

LJM Homecare Ltd

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Inspection report

Unit 3 Shaw House
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Date of inspection visit:
19 December 2018

Date of publication:
13 March 2019

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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

What life is like for people using this service:

People were supported by a consistent group of staff who were aware of the risks to them and how to keep them safe from harm. Where safeguarding concerns had been raised, they had been responded to and acted on appropriately. Individual lessons were learnt when accidents and incidents took place, but overall analysis of this information was inconsistent.

Staff felt well trained and supported in their role. People were happy with the care they received and felt it met their needs. Staff practice was regularly observed to ensure people were supported safely and effectively and in line with their care needs. Staff had received training in relation to the Mental Capacity Act and were mindful of the need to obtain people's consent prior to supporting them. People were supported, where appropriate at mealtimes.

People were treated with dignity and respect by staff who were kind and caring to them. People were encouraged to maintain their independence and were supported to be involved in decisions regarding their care.

Staff were aware of people's needs and individual preferences. People were involved in the planning and review of their care. People were confident that if they raised a concern, it would be dealt with appropriately. Where complaints had been raised, they had been responded to and acted on appropriately.

People and staff were complimentary of the service and considered it to be well led. People were asked for feedback on their experience of the service through surveys and telephone calls. Staff felt supported and listened to and able to contribute to the running of the service. A number of quality audits were in place and the provider and the registered manager had plans in place to drive improvement in the service.

Rating at last inspection: The rating of the last inspection was 'Good'. This report was published on 17 May 2016.

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both younger and older adults. At the time of the inspection they were providing personal care and support for up to 260 people.

Why we inspected: This was a planned inspection.

Follow up: We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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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 checked 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.

Inspection team:

One inspector and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of caring for someone who uses this type of care service.

Service and service type:

This is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both younger and older adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 72 hours notice' of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback. The Expert by Experience made phone calls to people who use the service on the 14 December 2018 and we visited the office location on 19 December 2018 to see the registered manager and to review care records, policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the Provider Information Return [PIR] that had been completed by the provider to help us focus on areas to look at during the inspection. We looked at notifications we had received for this service. Notifications are information about important events the service us required to send us by law.

During the inspection we spoke with the registered manager, the provider and four members of care staff.

We spoke with ten people who used the service and three relatives. We looked at four care records, three medication administration records, records of accidents and incidents, complaints, audits and quality assurance reports and action plans. Following the inspection we also spoke with a commissioner from the local authority.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- People were supported by staff who had received training in how to recognise signs of abuse. Staff were aware of how to raise safeguarding concerns.
- Where safeguarding concerns arose, the registered manager was aware of their responsibilities and had reported and acted on the information provided.
- People felt safe in their own home when supported by care staff. One person told us, "Yes, very safe. They [care staff] look after me very well and I have no concerns at all when they are here".

Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them and how to manage those risks. One member of staff said, "I'm quite happy with the information held in care plans". However, there was an inconsistency in risk assessments seen and some lacked detail. For example, one risk assessment referring to supporting a person with their personal care, referred to using personal protective equipment to reduce the risk of infection, but made no reference to staff to be aware that the person was at risk of falling. The registered manager told us they would review the paperwork being used and work alongside key worker staff to ensure care plans and risk assessments were more personalised.
- People were supported by a consistent group of staff who knew them well. Staff told us they were kept informed of changes in people's care needs in order to reduce the risk of harm to them.
- There was a system in place to monitor any accidents or incidents that took place.

Staffing levels

- People were supported by sufficient numbers of safely recruited staff. Efforts were made to ensure staff were given enough travel time between calls. People told us their calls were on time and if staff were running late, which was rare, that they would receive a phone call to notify them of this. One person told us, "Yes they are usually on time. They never let me down at all".
- There was a robust recruitment process in place to ensure people were supported by safely recruited staff who had provided satisfactory references and completed Disclosure and Barring Checks [DBS] prior to being employed by the service.

