One staff member told us, "I know what I am doing (administration) and am confident with reporting anything I don't understand. I know my responsibilities". Staff displayed a solid understanding of safely managing medicines and a clear understanding of the people who they supported.

Not every person receiving care and support from the provider had assistance with medicines. However, medicines records we checked were not fully detailed or up to date in all cases. For example, one person's had four different lists of medicines in place, although we were able to confirm they had received the correct medicines. The same person's 'as required' medicine information was not as detailed as it should have been. However, staff knew how to use these medicines as they knew the person well after supporting them for many years. 'As required' medicines are medicines that are used intermittently, for example for pain relief.

The medicines administration records (MAR) did not have enough codes to record every eventuality. For

example, if family had administered the person's medicines. This meant there was not a full record to show all medicines had been administered and the only way to check was to review individual daily records which recorded this information.

We asked one staff member what they would do if a medicine was dropped while they were administering medicines to a person. They told us, "I would put it down the sink." We saw however, that the provider had a disposed medicines procedure and record in place and other staff had used the correct procedures.

We spoke with the manager, who told us they would review their medicines procedures, including a full review of the medicines policy. We also discussed the issues with medicines with the provider and office staff in our feedback at the end of the inspection visit. They assured us they would address the issues raised. Before the inspection was completed, the manager had sent us copies of an updated MAR.

We recommend that the provider update their medicines management processes to ensure they are in line with The National Institute for Health and Care Excellence (NICE), including their medicines policy.

People we spoke with and relatives confirmed that they felt there were enough staff employed by the service to manage their care and support needs. Staff also told us that they were appropriately staffed to ensure there was consistent and continual cover. One person told us, "I have no problem with the staff; they are a lovely group of carers." Another person told us, "I understand that you cannot always get the same carers.they have to have time off at some point!" We saw staff rotas which were planned in advance and sent to care staff. The care coordinator managed staffing rosters to ensure that there was consistency. They told us, "It's important to try and ensure that the same staff visit people, but sometimes; due to holidays or sickness, this is not possible. We do try our best though to keep change to a minimum." This meant the provider was ensuring staffing levels were appropriate and that people knew who to expect.

All of the people we spoke with told us care staff arrived on time or let them know if they were delayed, which they said was not a regular occurrence. People also confirmed staff stayed for the agreed amount of time.

We examined staff personnel files and found that there had been a robust recruitment process followed. Management had interviewed potential employees, obtained two references and carried out a check with the Disclosure and Barring Service (DBS). DBS checks ensure staff have not been subject to any actions that would bar them from working with vulnerable people. Files contained evidence of a pre-employment induction process in line with the Care Certificate and ongoing training. This demonstrated that the provider was safely recruiting staff with a variety of skills, knowledge and experience who were suitable to meet the needs of the people who used the service. The staff we spoke with confirmed that the provider had obtained the necessary checks prior to their employment.

We reviewed incidents, accident and saw that these were investigated and monitored for any trends forming. Emergency contingency plans were in place which would be used in the event of an unforeseen disaster or unexpected event, for example poor weather conditions.

Is the service effective?

Our findings

People told us staff offered them an effective service. One person commented, "They staff that come here are very good and know what they need to do. I could not do without them." Another person said, "They are effective, yes. They keep me going, which involves a lot." One relative told us, "Lincoln is so good, the carers are excellent and the office care too. I'm very, very happy with things. The carers have the keys to the house and are here when I get in from work." Another relative said, "All of the carers have the skills to provide the specialist care that's needed. They are all competent." A third relative told us, "The carers all have the skills to do the job and Lincoln make sure they have regular training to keep their skills up to date."

We reviewed the service training plan. This was used by the management team to plan and schedule training refresher sessions. We saw staff were trained in key topics such as, moving and handling, medicines and safeguarding as well as other topics suitable to their role, including epileptic seizure training. The manager told us they were responsible for ensuring competency checks were carried out on the staff to ensure staff followed safe practices. Evidence of training and qualifications were seen in the staff files. It was reported that 47 staff members had achieved level three diplomas in health and social care.

