

Mrs Tracey Trickett

Lovedean Homecare

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

This was an unannounced inspection carried out on the 13 and 14 April 2016.

Lovedean Homecare is a domiciliary care agency registered to provide personal care and support to people who live in their own home. At the time of our inspection, there were 27 people using the service.

The provider had safeguarding policies and procedures in place. All staff received safeguarding adults and children training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff were confident in their knowledge and understanding of abuse.

People were protected from the risk of harm because risks to people were assessed and the provider had put steps in place to minimise them.

People received flexible and responsive care because they were supported by sufficient numbers of staff.

People received their medicines at appropriate times and accurate records were maintained.

People and relatives felt listened to by staff and said their requests were acted upon in a timely manner.

People felt that staff treated them with dignity and respect.

People and relatives were involved in the development of care plans and were able to express how they preferred to receive care.

Staff were supportive in helping people to maintain their independence as far as was practicable.

Processes for recruiting staff were safe and thorough to ensure staff were suitable for their role. People's needs were understood and met by the right amount of skilled and experienced staff.

Staff were supported by the provider. Supervision and appraisal sessions were regularly completed to reflect on good practice and areas of improvement.

The provider had robust quality assurance and data management systems in place to ensure quality of service provision.

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 protected from harm. People had confidence in the service they received and felt safe and secure. Risks to the health, safety and well-being of people were assessed and encouraged people to remain as independent as possible while remaining safe.

Staff had the knowledge, skills and time to care for people safely and consistently.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

The provider had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

People and their relatives were happy they were receiving their service from skilled carers.

Staff were supported because they received regular supervisions and training opportunities.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff were aware of when they needed to obtain consent from people.

Staff knew how to meet people's nutritional and hydration needs.

Is the service caring?

Good ●

The service was caring

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was outstanding in the way it responded to people's changing needs.

People received a personalised service that was flexible, proactive and planned in partnership with them.

People's care was kept under continual review and the service responded to people's individual needs. The provider was flexible and changed visit times at short notice to reflect people's preference and needs.

People were actively encouraged to give their views and raise concerns because the provider viewed all feedback received as part of driving service improvement.

Is the service well-led?

Good ●

The service was well led.

Audits were carried out effectively.

The management team was available to support people, relatives and staff at any time.

Staff were happy working for the provider.

Lovedean Homecare

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 the 13 and 14 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be at the office. One inspector carried out the inspection.

Before the inspection, we reviewed the information we held about the service such registration reports and notifications the provider is required to tell us about, and information that had been sent to us by other agencies. The provider also 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.

During our inspection we spoke with the provider, who also manages the service. We reviewed care records for five people using the service, including their care plans, risk assessments and daily care notes completed by the staff supporting them. We also looked at other records, including four staff files, the complaints log, accident and incident reports, training records, quality assurance audits and checked the providers policies and procedures. Following the inspection we spoke with five people using the service and the relatives of two other people. We also spoke with four staff members who work for the provider.

The service had been previously inspected in December 2013 and was meeting the regulations it was inspected against at the time.

Is the service safe?

Our findings

Everyone we spoke with told us how the staff made them feel safe, for example, one person said, "I feel safe with my carers, especially when they help me use the bathroom." Another told us, "They are excellent and trustworthy I couldn't manage without them. I feel safe with them." Relatives provided similar feedback which included, "We had a poor experience with another agency, but "Lovedean" carers are so good. Knowing that our relative is safe with our group of carers is a weight of our minds."

People were safeguarded from the risk of abuse. The provider had systems in place to enable the reporting of suspected abuse. The provider understood their roles and responsibilities with regard to safeguarding procedures. Staff were all clear about what to do if they had any concerns at all about people. Where people had been highlighted as being at potential risk, the service had acted swiftly and appropriately to safeguard them.

Staff had received training in safeguarding adults at risk and those we spoke with demonstrated that they were confident about how to keep people safe from harm. Staff told us that they would have no hesitation in reporting any concerns they had to the office or if necessary to outside agencies including the police, the local safeguarding team or CQC. The service had a safeguarding policy which had been reviewed and updated in January 2016 and included a step by step process of how to respond to safeguarding concerns, including the contact details of people who should be informed.

