

Luton Friendship Homecarers

Luton Friendship Home Carers Limited

Inspection report

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23 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Luton Friendship Homecarers is a domiciliary care agency registered to provide personal care to people living in their own homes in the community.

People's experience of using this service: People were not always kept safe from harm. Risk assessments in areas such as mobility, eating and drinking and specific health conditions were either not completed or lacking sufficient detail.

People's personalised support needs such as dementia, diabetes and mental health were not identified in people's care plans. There was limited information in care plans to instruct staff how to support people with these needs.

Staff received training and supervision, however these were not frequent and in line with the provider's policy. Training in key areas had expired for some staff members. This had not been actioned by the registered manager.

Audits and systems in place to monitor the quality of the service were not effective in identifying shortfalls or areas where the service could improve. Some information was out of date. The registered manager and office staff were moving records on to an electronic system which meant that some documents and records were hard to find and to monitor.

People and their relatives were positive about the care they received. One person said, "I think the service is excellent. For what [Staff] do and how hard they work, they have the patience of saints."

People were supported with kindness, respect and compassion by a consistent staff team who knew them well.

Robust and thorough recruitment checks were in place before staff started working at the service. People received their care visits on time and knew the staff supporting them.

People were supported safely with their medicines.

People had access to healthcare professionals and staff supported people to health appointments when these were needed.

People were supported in line with the Mental Capacity Act however it was not always clear how people's capacity had been assessed. We have made a recommendation to the service to seek further guidance and training around the Mental Capacity Act.

People's wishes at the end of their life were not always recorded. We have made a recommendation to the

service to find out if people wish to put plans in place for this time of their lives.

The registered manager and staff team were passionate about person centred care. People, their relatives and the staff team were positive about the management of the service.

Rating at last inspection: At the last inspection the service was rated Good (report published 21/04/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence which means that the service is now rated as Requires Improvement. Full details are in the report below.

Enforcement: We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Luton Friendship Home Carers Limited

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: Luton Friendship Home Carers Limited is a domiciliary care agency providing personal care to people living in their own home. The service supports people with visits for personal care or to keep people company. The service also supports people with live in carers in their own home. Luton Friendship Home Carers supports older and younger adults living with a physical disability or with a mental health condition. At the time of our inspection 59 people were using the service and being supported with the regulated activity.

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: We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 May 2019 and ended on 23 May 2019. We visited the office location on 20 May 2019 to see the registered manager, staff and office staff; and to review care records and policies and procedures. On 21 and 23 May 2019 we spoke to people using the service and their relatives to collect feedback.

What we did: Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we spoke with six people using the service, three relatives, two care staff, two care coordinators and the registered manager. We gathered information from three care files which included all aspects of care and risk. We looked at two staff files including all aspects of recruitment, supervisions, and training records. We also looked at records of accidents, incidents and complaints, audits, surveys and minutes of staff and professional meetings and policies and procedures relating to the management of the service.

After the inspection we received further evidence from the registered manager regarding policies and procedures and audits which were completed at the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Some regulations had not been met.

Assessing risk, safety monitoring and management

- Risks to people had not always been assessed thoroughly. Known risks to people were either missing from their care plans or were lacking enough detail to reduce the risk of harm.
- One person had been assessed for using a piece of equipment to help them drink. This was identified in their eating and drinking risk assessment. This risk assessment also stated that staff were to support the person to drink with a straw. This conflicting information meant that the person may be at risk of choking.
- Another person's eating and drinking risk assessment said that they had a 'soft diet', however, did not then explain how staff were to prepare this safely for the person. This meant the person may be at risk of eating food in a consistency that was unsafe for them.
- One person who had diabetes had a risk assessment that said staff were to prepare a diabetic diet. However, there was no further information about what this was or how staff were to prepare this. The registered manager told us that the person's family prepared all their meals apart from breakfast which staff helped with. This was not detailed in the person's care plan and may have caused harm to the person.
- Other risk assessments we reviewed either lacked detail, showed conflicting information or were incomplete. The registered manager told us that care plans and risk assessments would need updating. The registered manager also explained that they were moving information from paper copies on to an electronic system and this may explain why some information was missing. The registered manager was able to locate a mobility risk assessment for one person that had not been moved on to the new care plan system.