Staff we spoke with told us the organisation was supportive of their needs. One staff member said, "We have supervision sessions; they are regular and we get a chance to talk about the things that we want to...it a two way thing." We noted that support sessions were behind schedule but the manager had planned these to take place.

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.

The manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and were working within its principals and had received training to support this. We saw evidence in people's care files that the service considered people's preferences regarding their care and support. Staff told us that they encouraged people to make their own decisions.

We saw evidence that the service sought people's consent wherever possible when deciding on appropriate care and treatment. All of the people we spoke with confirmed that their consent was sought prior to care being provided.

Some people were supported by staff to prepare and cook their own food. Where this was not possible, staff had fully recorded details of the nutritional needs of each person they supported and used this detail to ensure the person received suitable food and refreshments to meet their needs. One person told us, "They [care staff] make me something to eat. I really appreciate their help."

Staff told us and we confirmed from records, they contacted healthcare professionals directly from people's homes as and when necessary. One staff member said, "We would phone for help if it was needed. [Person] would let us know if they wanted help too." Another staff member told us how they supported a person to visit the GP. One person was meant to have had a referral to the community occupational therapist. We were told by the person's relative that staff had 'chased' up the person's GP to ensure the referral had been made.

Is the service caring?

Our findings

People thought staff were kind and caring. Comments were made from people and relatives such as, "The carers talk to [person] whilst he's getting support and one carer sings to him. He can't communicate but he moves his tongue and face as if he's trying to talk or sing. It makes such a difference"; "[Carer staff name] is very caring, she treats me right, and she's fantastic"; "My carer knows me, helps me. I've never had a problem. I feel very comfortable with my carers, which is very important to me. Lincoln has been good with me. They're excellent, absolutely excellent"; "I've got a really good rapport with the carers and all the carers are very caring. They care about you as well as the person they're caring for" and "Lincoln, the office and the carer's are so good... they care. I'm really, really happy with them. They always ask if everything is going okay and if you're happy with everything."

All the staff we spoke with displayed caring and compassionate attitudes and we talked with them at length about the type of service they felt they delivered. They made comments such as "It's a very good service" and "We have a good team".

All of the people and their relatives we spoke with told us they felt involved in their own or their families care and that they were listened to and their views were acted on. One person said, "The carers listen, the office listens and my care package changes when I need it to change. I've had the same team for a while and everything is good."

People told us they trusted their support workers and were offered choice when being supported with tasks. For example, one person told us a staff member prepared a lunch time meal and asked them what they preferred to eat and drink.

The people we spoke with and their families had been involved in the care planning process and felt they were involved in making decisions about their care and supported to express their views. One person said, "I do get surveys but I don't bother filling them in because I've got no problems with them and my writing's not very good." A relative said, "I'm sure we have had surveys from (manager)." They referred to a survey which was sent to their home, they told us this was to obtain their feedback about the service.

The provider produced a monthly newsletter which covered a range of issues including acknowledging staff on their individual successes, including which staff member was 'Employee of the Month'. Any compliments received were shared with staff.

People were respected and their dignity maintained. One person told us, "They are very helpful and treat me with respect." Staff received training in equality and diversity which included issues in connection with privacy and dignity. Staff promoted people to be as independent as they could be and to do as many tasks as they could for themselves. We observed one staff member encouraging one person to complete a particular personal care task. One staff member recognised the importance of giving privacy and as we spoke to one person they made an excuse and left the room. Another staff member said, "We do the usual things like, close curtains, use a towel to cover intimate areas...its basic respect."

We asked staff about people's use of formal advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. Most people had family who acted on their behalf informally. Staff told us that if any person needed an advocate at any time, they would support them locally to source one.

Is the service responsive?

Our findings

People told us that the staff team responded well to their needs. One person said, "If I have ever needed anything, the girls have seen to it." We checked the daily records for one person and found staff had followed the persons care and support plan exactly. A relative told us, "They [provider] have always been extremely helpful and supportive when we are working out the care [person] needs." One person said, "I've no complaints at all; they tell me if anything is changing such as a change of carer because of holiday and they tell me in plenty of time. I have assessments every six months and there's regular feedback reviews." Another person said, "[Member of care staff name] is great, fantastic. She knows what I need and I feel comfortable and safe with her. She helps me to manage things how I want."