Using medicines safely

- People told us they were supported to receive their medicines on time and as prescribed by their doctor. One person told us, "Yes, they give me my tablets in the morning with my breakfast" and another person said, "I take my own but they do remind me to take them or check that I have".
- Staff had received training in how to administer medication. The registered manager told us and staff confirmed, that they regularly observed staffs' practice to ensure they remained competent in this area.

- People's Medication Administration Charts [MAR] were regularly checked by the registered manager to ensure they were being administered and signed for correctly.

Preventing and controlling infection

- Staff had received training in infection control and confirmed they had access to protective personal equipment such as gloves and aprons.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were routinely recorded and individual lessons learnt. We saw where safeguarding concerns had been analysed a theme was identified and lessons were learnt. Additional actions were taken in response to this, staff were spoken with and policies and procedures were updated and recirculated. Systems were not in place to ensure consistent routine analysis of all events was taking place. The registered manager advised they would ensure this took place in the future.

Is the service effective?

Our findings

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

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

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

- Prior to offering support, people's needs were assessed to ensure the service was able to support them effectively and safely. We found that protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives.
- The assessment process in place provided staff with the information they required to effectively meet people's individual needs. A relative said, "Yes, I would say they know [person] very well and understand their needs perfectly".

Staff skills, knowledge and experience

- Staff told us they felt well supported in their roles and received training which provided them with the skills to meet people's needs.
- New staff were provided with an induction that prepared them for their role. One member of staff described the process as "Very supportive".
- All people spoken with told us they were very happy with the care they received. One person told us, "I do think they are well trained and even more importantly, have the right attitude. They do know how to look after me very well".
- A training matrix was in place which provided the registered manager with up to date information regarding staffs training needs. Where additional specialist training was required, this was provided.
- Systems were in place to ensure staff practice was regularly observed and staff supervision meetings took place to provide staff with the opportunity to discuss any concerns they may have.

Supporting people to eat and drink enough with choice in a balanced diet

- For those people who were supported to eat and drink, their dietary needs and preferences were included in their care plans.
- One person told us, "They do my breakfast for me and leave me a picnic lunch".

Staff providing consistent, effective, timely care

- The provider had obtained additional training for staff from external professionals, for example, occupational therapists, in order to provide effective care. Staff spoke positively about this additional training and the impact it had on their practice.

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

- 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 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 had received training in MCA and understood the importance of obtaining people's consent prior to supporting them. People told us staff knew them so well that they had an understanding and that staff did not need to continually have to ask for consent. One person told us, "No, they already know exactly how I like things doing and the way I like things" and another said, "They will say, 'right, shall we do so and so?'" A relative said, "They do chat to [person] all the time and say what they are doing".
- Staff described to us how they obtained people's consent prior to supporting them. These discussions demonstrated that staff encouraged people to make their own decisions and that staff respected these.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported

- People told us they were treated with kindness and respect by caring staff. Feedback seen from people through surveys also supported this. One person told us, "They are lovely ladies and it's a pleasure to have them here". A relative said, "They are all very caring people. It shows in the way they talk to us".
- Staff spoke warmly of the people they supported and were mindful to put people at their ease prior to offering support. A member of staff told us, "I will have a little chat with them and ask them if they have any issues or concerns".

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

- Staff recognised what was important to people and ensured they supported them to express their views. One person told us, "Yes they respect my opinion, they have never done or said anything to upset me". A relative said, "They always talk to me as well and listen to me if I say anything".

