

Live-In-Care4U Ltd

LIVE IN CARE4U LTD

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 18 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a live in domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Live-In-Care4U LTD is a live in domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection four people were receiving a service.

This was the first inspection since the service was registered with CQC. The provider was also the 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.

The registered manager monitored the quality of the service by the use of checks and internal quality audits. We found audits to be inconsistent in quality and not always recorded when they had been carried out. The absence of detailed auditing also meant the registered manager could not be assured of the quality of service delivered. We have therefore identified this as an area of practice that needs improvement.

Staff had a firm understanding of how to keep people safe and there were appropriate arrangements in place to manage risks. One person told us "I always feel safe with whoever is caring for me and staying here". There were enough staff employed to care for people safely and the provider had recruitment procedures to ensure that staff were suitable to work with people. People were supported to receive their medicines safely in line with current regulations and guidance.

Staff told us they received training and supervision and were confident in meeting people's needs. Staff were happy with the level of support they received and told us that communication from the registered manager was good. One member of staff told us "Yes we get updates for training and I have recently completed my care certificate".

People told us that staff were kind and caring. Comments included "The staff are caring and helpful, what more could one ask for" and "Oh yes, they are very caring and skilled". People confirmed staff respected their privacy and dignity. Staff had an understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice if required. One person told us "They assist with my meal times and cook what I would like on the day".

The service had a complaints system in place but had received no complaints. People and relatives told us there was regular contact with the registered manager and they confirmed that any issues raised were dealt

with appropriately. One relative told us "I could pick up the phone and speak to the manager if I had any concern and I know they would deal with it for me".

People's needs were assessed and regularly reviewed and they received support based upon their needs and preferences. We found the support plans to be person centred and details recorded were consistent. Staff supported people to access health care services if required. Staff told us they knew people well and recognised if they were unwell.

People, relatives and staff spoke positively about how the registered manager was approachable and all felt communication in the service was very good. One person told us "Yes the manager is nice and I find her professional". A relative told us "We find the manager very caring and always keeps us updated and stays in touch".

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents.

Is the service effective?

Good 

The service was effective.

Staff had received an induction, training and support they needed to carry out their roles effectively.

People were supported to have enough to eat and drink and to access health care services when they needed to with assistance from staff.

Staff were knowledgeable and acted in line with the principles of The Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

Is the service caring?

Good 

The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt if needed they were able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good 

Is the service well-led?

The service was not consistently well-led.

There were formal systems in place to monitor the quality of the service but these were not always consistent and information was not consistently recorded.

Staff were supported by the registered manager. There was open communication within the team and staff felt comfortable discussing any concerns with their manager.

People and relatives we spoke with felt the registered manager was approachable and helpful.

Requires Improvement 

LIVE IN CARE4U LTD

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 18 July 2017 and was announced. The provider was given 48 hour's notice because the location provides a live in domiciliary care service. We wanted to be sure that someone would be available to speak with us.

The inspection team consisted of one inspector and an expert by experience with experience in adult social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with two people and two relatives who use the service over the telephone, five care staff and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, four staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This was the first inspection of the service since it was registered with us on 9 August 2016.

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "I always feel safe with whoever is caring for me and staying here". A relative told us "We know that mum is completely safe with all the staff that live with her".

We spoke with staff about safeguarding adults and examined the provider's safeguarding and whistleblowing policies. All staff were able to identify the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. One member of staff told us "Any concern, I would call the manager straight away. I could tell by someone's body language or change in behaviour is something was wrong". Staff training records confirmed that staff had completed training on safeguarding adults from abuse. The contact details for people to report concerns externally were made available to staff. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Policies and procedures on safeguarding were available for staff to refer to if needed.

We saw the service had skilled and experienced staff to ensure people were safe and cared for. We saw there were sufficient numbers of staff employed to keep people safe and meet their needs. Staffing levels were determined by the number of people using the service. The registered manager told us "I ensure I have staff in place before taking on a new client. Although we are a small service, I still have contact with staff and see when they are available to work before a new client starts with us. I also have a list of staff for emergency cover when needed".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the registered manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff to ensure they were safe to work with vulnerable adults.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. Details were recorded and any follow up action to prevent a reoccurrence of the incident. One member of staff told us "We would complete the accident form in the care plan and report straight away". The registered manager told us although there had been no accidents or incidents, documentation was in place so they could be audited on a regular basis to ensure that all incidents and accidents were recorded correctly and that the appropriate actions had been taken to minimise risk.

People were supported to receive their medicines safely. People we spoke with who were supported told us they received help with their medicines from care staff and felt safe doing so. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. All staff we spoke with were able to describe how they completed the medication administration

records (MAR) in people's homes and the process they would undertake. One member of staff told us "I administer from the blister pack and ensure that what is written down matches the labels of the medication. I explain to my client what the tablet is for and ask if they are ready to take them and offer a glass of water". The registered manager told us any errors would be investigated and the member of staff then spoken with to discuss the error in a meeting and if required then invited to attend medication refresher training.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place to ensure risks were minimalised. In one care plan it described the risk of a person using the bath alone. It detailed for staff to ensure the person was given support in and out of the bath and for the person to use the bath seat. In another care plan it detailed that a person used a walking aid and for staff to ensure this was near to the person and for staff to assist and remind them when required.

