

Lifecarers Limited

Lifecarers West Oxfordshire

Inspection report

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Date of inspection visit:

08 January 2019

10 January 2019

Date of publication:

29 January 2019

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

About the service:

Lifecarers West Oxfordshire are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. At the time of our inspection the service supported 24 people.

People's experience of using this service:

People told us they received safe care. People were supported by consistent and suitably trained staff. People received support to take their medicines safely and as prescribed. Risks to people's well-being and environmental safety were recorded and updated when the circumstances changed. The lessons were learnt where appropriate to improve the service further.

People's rights to make their own decisions were respected. People were supported to access health services if needed. People's dietary needs were assessed and where required people were supported with their meals.

People received caring and compassionate support from the staff. The management team led by example and staff referred to people in a caring way. People were complimentary about staff and about positive, caring relationships they were able to form with the staff. Staff respected people's privacy and dignity and people were supported to be as independent as possible.

People received support that met their needs and the service remained flexible to people's needs. People knew how to complain and told us where they raised concerns the management acted promptly to address these. No people received end of life support at the time of our inspection.

The service was managed by the new registered manager who had a clear vision on the quality they wanted to provide. There was a clear staffing structure and staff were aware of their roles and responsibilities. The senior team had a number of quality assurance systems in place and there was a focus on further development. The service worked well with other partners, organisations and commissioners.

More information is in Detailed Findings below.

Rating at last inspection:

Good (report published 7 July 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the

service and 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 findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

Lifecarers West Oxfordshire

Detailed findings

Background to this inspection

The 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:

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Lifecarers West Oxfordshire are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was a registered manager. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. On the first day of the inspection, 8 January 2019 we contacted the people and relatives. We visited the office on 10 January 2019 to see the registered manager, office staff and to look at the records.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We contacted six people and four relatives to gather their views about the support received. During the office site visit we looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. We also spoke with the registered manager, the care manager and three care workers. After our site visit we contacted eight external health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Systems and processes:

- People told us they were safe. Comments included, "I've had the same carer for three years, I absolutely trust her with everything" and "I feel safe especially getting in and out of the shower. Everything is wet and a bit slippery so it's good to have someone you can trust".
- People benefitted from staff that knew how to raise safeguarding issues, including outside of the organisation.
- There was a business continuity plan that included different scenarios and what to do in an event of various adverse occurrences. This included the prioritisation of people's visits to ensure the most vulnerable, for example living alone people, were not affected.

Assessing risk, safety monitoring and management:

- Risks to people were assessed, recorded and updated when people's needs changed.
- People's risk assessment included areas such mobility, bathing and other individual conditions.
- There was a system to record accidents and incidents. We viewed the log and saw appropriate action had been taken where necessary. For example, the medical advice was sought, lesson learnt discussed with the staff and further training offered.

Staffing levels:

- People were supported by consistent staff. People told us they felt there was enough staff and that they received weekly schedules in advance so they knew which staff were coming to see them.
- The provider followed safe recruitment system to ensure staff were suitable to work with people.
- The provider used electronic log in system to ensure people's visits were being monitored live. The system would flag up if a visit was not logged or significantly late. No people we spoke with reported any missed visits.

Using medicines safely:

- People, if needed were supported to take their medicines safely and as prescribed. People told us staff ensured people took their medicines from their dosette box (pharmacy filled medicine administration box) and recorded it in the book.
- People's care records contained lists of people's prescribed medicines, this included people that self-medicated.
- The senior team ensured people's medicine records were completed accurately and any gaps were followed up to ensure there was a valid reason, such as a cancelled visit.

Preventing and controlling infection:

- The staff were trained in infection control. People told us staff used gloves appropriately, for example when assisting people with application of creams.
- The staff had access to protective personal equipment available in the office.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could be improved going forward. For example, following a concern raised by one person they reflected how to improve communication to prevent a similar occurrence in a future.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

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

- People's needs were assessed prior to the commencement of the service to ensure these needs could be met. The initial assessment included people's physical, cultural and communication needs. People's care records contained fact sheets about people's conditions for reference.
- People and relatives, if appropriate were involved in assessment process. One person said, "I was involved with the assessment". The person went on to tell us how the service supported them with arranging additional assistance from the council.

Staff skills, knowledge and experience:

- People told us staff knew what to do. One person said, "I think they're all very good. I tend to ask a lot of questions and they'll usually know the answer. If they don't, they'll say that they will find out for me which they always do".
- People were supported by staff that had ongoing training that was relevant to their roles. Staff had additional training around people's specific conditions if needed, for example, stroke awareness or application of compression stockings.
- Staff told us and records confirmed staff were supported in their roles and had regular one to one meetings with their line manager to discuss their care practices and development opportunities.

Eating and drinking:

- People's dietary requirements were included in their care plans. For example, one person's care plan read the person had allergy to certain food and the level of assistance they required.
- People were supported with their meals if needed. One person said, "It's usually microwaveable, which I can manage myself. If not, they'll always help me". Another person told us, "They help me prepare my meals as there's some things I can't manage".

Staff providing consistent, timely care and involvement of health professionals:

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- People told us how staff supported them to get medical assistance. One person said, "I give the telephone number and then they hand me the phone".