Risk assessments were not being completed or had missing information necessary to keep people safe. This meant that people may be at risk of harm. This is a breach of Regulation 12 HSCA RA Regulations 2014; Safe Care and Treatment.

- Risk assessments were reviewed; however, these reviews did not pick up on information that was out of date or missing.
- Although we saw that risks to people were not assessed people told us that staff knew how to support them. One person said, "Yes [Staff] know what they are doing. They know what help I need and how to help me." However, we could not be sure that unfamiliar staff would be able to support people based on the information that was given to them in people's risk assessments.

Staffing and recruitment

- People told us that there were enough staff to support them. One person told us, "I have enough staff to help me. They may be a minute or two late, but they always let me know and make the time up." A relative said, "(Person) always has someone there as they have 24-hour care. There has always been someone to cover and [staff] help each other out."

- Staff told us that there were enough staff to support people and that calls were covered by other staff or by the management team if there was an emergency.
- The registered manager showed us the system to monitor and audit care visits. However, the registered manager told us, and staff newsletters showed, that staff were signing in to say they had begun a care visit before they arrived at people's homes. The registered manager told us that they were monitoring this closely.
- Robust recruitment checks were in place before staff started their employment to ensure that they were suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One person said, "One hundred percent I feel safe." A relative told us, "Oh yes, [person] is very safe. Staff are very good."
- Staff received training in safeguarding and had good knowledge of how to keep people safe from harm and abuse. One staff member said, "I would report anything to my line manager. If not, I can always go higher to the local authority." Numbers for the local authority were available to staff in staff handbooks.
- Safeguarding incidents were reported appropriately to the local authority and were monitored by the registered manager if any actions needed to be taken.

Using medicines safely

- People felt safe being supported with their medicines. One person said, "[Staff] make sure I have my medicines. They give me them on time. [Staff] put the medicines on a little table and tell me what they are for."
- Staff received training in medicines administration and could tell us what they would do in situations such as medicines being refused. Staff's competency when administering medicines was checked during spot checks by the management team.
- Medicines and medication administration records (MAR) charts were audited and we saw that these were effective in finding and explaining any errors.
- People who were prescribed 'as and when required' (PRN) medicines did not always have protocols in place to guide staff when to administer these. The registered manager told us that they would put these in place.

Preventing and controlling infection

- One person told us, "Staff always look clean and presentable and always have their uniforms on."
- Staff told us they had access to enough equipment, such as gloves and aprons, to prevent infection. Staff received training and had a good understanding of infection control.

Learning lessons when things go wrong

- The registered manager kept a log of incidents that happened at the service and we saw that these were discussed with staff in team meetings to prevent them reoccurring.
- The registered manager had recently made changes to the way that care visits and medicines administration was monitored following some recording areas.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed when they started to use the service, however these assessments were often not completed fully or in detail. Information was missing in areas such as people's preferences, allergies and medical conditions.
- Some people who were living with dementia or other health conditions did not have this noted in their assessment and there was no information for staff to use to support people.
- These assessments had been used to create care plans and risk assessments for people using the limited information gathered during the assessment process. This meant that key information about people's health and well-being may not be known by staff supporting them.

Staff support: induction, training, skills and experience

- Staff received training in areas such as safeguarding, health and safety and moving and handling. However, we saw many examples where staff training had expired. The registered manager explained to us that staff had received training however this was not on the new system yet. We did not see evidence of training being provided on the old system as this information could not be found. The registered manager told us, "There is training that is out of date. We are working hard to correct this."
- Staff received induction when they started at the service and told us that this was thorough. However, induction records showed that induction consisted of a 'tick list' for staff and it was unclear what method was used to assess that staff were competent after their induction.
- Staff received supervision and competency assessments or spot checks in areas such as medicines and moving and handling. However, these were not delivered regularly and in line with the provider's policy. This meant we could not be sure how the provider was monitoring the skills and experience of staff.
- This meant that staff members may not be up to date and current with current legislation and best practice.
- Despite our findings people told us that they thought staff were well trained. One person said, "Yes, staff seem perfectly all right with everything like using the hoist." A relative told us, "I have not seen any evidence of staff not knowing what they are doing."