People's safety in their own home was risk assessed in a way that promoted independence. At the start of every new care package the provider completed a detailed assessment with people. This included assessing any risks associated with people's needs, living environment or equipment. Where people had mobility needs, we saw that an additional moving and handling risk assessment had also been completed and the service had taken steps to check that any specialist equipment, such as hoists were maintained in safe working order.

Assessments were kept under review and staff confirmed they understood the importance of reporting any new risks, when people's needs changed. Such as a decrease in their mobility or an increase in the number of falls they had. Risk assessments were updated in a timely way and appropriate action was taken. For example, staff had recently reported decrease in a person's ability to maintain their independence. The provider had immediately arranged for a further assessment with the person and their family which led to their package of care being reviewed and extra care being provided.

People were protected by the steps the provider had taken to ensure information about how to access their homes was kept secure and only available to those who needed to know. People and their relatives had no concerns about the way the provider managed access to their homes. In addition to the agreed arrangements for accessing the home the provider had also liaised with people and their relatives about what they wanted staff to do if they could not gain entry through the usual route. This provided people with the peace of mind that there was a safe contingency plan in place if staff couldn't gain access for any reason.

People told us that whenever they called the office, they always received a response, regardless of the time of day. Staff confirmed that one of the senior staff was always available to speak with if they needed to. When the office was shut staff had the contact details of senior staff should they need to contact them in an emergency.

The agency had systems in place to manage and report any accidents and incidents. The provider told us that none had occurred in the last 12 months, but was clear of the process that would be followed if they did.

People received consistent support from staff who had the knowledge, skills and time to care for them appropriately. The provider scheduled people's calls to ensure that people were supported effectively and wherever possible by care workers that they knew. People with spoke with confirmed that they received regular care staff and were very positive about this. One person told us, "I have three carers who regularly support me. I feel safe with them and they know me so well."

The provider allowed staff sufficient time to travel between the different people they supported and had a clear expectation that care workers should spend the full allocated time with each person. People confirmed that staff always stayed for the allotted time. No one had experienced a missed call. One relative commented, "The staff do not rush they spend time providing care to my wife."

Staff said that they worked in close geographical areas which reduced the time spent travelling between people. They felt that the time allocated to calls was usually sufficient to undertake the care that they had to provide. They also told us that if they ever finished early, then they would do additional jobs for people, such as domestic tasks, shopping or just sit and chat. Staff confirmed that if people were ever unwell or needed extra time, then they could just contact the office who would arrange for the next person on their list to be called or covered by someone else. All staff said they were never pressured into leaving a person when it wasn't the right to do.

The provider followed safe recruitment procedures. All applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to see if a person has been placed on a list for people who are barred from working with adults or children or has a criminal record the employer should be aware of. This assisted the provider in making decisions about the recruitment of staff.

The provider had a system in place to safely support people with the management of their medicines. Most people did not require support when taking their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person. One person told us; "They check that I have taken my medicine. They always record everything in my book."

All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow. We saw that Medication Administration Records were regularly returned to the office and the provider audited them. Where errors were identified, for example if a staff member had forgotten to sign the record, the provider had met with the staff member and provided additional training and support.

Is the service effective?

Our findings

People who use the service and their relatives told us they felt their needs were met by well trained and competent staff. One person told us, "The staff that support me know what to do, they are very caring." Another said, "My carers do everything I ask them, and they do it well." One relative told us, "The staff all seem to be well trained and know about caring for people with dementia."

Staff confirmed they had regular opportunities for training and development. We saw from certificates in staff files and the training records that staff had completed various training sessions including moving and handling, end of life, medicines, infection control and health and safety. Staff completed an induction before they began working with people. The provider told us and records confirmed that new staff were expected to complete the care certificate. The Care Certificate is training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. The provider told us that depending on previous care work experience, a new member of staff would shadow more experienced staff for at least 25 hours. Staff confirmed they shadowed experienced staff as part of their induction. The provider had recently recruited a new training company to provide training for staff. We spoke with the new trainer who confirmed they had been asked to cover all aspects of the care certificate as well as mandatory and bespoke training for staff. This would be a mixture of class based training, on line training and distance learning from a college.