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful that they were working in people's homes. They told us how they ensured they supported people whilst maintaining their privacy and dignity. For example, by knocking doors, ensuring curtains were closed when supporting with personal care and respecting when people needed their personal space. One person told us, "Oh very much so [treat with dignity and respect]. They are very respectful but will sit and have a laugh and a joke which I enjoy" and another person said, "The carers have always shown me great respect but have still been very friendly and approachable. I feel very comfortable with them". A relative said, "They treat us both with respect and are very aware of [person's] dignity when they are helping them wash and dress".
- People were supported and encouraged, where possible to maintain their independence. Staff described how they encouraged individuals to 'do what they can for themselves'. One person told us, "Yes they do [encourage independence], I do as much as I can for myself and they will take over". Another person said, "I do try to do as much as possible for myself, yes. They always make sure I am safe though". A relative told us, "They encourage [person] through their exercises, to improve their mobility".
- The registered manager was aware of advocacy services that people could access, should they require this support. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People and their relatives were involved in the development of their care plan to ensure it reflected their care needs and provided staff with the information they required to meet those needs. One person told us, "Yes they do [involve me in the care plan]. They know I need to be ready for a certain time on some days, so they make sure they are here on time and I am up and dressed". A relative told us, "Yes, [person] has a care plan and I am involved in the planning and they do come and review it". Two people spoken with were not sure whether they had a care plan, but did confirm they were happy with the care they received.
- Care plans seen held detailed information regarding people's preferences and their life history. Staff spoken with provided a good account of the people they supported and what they told us was reflected in people's care plans. A member of staff told us, "We have to stick to the care plan, but you do go the extra mile for people, if I'm going to the shops people will ask if I will pick up a couple of things for them and I do".

Improving care quality in response to complaints or concerns

- People were aware that they could raise a complaint if they had any concerns and were confident they would be listened to. One person told us, "I would feel able to complain but never had the need" and another said, "I have never needed to complain about anything but would feel happy doing so". A relative told us, "I feel very able to raise any concerns we may have but have never needed to".
- We saw where complaints had been raised, they had been investigated and responded to appropriately.

End of life care and support

- The service does not currently provide people with end of life support.

Is the service well-led?

Our findings

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

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People spoke positively about the management of the service. One person told us, "Yes I know the manager, they are very helpful" and another person said, "I have spoken to two or three people in the office. They are all very helpful". A relative told us, I have spoken to the manager. they are all helpful and approachable there".
- Staff told us they felt supported and listened to and described the registered manager and the provider as 'supportive and approachable'. Arrangements were made to ensure staff received the support and training they needed to provide them with the skills for the job.
- The registered manager was open and honest regarding safeguarding concerns that had been raised and had worked with the provider to ensure the safety of the people they supported.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- People were happy with the service they received and told us they would have no hesitation in recommending it. One person told us, "I would recommend them to anyone. I have no qualms at all about the service" and relatives told us, "We would recommend them to anyone. We give them five stars for their service" and "I would recommend them. They are a perfect company and I trust them all".
- The registered manager and the provider were very much involved in the running of the service and we observed they worked well together as a team.
- Staff were clear of their roles and responsibilities. They were confident that if they raised concerns, management would listen and act accordingly. A member of staff said, "If you do raise a problem they do try and sort it out" and another member of staff said, "I had an issue the other day and they helped me out".
- The Registered manager was aware of the regulatory requirements of their role. They had submitted notifications to us appropriately and completed their Provider Information Return when required. The registered manager had met the requirement to display their most recent rating on their website and within the home.

Engaging and involving people using the service, the public and staff

- People were given the opportunity to provide feedback on the service and the care they received. We noted 35 completed surveys had been received from people who received a service and overall the feedback was positive. One person had commented that they did not know how to make a complaint. We saw this was followed up with the person to ensure they were aware of how to raise any concerns they may have.
- Telephone surveys were also used to obtain feedback on service delivery. One person told us, "We have

not had a survey, but they do ask verbally if we are ok" and another person said, "They do ask questions when they come to take the paperwork out".

- We saw 29 staff surveys had been received and noted a number of positive comments which reflected that staff had been listened to and action had been taken in response to some concerns raised.

- Where positive feedback was received regarding staff, a 'Certificate of Appreciation' was given and the positive feedback was shared with the member of staff.

Continuous learning and improving care

- There were a number of quality audits in place to provide the registered manager with an overview of the service, but there was a lack of overall analysis of the some of the information gathered, which may help identify trends and reduce risks.

- A monthly quality audit was sent to the local authority, which fed into an action plan that identified areas for improvement. The provider told us, "We are looking strategically at where we want to go in the next six months".

Working in partnership with others

- The registered manager worked with other agencies to enhance her own learning and skills and improve the quality of care people received. For example, sharing information and working alongside a housing organisation when safeguarding concerns arose and working with local authority commissioners when transferring packages of care to other agencies.