Relatives thought that care staff were responsive to the changing needs of people because they felt staff knew them well. They also told us any queries were responded to quickly and that it was easy to access the office by telephone. One relative said, "We've had the same carers for the past 10 years and they know [person] really well and have a good rapport with him. They can see any changes in him." Another relative said, "Staff have been coming for 12 years and we have a good rapport. The carers [staff] log each day's activities and talk through what's happened in the day with me, highlighting any differences or concerns." A third relative said, "I can't call the girls – they're all fantastic, they hoist, shave, bath, dress him and take him out."

The care and support provided to a number of people as part of their care package, included support to access the community and social interaction with friends and family. One person told us, "I've had the same carer for a number of years, she takes me out in the community, where I want to go; swimming, to the beach, museums and without her I would go mad."

Staff were well informed about the people they supported. They were aware of their health and support needs and knew people well. We were able to confirm this information from looking at the care and support plans completed and by speaking with staff about individuals. One staff member was able to describe a particular person's needs and what they would do if they noticed a change in their requirements. One staff member said, "We read the plans, it gives us ideas to make suggestions about what a person might want to do." Staff told us that at the initial assessment stage, they speak to the person, their family and friends and other health and social care professionals to gather as much information as they can about people in order to plan appropriately.

Care plans included detailed information about people's health and medical conditions. They included, for example information about the person's communication needs and living arrangements. We saw evidence that care needs were reviewed and reassessed when there were changes to people's needs. The manager told us that care recording procedures were in the process of being reviewed and streamlined, which included updating where necessary.

People told us they were given choice and control. Staff told us they involved people in decisions about their care by giving them autonomy. People were encouraged to choose their meals and make decisions about

how they preferred support to be given.

The service dealt with complaints in a thorough manner and people knew how to complain when asked. One person told us, "If there is an issue it is sorted out immediately." Another person said, "The carers are great, we work together, I've no complaints." The service had received two complaints in the last 12 months and we saw these had both been resolved. The company had a complaints policy and procedure which we saw had been followed.

Is the service well-led?

Our findings

There was a registered manager in post, although they were in the process of changing roles and a new manager had been appointed and they were about to register with the Commission. The provider and the new manager were present during the entire inspection and assisted us by liaising with people who were using the service and staff members.

One person told us, "I have had other carers before from other services and this is the best managed in my opinion. One relative said, "It's very well organised, you get a call if a carer is going to be a bit late, you know who's coming, they listen to you and do their best for you."

Staff told us they enjoyed work, comments included, "I like working here"; "I enjoy my job." Staff told us they felt the management were supportive and approachable and believed their views mattered and they were listened to and valued. One staff member said the provider was "Very very supportive to his staff team."

Staff demonstrated an understanding of their role and responsibilities. They were able to tell us what these were. One staff member said, "We help people to do as much as possible for themselves."

'Client' surveys were undertaken by the service. Overall we noted a positive response. The results were collated and were used to improve the service.

We reviewed the minutes from staff meetings and saw that staff were given the opportunity to discuss people's outcomes, share best practice and understand where improvements could be made when they were part of a staff team supporting particular individuals. However, the manager confirmed that they were in the process of reviewing meetings to ensure all staff were able to participate.

The provider worked in partnership with others. A healthcare professional told us, "I have every faith that this agency carry out their clients care to the best of their ability....personally I have had good experiences from using their service." This meant that the service worked in partnership with other stakeholders to ensure that people received the best possible care.

Audits and checks of the service were in place to monitor the quality and safety of the care people received. The senior staff carried out regular checks of the service provided, which included talking to the people and their relatives receiving it. Senior staff completed a range of audits, including for example, care plan audits. These were used to monitor recordings and check care staff had completed paperwork and followed suitable procedures. Medicines audits were completed but we found they needed to be more robust. The manager oversaw all of the audits. We discussed this shortfall with all of the senior management team who confirmed they would look into this issue.

The provider was aware of the need to submit statutory notifications to the Commission as and when required and had displayed their most recent rating on their website as legally required.