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with

appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us, "[Staff] always ask my permission before they help me with something." and, "If [Staff] were going to do something out of routine then they would say something."
 - Where people did not have capacity, this was noted in their care plans and consent to their care had been signed by their family member or representative.
 - It was not clear how people's capacity had been assessed in some care plans we reviewed.
- We recommend that the service find out more about completing full and thorough capacity assessments with people, based on current best practice.
- Staff received training in the Mental Capacity Act and had a good understanding of the principles of this.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that staff supported them well at meal times. One person said, "[Staff] help me to eat every meal time. They always cook me the food I want and I can eat any time." A relative said, "[Staff] always take their time with [Person] at meal times. They are very patient."
- Staff we spoke with had a good understanding of people's dietary needs and how to support people to eat safely.
- There was limited or contradicting information in people's care plans surrounding specific dietary requirements such as diabetes or being on a soft diet. This meant that people may be at risk if staff did not know their needs well. The registered manager told us that some information still needed to be added to the care plans on the electronic system.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them to see health professionals. People told us, "[Staff] help me to appointments and change my visit times to take me." and, "If the GP needs to see me then the staff will organise for them to come and see me."
- Staff members told us that they had supported people to access health professionals both over the phone and in the community.
- Records of health appointments were recorded and shared with the staff team. However, if people's needs had changed because of an appointment, this information was not always added to people's care plans and risk assessments.
- People had received support from professionals such as GP's, district nurses and speech and language therapists (SALT).

Adapting service, design, decoration to meet people's needs

- People told us that staff were very respectful of their homes.
- Environmental risks were considered before people were supported by staff members.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care they received, People told us, "Oh yes, [staff] are very kind and caring. We always have a good laugh." and, "[Staff] are very kind and caring. I have the best carers in town."
- People's relatives were also positive about the service. One relative said, "I cannot fault the care. The service is brilliant and has been absolutely marvellous."
- Staff we spoke with knew people well and were passionate about caring for people. One staff member told us, "We get to know people with time, patience and by caring for them all the time. It is about making things light hearted and having banter with people."
- Daily notes written by staff members were written in a kind and respectful manner.
- People's preferences with regards to religion were noted in their care plan so that staff could respect this when supporting people.

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

- People told us they could make choices about their care. One person told us, "I choose what I want to wear and say what I want, or I might point to something. [Staff] always respect my choice." A relative said, "[Staff] always listen to what [Family member] wants. They are very respectful."
- People and their relatives were involved in reviews of their care and care plans. One person said, "I did not help write my care plan, but I remember talking through it with the person who did." A relative told us, "I was involved in making the care plan and I am present at all the reviews."
- It was not always clearly recorded that people had been involved in reviews of their care plans. The registered manager told us that they would look at making this clearer.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person said, "I do as much as I can for myself and staff respect this and give me time to do things." A relative told us, "They let [Family member] do what they want really. They only help [Family member] if they need help."
- People and their relatives told us that their privacy and dignity was respected. People and their relatives told us that staff never rushed them during visits and that there was always time to do things independently or have time to themselves if they chose to do so.
- Staff had a good understanding of how to promote people's independence and told us how they would do this.

Is the service responsive?

Our findings

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

People's needs were not always met. Some regulations were not met.

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

- People's care plans did not give information to staff about people's personalised care needs such as dementia, diabetes or mental health. Care plans we reviewed were either missing information entirely or had limited information about these personalised needs.
- One person living with dementia did not have this diagnosis mentioned in their care plan. There was no information about how this may affect their life or what staff could do to support this person.
- Another person's care plan identified them being at risk of isolation as they found it difficult to leave the house. However, there was no further information about how to support the person with this and how staff could engage with the person to reduce their feelings of isolation.
- The registered manager and staff told us that they were not supporting people with different communication methods as this was not needed. However, two care plans we read identified that people communicated using methods other than verbal communication, although there was little information for staff about how to use these. This meant that staff were not aware of different communication methods that people use.
- People were identified as being in need of psychological well-being support however care plans did not detail how staff could support people with these needs.
- People's care plans held either little or no information about people's likes, dislikes and preferences. There was no information in people's care plans about their life history and things which were important to them.
- The evidence we found, meant that staff supporting people for the first time would not have detailed information about how to support people with their individual care needs.

Not providing staff with information about people's personalised care meant that people may not receive individualised care. This is a breach of Regulation 9 HSCA RA Regulations 2014; Person Centred Care.

