

LCMB Therahealth Homecare Ltd

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

LCMB Therahealth Homecare is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. The service operates in Bourne and surrounding villages. At the time of our inspection, 16 people were receiving a personal care service.

People's experience of using this service:

People were at the heart of the service. The registered manager and a close relative who was one of the directors of the registered provider ('the director') worked daily as members of the care team. Their exceptionally caring, client-focused leadership style set the cultural tone and was admired and appreciated by everyone connected to the service.

Under the leadership of the registered manager and the director, staff cared for people with exceptional kindness and compassion in ways which often went far beyond the provider's formal contractual agreement. People were treated with dignity and respect and were encouraged to retain their independence. End of life care was provided with sensitivity and compassion.

Staff understood people's individual needs and preferences and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives. People were involved in the development of their individual care plan and met with senior staff on a regular basis to agree any changes.

The registered provider (the 'provider') had a meticulous approach to the deployment of staffing resources. This meant people experienced a high level of staffing continuity which had a positive impact on their safety and well-being. The provider went to considerable lengths to promote the welfare and happiness of the staff team. Staff had the knowledge and skills to meet people's needs and were encouraged to study for advanced qualifications.

Without exception, people told us they were completely satisfied with the service they received and could think of no ways in which it could be improved. Systems were in place to monitor service delivery and to identify organisational learning from significant events. Any concerns were dealt with effectively and formal complaints were rare. The provider was committed to the continuous improvement of the service in the future.

The provider assessed any potential risks to people's safety and put preventive measures in place to address them. The provider had failed to notify us of a recent incident involving a person using the service. The registered manager apologised for this oversight and assured us this would not happen again.

People who needed staff assistance to take their medicines were supported safely and staff assisted people to eat and drink whenever this was required.

Staff knew how to recognise and report any concerns to keep people safe from harm and were aware of people's rights under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a registered manager ('the manager') at the service and the rating from our last inspection was displayed in the office.

Rating at last inspection:
Good (Published October 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we were pleased to find the quality of the service people received had been sustained in some areas and improved in others. As a result, the rating of the service remains Good overall, but with a rating of Outstanding in Caring.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

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 ●

LCMB Therahealth 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 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:

Our inspection was conducted by 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:

LCMB Therahealth Homecare is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means 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:

We gave the service 48 hours' notice of the inspection visit. This is because the manager is often out of the office providing care and we needed to be sure that they would be in the office to participate in the inspection. On 22 May 2019 our expert by experience telephoned people who used the service to seek their feedback on the service. Our inspector visited the office on 23 and 29 May to interview the manager and to review care records and policies and procedures.

What we did:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is

required to tell us about). We reviewed feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually 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 five people and four relatives to ask about their experience of the care provided. We also spoke with the manager, the director and two care workers.

We reviewed a range of written records including five care plans, two staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Staffing and recruitment

- In organising staffing resources, the provider took great care to ensure each person was supported consistently by the same small team of staff. One person told us, "I have the same carers three times a week." Reflecting on the positive impact of the provider's commitment to maintaining staffing continuity, one staff member said, "I get to know [my clients] and they get to know me. They know who is coming and feel safe and relaxed." Similarly, a relative said, "Carers come in through the day and night. [We] feel safe as [we] know them all."
- In scheduling calls, the provider ensured staff arrived on time and had sufficient time to meet people's physical and emotional support needs without rushing. One person said, "They are always on time." A relative commented, "They never rush."
- The provider ensured new staff had the right skills and personal qualities to support people safely in a person-centred way. We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. For example, one person had been identified as being at risk of falling out of bed. The provider had sought specialist advice and additional equipment had been supplied, to reduce the possibility of an accident
- Reflecting their detailed knowledge of each person gained through their own hands-on care, the manager and the director personally reviewed and updated people's risk assessments on a regular basis.

Learning lessons when things go wrong

- The manager and director reviewed significant incidents which had occurred in the service and took action to reduce the chance of something similar happening in the future. For instance, following an occasion when a member of staff had failed to attend a care call, the manager had provided the individual staff member concerned with additional supervision and discussed the issue with all staff at the next team meeting. Describing one of the benefits of the size of the service, the manager said, "We are small and any problems can be addressed quickly."

Using medicines safely

- Where people needed support with their medicines, this was provided safely in line with their individual

needs and preferences. Commenting positively on the support they received from staff in this area, one person told us, "My tablets are all put out for me and we check they are all in order." Another person's relative said, "Carers record the medicines they have administered." Care staff received medicines training and regular spot checks were conducted by the manager to ensure their knowledge and practice remained up to date. Describing the care with which they approached the administration of people's medicines, one staff member said, "I never do anything without checking. [If I am not sure] I just ring [management] and clarify. I'd sooner be safe than sorry."

Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. Care staff were provided with disposable aprons and gloves for use when providing personal care. Additionally, staff received training in food hygiene.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC, should this ever be necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in a high degree of detail in each person's care plan and were reviewed regularly by the manager or the director.
- The manager and her team had access to a variety of information sources to ensure they remained up to date with any changes to good practice guidance and legislative requirements. For example, the provider had purchased a medicines training pack from a national homecare organisation to ensure staff skills and knowledge were up to date in this important area. Looking ahead, the manager said she would explore becoming a member of a local care providers' organisation, as a further source of advice and guidance.

Staff skills, knowledge and experience

- Everyone we spoke with told us staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "I have a [particular medical condition] and they know what they are doing." Another person's relative commented, "They are competent when hoisting [name] from the bed to the shower trolley and back again. We are just so pleased with their approach."
- New members of staff participated in a structured induction programme which included initial training and a period of shadowing either the manager or the director. When required, new recruits studied for the national Care Certificate which sets out common induction standards for social care staff.
- The provider maintained a record of each staff member's training requirements and organised a variety of online and face-to-face courses to meet their needs. Reflecting feedback from our inspector, the manager took action to ensure the small number of bank staff employed by the service were provided with the same training as permanent staff.
- Since her appointment, the manager had increased the number of courses that were provided face-to-face, to give staff more opportunities to meet and learn together. Both the manager and the director were studying for an NVQ Level 5 in management and encouraged other members of the team to undertake advanced qualifications. One staff member said, "I have got NVQ2 which is as far as I want to go. But they have offered ... on a few occasions ... to support me to do Level 3. It's there if I change my mind."
- Staff told us that they felt well supervised and supported by the manager and the director. For example, one member of staff said, "[If I need to] I ring them and leave a message. One of them always gets back to me." The manager regularly conducted both office-based supervisions and 'spot checks' of each staff member's hands-on care practice. Commenting approvingly on their experience of the spot check system, one staff member said, "It lets them see how we are working with the clients. I always pass! The clients are also asked if they are happy with everything."

Staff providing consistent, effective, timely care within and across organisations

- Staff worked closely together to ensure the delivery of effective care and support. For example, describing her relationship with the manager and the director, one member of the care team said, "We can speak freely [and] are listened to. If I have anything on my mind ... it always get sorted."
- Staff had also forged effective working relationships with a variety of external organisations, including local health and social care services. To further enhance communication with healthcare services, the provider had obtained an NHS email address for the service, to enable people's confidential medical information to be shared securely, if required.

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

- People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "Last week I fancied a banana and jam sandwich and that's what [name] made for me. Lovely!"
- The provider was also aware of potential risks related to nutrition and hydration. For example, the manager said, "Last summer in the extreme heat, I sent out a [reminder to all staff about the importance] of hydrating the clients."

Supporting people to live healthier lives, access healthcare services and support

- Staff worked proactively with a range of health and social care services on behalf of the people who used the service, including district nurses, GPs, local hospitals and therapists. Describing the prompt and proactive approach of staff, one person told us, "The carers are absolutely spot on. I felt unwell [recently] and they called the doctor who called an ambulance. It turned out I had sepsis."

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

- Staff were aware of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager was aware of formal best interests decision-making processes and said she would work alongside other agencies and family members if these ever needed to be used for someone using the service.

Is the service caring?