The provider had a supervision policy which detailed the supervision process and specified that staff should expect two supervisions a year. Staff confirmed they received regular supervisions and records showed these happened at least twice a year. The provider confirmed that they also observed staff at work through quarterly visits to people's homes and if there were any issues these were dealt with through the supervision process. Staff records showed that this was the case.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and found that it was. Staff demonstrated their awareness about when they should obtain people's consent and confirmed they asked people for permission before carrying out care tasks. People told us staff always sought consent before providing care. For example one person told us, "They always make sure I am happy with what they are doing." Records showed that people had agreed to their support plan by signing a consent to care agreement form.

People were supported and encouraged to maintain a healthy balanced diet. People told us that staff always gave them choice with their meals and respected their specialist diets. One person commented,

"They prepare my meals for me and always ask what I would like before getting it ready." People and their relatives also highlighted that staff were proactive in ensuring that people had access to sufficient fluids. For example, one person told us, "They make sure that I have plenty of fluids" and another person said, "They always get me a hot drink and a water before they leave."

Is the service caring?

Our findings

People we spoke with were pleased with the care and support they received from the provider, they felt that staff listened to them and acted upon what they said. One person we spoke with said, "I cannot fault the care I get. The carers are all lovely and treat with dignity." Another said, "The carers as compassionate and take their time. I would recommend them without hesitation to anyone in need of quality care." A relative told us, "We were really worried about consistency of care, but the staff have been brilliant and really kind. They are very respectful."

People were involved in planning their care and their relatives were given the opportunity to express their views and contribute. A relative told us, "We're consulted on care planning and reviews." The provider had regular contact with people both in person and by telephone where they discussed their care. People told us about regular care and support review meetings that they had with the provider. One person told us, "I get regular visits to see if I'm satisfied with the care I receive."

People and relatives told us that staff treated people with dignity, respect and upheld their rights to privacy. One person told us, "The carers treat me with respect, they always ask how I am they ask how and how they can help. I feel they listen to me." A relative told us how staff respected their views towards care and support they said, "We really didn't want lots of different carers looking after him. They really listened to us and we have small group of carers who really look after him." Staff were able to explain to us how they ensured that people were treated respectfully. One staff member told us how they maintained people's privacy and dignity when providing personal care, they told us, "I ensure that doors, curtains and windows are closed and ask any visitors or family members to wait in another room." Another staff member told us how they maintained people's dignity by keeping them covered whilst providing personal care. We saw from training records that staff received training during their induction on treating people with dignity and respect.

Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. One staff member said, "It's good when clients tell us what they want – they're in control and it enables them to remain independent." One person told us how they like to manage part of their personal care themselves and how staff respect their views and support them to do it independently.

Is the service responsive?

Our findings

People received care and support that had been planned in partnership with them. People told us they felt in control of the care they were given and were positive about the care they received. One person told us, "The carers know what I need and I would not want anything to change. They know how I like things done and have been consistent in providing excellent care." Another said, "The carers are brilliant always willing to help and do extra tasks for me if I need it, such as shopping or helping around the house." The staff worked collaboratively to ensure they were consistent in supporting people and meeting their needs. One person told us, "I have about three different people support me from time to time but they are all brilliant and know how I like things done. I never have to remind them."

We saw individual assessments were carried out. Assessments were undertaken to identify people's support needs and the information obtained was used to develop a plan of care that outlined how those needs were to be met. Care records were essential to providing person centred care. They were thorough and provided detailed information to assist staff in delivering consistent care. People confirmed that copies of their care plan were kept in their own home and staff could read the information either there or at the office. Staff said they found the information enabled them to deliver appropriate support and it was always available to them before they were asked to support someone. Staff said they were not expected to, "Go in blind" to a new person; they said the service took active steps to ensure staff had all the information they needed to deliver appropriate and personalised care.

Care plans helped staff support people in an individual way, recognising their preferences. They contained information about people's life histories and their preferences on the way they liked to be supported. For example, one person's relative told us, "The staff always greet [relative] in the way they like and because their dementia fluctuates from time to time. The staff remain flexible and adaptive to how [relative] is on the day. They always encourage them to be as independent as possible but provide the care in a very person centred way." People's likes and dislikes were clearly recorded throughout the care plan and information such as what people liked to eat, how they liked to be addressed and what they liked to wear were included in every care plan we read.