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff and felt they were trained well. One person told us "I think they are well trained for this line of work". A relative told us "I have found all the staff skilled in their areas and what they do. Very, very happy with them all, just excellent".

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. Staff had knowledge and an understanding of the (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and they always asked permission before starting a task. One member of staff told us "I always seek consent before doing anything. This is so important, we are living with someone in their own home and have to adjust to their way of living and ensure we are treating them with respect and asking what they would like".

Staff were trained in a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training records confirmed staff received training in various areas including moving and handling, first aid and infection control. Staff told us they could access training in specific areas and would ask the registered manager to source courses for them. One member of staff told us "The manager reminds us when we need to update our training". Another member of staff said "Yes we get updates for training and I have recently completed my care certificate". An introduction was completed to the service where policies and procedures were discussed and staff received an employee handbook which also detailed these. To ensure staff received consistent training the registered manager ensured staff undertook the skills for care certificate. Some staff had completed this and others were working toward this. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care staff. Quality visits were also completed to ensure staff were delivering the correct care and support for people. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff told us that they received regular supervision's and spot checks from the registered manager throughout the year. During this, they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they supported and any training they would like to do. Other issues discussed during supervision included the well-being of people they visited. We saw evidence that supervision had taken place for staff. In one supervision, we saw a member of staff had requested training in Parkinson's and the registered manager told us they were dealing with booking the member of staff on to a course. In addition there was a planned annual appraisal for each member of staff. One member of staff told us "Yes I get regular supervision from the manager. It's good as we can update them with everything and ask any questions we like".

We were told by people that their health care appointments or health care needs were co-ordinated by themselves, relatives or staff. Staff told us they had good rapport and working relationships with various health care professionals such as GP's and district nurses. One member of staff told us "I support my client to the doctors and if there are any health concerns then contact the GP to arrange a visit".

People were supported at mealtimes to access food and drink of their choice. Food preparation for people at mealtimes had been completed by relatives, staff or by themselves and staff were required to ensure meals were accessible to people. One person told us "They assist with my meal times and cook what I would like on the day". A relative told us "Yes that's all fine. Meals are nicely presented and well done. My relative is not fussy so quite easy to please on that one". People's care plans detailed their preferences around food and drink and at what time people liked to eat and how they may like to be assisted with meal times. One care plan detailed a person's preference at breakfast which included what time they liked to have it, having a bowl of porridge and a cup of tea with the cup warmed up first. One member of staff told us "I always leave a jug of fresh water at the side of where my client sits and ensure it is topped up through the day. Fluid intake is very important. They have coffee at breakfast and then like to have water the rest of the day". Staff told us if they had concerns about a person's nutrition they would discuss this with the manager and medical advice may be sought.

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were kind and caring. One person told us "The staff are caring and helpful, what more could one ask for". Another person said "Oh yes, they are very caring and skilled". A relative told us "All of the staff that look after my relative have always been kind, caring and sensitive to their needs". A second relative said "Caring, very much so. Couldn't be kinder. You can just tell by how my mother is and the comments she makes and being there and seeing how nice they are".

Staff were knowledgeable of people's needs and spoke with genuine warmth about them. It was apparent that relationships had been developed between staff and people, which had built up over time. The registered manager told us the importance of matching staff to people and to ensure that the people received support from a consistent team of staff to enable positive relationships to develop. One member of staff told us "I have been with my client for a couple of years, we have built up a good relationship and know them well and how they liked to be cared for". Another member of staff said "When you are living with someone you naturally build a relationship and get to know what they like and how they like things done, we often have deep conversations around families and interesting articles in the newspaper".

People were encouraged to be as independent as possible. Care plans showed that people were asked what they needed support with and that they were able to continue to be as independent as possible, to enable them to retain their skills and abilities. One care plan detailed that staff supported a person with shaving. This included the member of staff putting some shaving cream on the persons fingers and leaving them to rub the cream into their face and for them to shave themselves, giving the person some privacy and assisting when required or asked. Speaking with one member of staff around promoting independence they told us "People want to remain living in their own homes and we need to encourage them to still do things for themselves. I will assist my client with meals and getting dressed, but not taking over. Encourage and supporting them when needed".

Peoples' privacy and dignity was respected and people confirmed that they felt that staff respected theirs. One person told us "When I require private time, they respect that". Staff comments included "I will close doors when privacy is needed. Ensure I cover people up when supporting them to wash", "This can be a big deal for someone to receive personal care, so I ensure I am respectful of this and make sure they are comfortable and ready, talking through what they would like and asking when they want some private time".

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Staff received communication by telephone and emails from the registered manager. Information on confidentiality was covered in staffs training and the provider's policies and procedures.