Our findings

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported

- Without exception, people told us that the staff who worked for the service were warm-hearted, caring and kind. One person's relative said, "They are absolutely fantastic. I wouldn't be without them. They are cheerful, helpful [and] wonderful." Another person's relative told us, "They are brilliant. We often hear the two carers having a laugh with [name]."
- Both the manager and the director worked as members of the care team on a daily basis. Reviewing responses to the provider's customer satisfaction questionnaire, we noted one relative had written about the manager in particular, 'Thank you [manager's name] for an exemplary service. You are an angel'. Describing her personal philosophy of care, the manager told us, "For me it's not a job. It's a ... devotion. [Caring for my clients] is like caring for my family. [I say to the staff], 'If you work with your heart you will find you are smiling at the end [of your shift]'." This commitment to put people at the heart of the service and to deliver compassionate care of the very highest quality was clearly understood by staff and reflected in their practice. For example, one staff member told us, "I say to [each person], 'While I am here this is your time'. If I can put a smile on their face, I'm happy." One person commented, "We have a chat and a laugh. They brighten my day up for me."
- During our inspection we identified several examples of the provider's exceptionally caring approach which often went far beyond the formal contractual agreement. For example, on their birthday, the provider sent each person a card. At Christmas, everyone received a gift. One person said, "They are more than kind."
- Confirming the staff team's willingness to go 'the extra mile' to promote the well-being and happiness of the people in their care, the manager told us, "[Name] told me she didn't like eating alone as it is 'too quiet'. So [if she is my last care call before my lunch break] I sometimes bring my [lunch] and coffee [flask] and we enjoy lunch [together]." When another person had gone into hospital, the director had taken over the care of the person's much-loved dog, visiting it twice a day for three weeks and giving the person peace of mind whilst they were in hospital. The provider made no charge for these additional calls. Talking of another person, the manager said, "[Name] had had an argument with her friend. So [our staff member] stayed on beyond her call to listen to her and to try to provide reassurance. [Name] has no family so [the support of our carer] was a big help to her. There was no charge [for the extra time]. [People] are not just clients. They are family." Describing the caring, attentive approach of the staff team, one person said, "They are a treasure. I couldn't manage without them." Following their father's funeral, a relative had written to the director to say, 'I just wanted to say a heartfelt thank you for coming [to the funeral] yesterday. Your presence was a sweet comfort to all of us and Mum in particular. Dad loved spending time with you and he was always laughing when you were there. I cannot thank you and your team enough for all the care and love you showed him'.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Through their daily hands-on care, both the manager and the director had developed an exceptional understanding of each person's individual needs and preferences. One person told us, "The manager listens and responds." They also took great care to share their knowledge within the service to ensure highly person-centred care was provided by every member of the staff team. For example, the guidance for staff in one person's care plan stated, 'Greet [name] by touch and then put in left hearing aid so [name] can hear you and reply.' Another person's relative had commented on a customer satisfaction questionnaire, 'When my husband is having a down day, they all know how to bring a smile to his face. At 7.30am, our house is full of laughter. That helps me'.
- Everyone we spoke with told us that the provider supported them to exercise a high degree of choice and control in every aspect of their life, including over who provided them with care and support. For example, people could express their preference for a particular gender of care worker. One person said, "I prefer all female." Another person's relative said, "[Name] prefers male carers. He feels more secure." Similarly, commenting on the provider's client-led approach to the deployment of new care workers, one person told us, "The management always introduce new staff to me and I check I am okay with [them]. They don't drop [them] on me." One staff member said, "If they don't like me, they don't have to have me!" Describing the care with which she was handling one care worker's upcoming leave, the manager told us, "[Name of a staff member] will be away for a month. So [the staff member covering] will meet [the clients] before [name] goes and before they get involved [in giving care]."
- Staff were also committed to supporting people to retain their independence for as long as possible. One staff member told us, "I always say [to people] I will always abide by what they do. It's up to them. I've never tried to change them. Maintaining independence is the most important thing. [People] can feel useless if it is taken away." Describing the patient, attentive approach of staff in helping them maintain their mobility, one person said, "I use a frame and they walk right behind me until I get to the bathroom. Then they walk behind me to my reclining chair." Similarly, another person told us, "The carers help me with my physio exercises."
- People told us staff supported them in ways that helped maintain their privacy and dignity. For example, one person said, "Carers help me out of bed and shower me. They respect my privacy, indeed yes." Commenting approvingly, another person told us, "They keep me lovely and clean." A staff member said, "I ask if they would like to do it for themselves. Some people [like me] to wash their back but leave the easier bits for them to do on their own."
- The provider's commitment to respecting diversity and supporting people in a non-discriminatory way was set out in the service user guide given to each person when they started using the service. Describing the importance of religious faith to some of the people she supported, the manager told us, "It helps them to [maintain] a positive outlook on life."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected.
- The manager told us she would obtain the input of a lay advocate if this was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The manager and director took the lead role in handling all new enquiries and referrals to the service. Following an initial home visit, if the person wished to proceed and the service had staffing capacity to accommodate them, the manager completed a detailed assessment of their needs and wishes. She then began the preparation of an individual care plan, in consultation with the person and their family. Commenting positively on the provider's approach in this area, a relative told us, "We had a care plan meeting and discussed the issues for [name]."
- The care plans we reviewed set out people's physical and emotional needs and wishes in a high level of detail. For example, one person's plan set out detailed guidance for staff on how to use the person's overhead hoist safely. Describing the value of the care plans, a staff member told us, "If you want to check up on bits and bobs you can look it up." The manager and the director personally reviewed every care plan on a regular basis, agreeing any changes with the person and their family.
- The first few care calls to any new client were undertaken personally by the manager or the director. Describing her approach, the manager said, "It is always me [or the director] for the [first] three to five days. Until we get to know the client. Then I introduce the client to the [other] staff [who will be working with them]."
- Reflecting the provider's systematic and responsive approach to care planning and introducing new clients to the service, staff had an excellent understanding of people's individual needs and preferences. For example, one member of staff told us, "Each ... client is different. All have different needs. They do things in the order that they have been used to doing. When they get used to you, their routine becomes yours. We work together." Everyone we spoke with told us they received extremely responsive and personalised support. For example, one person commented, "If I raise an issue with management it is sorted straight away. I have peace of mind."
- Staff understood the importance of communicating with people in ways that met their needs and preferences. For example, at their request, one person received their weekly care calls schedule on a particular colour of paper, to make it easier for them to read. The manager was unaware of the national Accessible Information Standard but told us she would ensure the provider embraced it for the future.

