

Life Care Plus Limited

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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? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Life Care Plus Limited provides care at home to people. They provide the regulated service of personal care to both younger and older adults some of whom are living with dementia and may have mental health or learning disabilities support needs.

However not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection eight people received the regulated service.

People's experience of using this service and what we found

The provider took steps to ensure staff previous work practice was appropriate and safe. However, a risk assessment was not written to reflect the safety measures taken when a reference could not be obtained. The provider's quality assurance system had not identified this shortfall.

The registered manager used systems to ensure they had an oversight of staff practice and undertook spot checks. They checked staff administration of medicines and addressed any concerns with staff.

Staff were provided with training to support them to undertake their role.

People and relatives spoke positively about the care workers. They described them as experienced and friendly. They told us care workers usually arrived on time and communicated well with people.

The registered manager met people to assess their support needs prior to offering a service. This assessment informed people's person-centred care plans outlined how they wanted their care to be provided.

The registered manager also assessed risks to reduce the likelihood of harm to people and made suggestions to promote people's safety and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and care workers supported people to access appropriate health and social care for their well-being. They followed health professionals' recommendations.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement undertaken on the 9 September 2018 (published on 6 November 2018). At that inspection we found two breaches of the regulations in fit and proper persons employed and good governance.

The provider completed an action plan after the last inspection to show what they would do by January 2019 to improve.

At this inspection, not enough improvement had not been made. This was because although improvements in auditing and oversight had been made there were still some shortfalls in the recruitment process.

Why we inspected

This was a planned inspection based on the previous rating.

We found no evidence during this inspection that people were at risk of harm

Please see the sections of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Life Care Plus 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We made phone calls to people and relatives using the service on the 5 November 2019. We were successful at speaking with one person and four people's relatives. We met the registered manager at the office location on the 7 November 2019 where we also spoke with three care workers. We looked at the care records for three people who used the service, and three staff recruitment, training and support records. We also reviewed records of safeguarding adults, complaints, incidents, accidents and quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

At our previous inspection in September 2018, we found a breach of the regulations because the provider was not recruiting staff in a safe manner. This was because the provider did not always ensure they had received references from former employers prior to staff commencing their role. At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 19. However, we found the provider had not always taken action in line with best practice.

Staffing and recruitment

- The majority of the staff documents reviewed demonstrated the provider had recruited staff in a safe manner. However, one care worker had been employed without a reference from their most recent employer. Notwithstanding this there was a reference from an employer prior to their most recent employer and a character reference. Although the registered manager had requested a reference from the most recent employer and had spoken with them on the telephone the reference had not been forthcoming.
- In such circumstances it is good practice to undertake a written risk assessment to ensure adequate monitoring of the staff's working practice. Following the inspection, the provider sent us further evidence they had resent the reference request to the previous employer, had undertaken a spot check and supervision session. They also had, as requested, provided a written risk assessment demonstrating how they would continue to monitor the staff member.
- Actions taken by the provider to ensure each staff's suitability to work as a carer worker included, completion of an application form, an interview attendance, checks of identity and criminal records.
- The registered manager ensured they had adequate staff to meet people's support needs. They described they had recruited staff to cover should further care calls be required. At the time of our inspection eight people were being supported by eight staff including a part time administration assistant all employed on zero hours contracts.
- Most people and relatives told us staff did not miss care calls and usually arrived on time. Their comments included, "On time now, yes absolutely, they don't miss calls and they are prompt," and "Yes, very good on time." However, one relative told us that whilst usually the staff called as scheduled they had experienced an

occasional lapse in service. "On one occasion one staff didn't turn up and once one was an hour late. No one had contacted me so just occasionally things go wrong." They felt generally the provider was, "Not perfect but ok."

- The provider had introduced an electronic log in and out system for care workers. The registered manager explained there had been a missed call prior to the system being installed but not one since. They monitored to ensure staff attended calls as rostered.

Using medicines safely

At the last inspection in September 2018 we found a recording error as staff had not always completed the medicines administration records (MAR) as medicines were prescribed.

- At this inspection we found staff had completed the MAR appropriately. When there were errors, the registered manager had identified the mistakes through medicines audits. Care workers completed paper MAR at the person's home and recorded in the daily log that medicines were administered.
- Most relatives found medicines were administered appropriately. One said for example, "Medicines are given on a daily basis now...it makes a huge difference." One relative was not always confident new or temporary care workers knew which medicines should be given before or after food.
- Whilst most people's records reviewed were consistent we queried that one person's documents were not consistent in stating when a medicine should be taken before or after food. This was because one support plan stated after a meal rather than before a meal.
- Following the inspection, the registered manager sent us further evidence to show the most recent documents, including the medicines risk assessment, electronic care records were consistent, and the inconsistent document was an old support plan which had been reviewed and updated in July 2019.

Assessing risk, safety monitoring and management

- The registered manager met with people and relatives to assess and identify risks to people. Risks assessments reviewed included, moving and handling, use of bedrails, skin integrity, medicines and environment.
- There were guidelines for staff reference. For example, one person's moving, and handling assessment stated the equipment to be used during each part of their care. Care plans described the relevant equipment and use. Guidelines included reminders for staff to keep pathways clear for the person, so they could use their Zimmer frame safely. The registered manager had also recommended an emergency call pendant for the person to minimise the risk of them from falling and requiring immediate assistance.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had reported safeguarding concerns to the appropriate body. For example, when there was possible self-neglect by a person using the service. They had reported and discussed their concerns with the local authority. They monitored daily notes, accidents and incidents and spoke with people, relatives and staff on a regular basis to check there were no concerns.
- Relatives told us care was good. Their comments included, "Yes they are safe with them." Staff had received safeguarding adult training they were able to describe how they would recognise signs of abuse. Their comments included, "People with dementia can't always remember what happened but you might see a bruise, or something has changed with the way they talk. I would report it if another carer was abusive. I would go to the office" and "There are different kinds of abuse, you might see bruises and scars and if they are mentally alert they can tell you. If it is financial abuse [the signs are] concerned about money matters, or money has been taken out [of their account]."