People and relatives were able to express their needs and wishes and were involved in people's care. Records showed that meetings with the person and their relative and health care professional, if appropriate, took place and provided an opportunity for people to comment on the care they received and

suggest areas that they wanted changed. People were also able to express their views via feedback surveys and the reviews which gave them an opportunity to express their opinions and ideas regarding the service.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "They are very supportive to what I need and assist me with day to day life". A relative told us "We find all the staff helpful and look after our relatives needs very well". Another relative said "I think staff are well matched. I think they go through a lot of trouble to get the client and carer well matched".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care plans were clear and gave descriptions of people's needs and the care, staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to safely move a person. This included using a hoist to safely move a person and how staff should encourage the person to aid their mobility. Care plans were person centred and details included a family history, personal preferences and activities they liked to participate in. There were two copies of a care plan, one in the office and one in the person's home. We found details recorded were consistent. Care plans were detailed enough for a carer to understand fully how to deliver care. This meant people were supported and encouraged to remain independent to enable them to remain in their own homes for as long as possible.

One part of the care plan was called "A day in the life". This was a detailed and descriptive account of a person's average day and how they liked to live their life. This included the times they liked to be assisted to get up in the morning, their preferences for breakfast and what assistance they required throughout the day and at what times. Staff told us they found these useful to understand people fully and to ensure they did not indirectly upset them when living with a person in their home full time. One member of staff told us "Getting as much information about the person is important so when you go to live with them, you fit into their ways and routines. The care plans are detailed and updated when required".

Staff we spoke with told us they were able to build relationships with people and increase understanding of their needs, due to the fact that they provided live in care for people. Staff talked about the interests and activities people liked. One member of staff told us "My client loves to talk and learn about new things. We sit at the computer and I show her what it does and what I might be working on and they are really interested learning about it and do little lessons together".

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being. Staff were confident how to respond in a medical emergency. One member of staff told us that if one of their clients had a fall they would not attempt to lift them and call the emergency services and contact the manager and the person's relatives. Staff knew how to obtain help or advice if they needed it and one member of staff told us "I help my client to attend doctor appointments and will call the doctor if they ask me too, to arrange appointments and prescriptions for them".

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues if needed. The complaints procedure and policy were accessible for people and although the service had not received any complaints in the last year, the registered manager had a system in place to record and investigate any complaints received. One relative told us "I could pick up the phone and speak to the manager if I had any concern and I know they would deal with it for me".

Is the service well-led?

Our findings

People and relatives all told us that they were happy with the service provided and the way it was managed and found the registered manager approachable. One person told us "Yes the manager is nice and I find her professional". Relative's comments included "We find the manager very caring and always keeps us updated and stays in touch" and "The manager is very good at keeping me in the loop. She phones my mother and the carers, to make sure everything is alright and so pleasant and caring". However, we found an area of practice in relation to auditing the service in need of improvement.

The registered manager monitored the quality of the service by the use of visits to people's home and internal quality audits. The audit records covered areas such as training, staff files and care records. The registered manager also carried out visits on staff to review the quality of the service provided in people's homes which highlighted areas needed for improvement. We found audits to be inconsistent in quality and not always recorded when they had been carried out. Although the latest feedback survey sent to people was positive, we were told by the registered manager they gained feedback on the service at visits to people regularly. The absence of detailed and recorded auditing meant the registered manager could not be assured of the quality of service delivered. The registered manager told us this was an area they knew they needed to improve on and showed us examples of systems they had created to address this, however these still needed to be completed fully and embedded into practice. Although the registered manager was aware of the issues and was taking steps to manage getting the audits up to date, this is still an area we identified that needs improvement.

Staff spoke positively about how the registered manager was approachable and all felt communication in the service was very good. One member of staff told us "Any issues the manager is always available on the end of the phone, never had any concerns of getting in touch with her". Another member of staff said "It is nice as speak with the manager a lot and then she will visit the clients home to make sure everything is ok. Communication is spot on I would say".

Systems were in place to allow staff to communicate effectively with the registered manager. These included regular one to one meetings. Records of these meetings and supervisions showed best practice was discussed in order to drive quality improvement. Staff told us that they felt supported by the registered manager and were able to raise any concerns. They were confident any concerns would be listened and responded to. One member of staff told us "I am fully supported in my role by the manager, I find her very helpful". Another member of staff said "110% I feel supported. The best manager I have had, the support is wonderful".

The registered manager showed great knowledge and passion for the people that were receiving the service. When speaking with the registered manager they went into great detail about people's needs and how the staff met those needs. They told us "We are only a small service at the moment and don't want to grow too big. It's nice as it means that people receive a personal service and that I know people, their relatives and my staff very well".

The registered manager was aware of their responsibility to comply with the CQC requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager told us they kept themselves up to date with sector specific information and planned to attend local health and social care forums. They told us "I am currently studying and close to finishing my level five diploma in health and social care. I plan to attend local forums and also in touch with a local trainer to hold specific training courses for myself and staff".