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

- People's rights to make own decisions were respected. One person said, "Sometimes they come to help me shower and sometimes, I don't feel like it. They suggest that I just have a basic strip wash which they'll help me with. When I'm tired, I find that easier".
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. Comments from staff included, "People should be always given choices and make own decisions" and "You always assume

people can make own decisions".

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.

Is the service caring?

Our findings

The service was caring and people told us they were treated with dignity and respect.

Treating people with kindness, compassion and respect:

- The management led by example, this was by working hands-on and motivating staff to deliver good care. The caring nature of the service was shared by all, the registered manager told us the director's aimed to create a caring organisation. They said, "He is very much on the mission to make it better for people".
- Feedback from people reflected they formed caring relationships with staff. Comments included, "They all have time to chat, weren't rushed and stayed until the task was finished" and "Oh yes, we have a good long chat".
- Staff were enthusiastic about their roles and told us they liked their job. One staff member said, "The reason I came to (work in) care was my [family], [person] had carers and was able to stay at her home for much longer. You always treat people like you would like your family to be treated".

Supporting people to express their views and be involved in their care:

- People told us the staff knew people's preferences well and knew how people would they liked their care to be delivered. One person said, "They know me very well". Another person told us, "I'm always asked what I want".
- People's individual communication needs were assessed and recorded in their care plan. For example, one person's care plan read the person was registered blind and they enjoyed audio books. A member of staff told us, "We have quite a few people that use hearing aid and we support them to wear these correctly".

Respecting and promoting people's privacy, dignity and independence:

- All people we spoke with told us staff respected their privacy and dignity. One person said, "They don't make any comment on how I look or pass any judgement".
- People were supported to be as independent as possible. Comments from people included, "Since I've started to improve, the carers let me be more independent like, washing myself and putting my slippers on", "They stay with me whilst I make a cup of tea which I couldn't do before" and "I can put my own cream on now which means that they don't have to come as often as they were".
- The provider recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.
- The provider ensured people's confidentiality was respected. People's care records were kept confidential, staff had own passwords logins to access electronic records.

Is the service responsive?

Our findings

People experienced responsive care and support.

How people's needs are met, personalised care:

- People's needs were outlined in care plans, there was a clear information what level of support is required on each of the visits and the care plans were current and reflected people's needs.
- People told us the service was responsive in terms of people's requests to accommodate changes to their scheduled care calls. Comments included, "If I want to go somewhere and don't want the Carers to come, I just have to phone" and "The service is very flexible. I told the manager that I only want four days instead of five but I now need a carer to take me to the hospital. They have carried out all of my requests without question".
- The registered manager recognised people's changing needs and the importance of prompt reviews. One person told us how their care plans was adapted after the review. They said, "We used to have two carers come but after a review of care, we now have only one as we can manage".

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and the records reflected complaints received by the service were recorded and investigated.
- People told us they knew how to make a complaint. People told us when they raised concerns these were dealt with. One person said, "My care plan was out of date. It took months and months to get it put right. I got very upset with it taking so long. Now thankfully, the manager has put it right". One person told us when previously they weren't happy with their carer they told the office they didn't want a specific staff to come anymore. The Manager came and saw them and all the complaints were addressed immediately.
- The service received a number of compliments and the registered manager ensured any positive comments were passed on to the individual staff.

End of life care and support:

- No people received end of life support at the time of our inspection. Staff had training around death and bereavement issues. They would work closely with other professionals to ensure people had dignified and pain free death.

Is the service well-led?

Our findings

The service was well-led, the leadership and management assured person-centred, quality care and a fair and open culture.

Leadership and management:

- The current registered manager was appointed at Witney branch last year. The registered manager worked for the Lifecarers for over 11 years and also managed another, sister branch in Oxfordshire. They divided their time between both locations as required.
- There was a local care manager based at the Witney office which ensured the managerial cover.
- The staff were aware of their roles and worked well as a team, staff told us they took on-call responsibility in turn and were supported by the senior team where needed.
- The registered manager praised the support received from the director of the company.

Plan to promote person-centred, high-quality care and good outcomes for people:

- People and relatives we spoke with felt they service was well-managed. Comments included, "I think the service is hard (work) for managers and staff alike but under the circumstances they manage very well. I have no worries about the service at all and have so much respect for them all" and "We're on good terms with the manager".
- The provider promoted an open and transparent, no-blame culture. One staff member said, "If things go wrong we can raise with the senior staff, the approach would be very much: let's learn from this".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The registered manager had a number of quality assurance systems in place. These included, audits of medicines records, care records, electronic visit staff login system and spot checks.
- The registered manager also monitored complaints, accidents and other occurrences on a monthly basis and reported on these to the head office.
- There was an emphasis on continuous improvement. For example, the provider's internal, annual audit carried out in September 2018 identified the team would benefit from an electronic system for care planning and records. The registered manager told us they were in a process of implementing this and the first training took place the same week as our inspection.

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

- The provider created opportunities for people to provide feedback. People had regular reviews, they were able to provide feedback during the care reviews and spot checks.
- The registered manager monitored all feedback received, for example the feedback received through the external website that gathered feedback from people and their families. We checked the website.
- The staff told us they were valued and able to contribute their ideas to the running of the service. Staff supervision forms included 'is there anything we could improve?' section when staff were able to share their ideas.

Working in partnership with others:

- The provider worked well with the local health and social care external professionals.
- The provider was a member of the local care providers' association. The registered manager worked with the management from the sister branch to share good practices.