- Despite our findings, people told us that staff knew their likes and dislikes. One person told us, "[Staff] know my likes and dislikes and what is important to me." A relative said, "They know [family member's] likes and dislikes. It is a consistent [staff] who comes in so they get to know them well."
- People told us, and records showed that a consistent staff team supported people. People received the same staff for their care visits as much as possible.

End of life care and support

- People's end of life care had been recorded in care plans as 'not needed'. It was unclear how this decision had been reached with the person and their relatives.

We recommend that the service find out more about end of life care and supporting people to record their wishes and preferences at this time, in line with best practice.

- Staff had a good understanding of what was important when supporting people at this stage of their life. The registered manager showed us the plans they had in place to introduce further end of life care training to the staff team.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and that these were taken seriously. One person said, "I think I had to make a complaint on one occasion. The office sorted it out very quickly."
- There was a complaints policy in place at the service. This could be made available in other formats such as braille if people needed it.
- Complaints received by the service were taken seriously. We saw that these were recorded and responded to promptly. The person making the complaint was contacted to ensure that they were happy with the outcome of the response.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's care plans and risk assessments were missing information or had limited details about how to support them with their care needs. Reviews and audits of care plans had not identified these issues.
- The registered manager and office staff were in the middle of moving paper records on to an electronic system, making information hard to find. The registered manager told us, "We have had refurbishment in the office and are moving everything to an electronic system, so everything is a bit all over the place at the moment."
- Some documents we requested could not be found on the system or in paper records. The registered manager and office staff appeared to find it difficult to find some information.
- Staff were not receiving training, supervision or competency checks regularly and in line with the provider's policy. Audits had not picked up on these issues.

Not having effective audits in place meant that the registered manager could not be sure of the quality of the service. This is a breach of Regulation 17 HSCA RA Regulations 2014; Good Governance.

- Some audits such as those for medicines and daily records were detailed and were effective at monitoring these areas.
- There were plans in place for emergencies such as bad weather and these were shared and understood by the staff team.

Continuous learning and improving care

- The registered manager told us that they had recently improved in systems such as medicines audits and monitoring staff care visit times and durations.
- Although the registered manager and office staff were trying to improve systems this had a negative impact on the ability to locate information. Systems showed that training and supervisions were overdue however no action had been taken to address this.
- Some documents we reviewed needed updating and had old contact information for services such as the Care Quality Commission.
- The registered manager told us that they would begin working on the issues that we identified during this inspection. However, we could not be sure that issues we have identified would have been noticed by the service, without our intervention.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives told us that they were asked for feedback about the service. One person said, "Someone from the office sometimes comes around with a questionnaire. They are the same sort of questions that you are asking." A relative told us, "We get feedback request forms at least once a year."
- Staff told us that they took part in team meetings and could feedback about the service. Records confirmed this.
- We did not see any evidence that feedback collected from people or staff was reviewed or considered to improve the service. The registered manager told us that although feedback was requested a lot of relatives and staff did not fill these in. However, we saw no evidence of other methods that had been used to try and collect feedback from people.
- Staff received a newsletter monthly however we saw that this was not respectful towards staff and openly commented to the whole staff team that some staff who were not performing in their job role.

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

- People and their relatives were positive about the management of the service. One person said, "Oh yes. It is well managed here. There has never been a problem." A relative told us, "[Registered Manager] is very good at their job. They go above and beyond for [family member] and are always on hand to help or cover shifts."
- Staff were equally positive about the management of the service. One staff member said, "I have the highest regard for [registered manager]. They don't just look after people, but their relatives and the staff too."
- The registered manager ensured that people's needs were met in specific circumstances. For example, they went to see a person late at night when they were upset and needed to talk to them. They also ensured a person could take part in an activity by putting an extra care visit in place for the person themselves.
- The registered manager and staff spoke passionately about putting people first and supporting them in a person-centred manner.

Working in partnership with others

- The registered manager and the staff team linked with other health professionals to ensure positive health and well-being outcomes for people.
- The service had strong links with a local church and organised events for people at certain times of the year such as Christmas. This helped people who may feel isolated in their own homes.
- The registered manager had plans in place to speak to local services such as day services to encourage people to access the community and decrease social isolation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Information about people's individual care needs, preferences, likes and dislikes were not identified in care plans and risk assessments.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not always been assessed or were lacking sufficient information to support people safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits were not effective at identifying short falls and areas for improvement at the service.