Improving care quality in response to complaints or concerns

- Information on how to raise a concern or complaint was included in the service user guide given to people when they first started using the service. However, everyone we spoke with was entirely satisfied with the service they received and told us they had no reason to complain. One person said, "I have had no problems or complaints. I have nothing but praise."
- Reflecting this feedback, the provider received very few formal complaints. The manager attributed this to

the high visibility she and the director had within the service, which made it easy for people and their relatives to alert them to any issues or concerns. One person told us, "I had to text [the director] about an issue and he responded within 10-15 minutes." The provider maintained a record of any formal complaints received. We noted one complaint had been put on hold, pending the outcome of further investigations by the coroner. We were already aware of this case and will monitor the outcome.

End of life care and support

- Staff worked alongside specialist agencies to support people at the end of their life, whenever this was required. Describing the provider's responsive support of one person, the director told us, "When [name] was in too much pain to get up [anymore], we amended the care plan and [organised] a change of bed and mattress." Following the recent death of their loved one, a relative had written to say, 'I am incredibly grateful for everything you did for [name]. You are all a really fantastic caring team [and] a credit to the care profession'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

Without exception, the people we spoke with us told us how highly they thought of the service and the way it was managed. One person said, "I can't praise [them] enough. I would definitely recommend them." Another person told us, "It can't get better." One staff member told us, "It runs well [particularly since the new manager was appointed]. Communication has definitely got better. I'd recommend [them]."

- As described throughout this report, the manager and the director were deeply involved in all aspects of the running of the service. Their exceptionally caring, client-focused leadership style set the cultural tone and was clearly admired and appreciated by everyone connected to the service. For example, one relative told us, "They are very professional and very personable. They listen and ... relate so well to us as a family." Commenting specifically on the manager, one person had submitted a customer satisfaction questionnaire which stated, 'I would be lost without you [name of manager]. I always appreciate your kindness and support for me'. Talking of the director, one staff member told us, "[Name] is so friendly [and] supportive to me, always. He is a lovely man."
- The manager and the director had a deep interest in the welfare and happiness of their team and went to considerable lengths to promote this. For example, one staff member told us, "[When we have training days, they always bring in ... a big tray of sandwiches. It's nice to feel appreciated." Staff received a card on their birthday and a gift at Christmas. The provider also organised team outings to local restaurants, as another way of thanking staff for their contribution.
- Reflecting the caring approach of the manager and the director and the positive organisational culture they had created, staff told us they were pleased to work for the provider and enjoyed coming to work. One staff member said, "It's a good company. I always [feel] fresh [when I come to work]. I am happy." Another member of staff told us, "I enjoy my work. I feel respected."
- The provider maintained a record of any untoward incidents or events that had occurred in the service. During our inspection we ascertained that, since the manager's appointment, there had been a case involving a person using the service which been considered by the local authority under its adult safeguarding procedures but which the provider had not notified to CQC. The manager apologised for this oversight and said she would ensure all notifications were submitted as required in future.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff; Working in partnership with others

- As described elsewhere in this report, the provider took great care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. One relative told us, "There is a mutual confidence [between] us and the carers." To further promote people's engagement with the service, the provider issued customer satisfaction questionnaires to seek the feedback from people and their relatives. We reviewed the results of the most recent survey and saw that the feedback was over-whelmingly positive. One person had commented, 'Our carers are more like family'. People's satisfaction with the quality of the service was also reflected in the letters and cards received by the manager. For example, one relative had written to say, 'I just wanted to ... thank you for all the kindness, compassion and care you bestowed on [name]'.
- In addition to the customer survey, the provider had other systems in place to monitor the quality of the service. These included regular care plan reviews and medication checks.
- At the time of our inspection, the manager had been in post for about eight months. Under her leadership, a number of changes had been made, to further enhance the safety and effectiveness of the service. These initiatives included the move to more face-to-face training and the introduction of staff spot checks. The provider was committed to the continuous improvement of the service in the future. For example, the manager told us she planned to extend the distribution of feedback questionnaires to staff and local health and social care professionals. She also had plans to extend the number of regular audits, to further enhance the monitoring of the service.
- As described elsewhere in this report the provider had established effective partnerships with a range of other professionals including GPs, district nurses, social workers and therapists. Describing how they had found out about the service, one relative told us, "An OT recommended this company. From the outset we have been happy."