Staff demonstrated that they understood the importance of providing flexible support and commented that they adjusted the level of support for people in accordance with whether they were having, "A good or bad day." For example, for people living with a fluctuating illness, such as dementia we saw that the care plans guided staff to provide support in accordance with what the person was able to do and they were feeling. The provision of effective care planning along with regular and skilled staff meant that people always received support that was responsive to changing needs.

The provider described how the service was flexible. Care reviews were on going management and senior staff had constant oversight of the care people received. They provided us with examples of the changes they had made to people's care delivery, either by increasing the number or length of visits when people's dependency was higher or reducing the number or length of visits as people became more independent. People confirmed that if they needed to change their care in any way, that this was always accommodated.

For example one person told us, "I use to have two visits a day, but I decided I really only required one visit as I have become more independent. It was very easy." Relatives also told us that they, "We would highly recommend them they went out of their way to provide care to my relative. It was completely tailored to the individual and changing needs of my relative."

Discussions with staff reflected that the office were responsive to any changing needs or issues that they raised about people. One staff member told us, "The office are really good if you report a problem, they will come out straight away." The owner and all office staff were also hands on in delivering care to people and as such had excellent knowledge about all the people supported by the provider.

People's care was regularly reviewed. The provider had clear systems to ensure all people's care was fully reviewed with them at least every six months. The frequency of reviews was often greater because the service was efficient in responding to changes in people's circumstances. For example, if a person went into hospital, experienced a fall or staff reported a person had been unwell and become more dependent on care staff. The service conducted an additional review of their care. Or if care staff reported changes in people's independence Where people had other professionals involved in their care, we saw that the reviews were conducted in a multi-disciplinary way with the service seeking the views of others.

The risk assessments and guidelines for people were enabling and encouraged people to be as independent as possible. The provider believed that people should be supported to take, "Safe risks" in order to lead their lives fully. Staff echoed this principle and described how they had supported people who had previously been unwell or in hospital to do more for themselves and gradually reduce the help they required from them.

Other health professionals we spoke to were very positive about the provider and staff. One person told us, "They have provided appropriate packages of care and are very committed to provide an excellent service that is tailored to each individual and their care needs."

The service had a positive approach to handling concerns and complaints which they viewed as a part of driving improvement. The provider engaged regularly with people who used the service and their relatives which had encouraged good relationships and a cycle of on going feedback. As such, the majority people told us that they, "Had no reason to complain."

The provider responded to concerns in an open and transparent way and this was reflected in people's confidence in raising any issues at an early stage. People were aware of the complaints policy and procedures in place but people told us they had had not reason to use it. The last customer satisfaction survey carried out did not include any complaints or areas of concern. One person told us, "If I needed to complain I would speak to the staff at the office and I am sure they would take it seriously, but in four years I have never had to."

Is the service well-led?

Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. One staff member told us "I'm happy working here, I enjoy the work". Another staff member said, "They're a good organisation to work for". We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. One staff member told us that the provider does spot checks to ensure consistency and quality of care is being provided. Staff told us that they had regular team meetings where they were able to raise any issues or concerns with the manager. The staff felt supported and valued by the management team. We saw that compliments from people and relatives were fed back to staff to raise their confidence and help them to feel valued for the support they provided.

We saw that there were systems in place to record any accidents and incidents that occurred and that the information was shared with staff to improve quality of care. The provider had a history of meeting legal requirements and had notified us about events that they were required to.

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments and medicine records which ensured that people received a consistent quality of care.

The management team undertook care calls to help support people, when necessary. This allowed them to observe how staff cared for people and to monitor the quality of the service provided. The senior staff undertook 'spot check' observations of staff practice. Staff were observed delivering support to people this allowed the senior staff to see how care was delivered and how people consented to receiving their care. Staff we spoke with told us the 'spot checks' were unannounced, and they understood the reason for this and felt it was good at helping them develop their skills. The communication skills of staff were observed at the 'spot checks' along with compliance with the registered provider's uniform policy. The provider also carried out regular courtesy visit/call to help them monitor the service provision. A person we spoke with told us, "I get a visit every now and then from the owner or senior staff who ask me if I am happy and if the staff are doing a good job".

We saw that the PIR told us that a robust business continuity plan was in place. We inspected this and saw it covered every eventuality that may occur. This ensured in an emergency the service would be maintained to people.