Preventing and controlling infection

- Care workers had received infection control training. We saw supplies of personal protection equipment (PPE) at the office location. Care workers confirmed they were supplied with PPE to support them to avoid cross contamination.
- Documents reviewed showed the registered manager undertook spot checks at people's homes to monitor care calls and during these visits checked PPE was being used appropriately by care workers.

Learning lessons when things go wrong

- The registered manager told us they had reviewed their paperwork following negative feedback that an electronic care plan when printed out was not clear to read due to a small font used. The registered manager has changed the document format and had found subsequently their hand typed care plans were easier for people and professionals to read.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager was working in line with the MCA. People who had the capacity to do so signed consent to their care plans. Their care plans stated clearly they were able to make their own decisions.
- People's care plans stated if relatives held lasting power of attorney (LPA). LPA gives people the legal right to choose a representative to act on their behalf should they no longer have the capacity to make decisions. Relatives who held LPA had signed consent for care to be provided on behalf of their family member.
- Staff had received MCA training and were able to tell us about giving people choices in their everyday life. The registered manager had provided staff with quick reference cards about the MCA to keep their knowledge up to date.
- Care workers comments included, "[Registered manager] did cover this [MCA] in induction... a person with mental capacity can decide and tell you what they want. Give choice always ask them... we ask what would you like for lunch? Give a choice always ask."

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

- The registered manager visited people prior to offering a service to ensure they could meet their support needs. They told us they read through professionals' care assessments and support plans and visited people

in their homes. They ensured the care plan reflected people's preferences, so care would be provided in a person-centred manner.

- A relative told us, "[Registered manager] assessed and did a risk assessment, they wouldn't start until the risk assessment was done and typed up. They made a second meeting with us to go through the care plan."

Staff support: induction, training, skills and experience

- Staff attended an induction which included training and shadowing experienced staff. The training included, safeguarding adults, first aid, moving and handling, fire awareness, infection control, medicines administration, personal centred care, MCA, dementia and end of life.

- The registered manager told us they trained staff prior to employing them so they could check their competency to be a care worker. They provided both online and face to face training. They had undertaken train the trainer training, so they could deliver training themselves. There was a learning evaluation form to check staff had retained their knowledge.

- Care workers told us they had received supervision and training and found it useful. A care worker told us, "Yes we got training. I had done training before, so it was like a refresher. Other people [new staff] shadow me. They do this because every client is different."

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

- Care plans contained information about who supported people with their meals and if they had dietary preferences. People's care plans stated clearly the care worker's role in serving food, heating a meal or preparing a snack.

- Care workers told us how they encouraged people to eat a healthy diet. One care worker told us, "Sometimes they don't like certain foods, I encourage vegetables for their health. I give vegetables and water as they can get dehydrated."

- Care workers told us they encouraged people to remain hydrated, one said for example, "We mostly call at meal times, we give a meal and a drink, some water. We tell them, it's good for your health." One person's relative confirmed their care workers, "Always make sure they leave water for [family member] ...they do actively encourage them [person] to drink and keep a log of it."

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

- The registered manager and staff were supporting people to remain as healthy as possible. One relative told us staff supported their family member to do exercises. They said, "They help [Person] walk, by encouraging them to walk and do exercises from the physiotherapy sheet. They regularly do the exercises with them."

- There was evidence that the registered manager contacted health professionals when there was a concern. For example, after a phone call from the registered manager one person was visited by a community matron. We saw also that speech and language therapist visited people at their homes.

- Following a change in health circumstances people's care plans were reviewed. When new equipment was ordered by the rapid response team there was liaison by the registered manager and care plans were updated for staff reference.

- People's care plans referenced dental care. For example, one person's plan prompted mouth care at each call. The plans informed staff if the person had dentures or their own teeth and what support was required. The registered manager told us they were in the process developing more detailed oral care plans for people

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- Relatives comments were very positive about the care workers. They told us for example, "Very good with [family member], [Registered manager] briefs staff, to be talkative and engage [Person] in conversation. I have observed they have a natural conversation, it's good for [Person] they are laughing and are happy," and "Absolutely fine, the girls are really up to the job. They know exactly what they are doing. Keep [Person] cheerful and oh yes completely caring and very experienced."
- Staff told us how they built a good working relationship with people. Their comments included, "Best thing is to enter the house with a big smile, say hello look at their face, smile so they know this person is friendly, have a chat, talk about their childhood or war time. Ask questions, they like to talk about it. If you show an interest they will talk," and "I like to be friendly, I like they feel I'm a friend they can trust. I treat them like I would treat my mum or sister, I feel this."
- Care staff described how they provide care to people with differing diverse support needs. "I speak three languages, I can look after different people, I respect if they have a different religion," Staff described serving meals to people who had a vegetarian diet or preferred traditional English food. One care staff told us, "If a person was Muslim I would make sure they had halal food."
- One care worker told us should they look after people from the lesbian, gay, bisexual and transgender plus (LGBT) community they would, "Respect them and their views. They are people too as well as us they need care."

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

- A relative told us being able to communicate with their family member in their preferred language was very important. They thought the care workers communicated well with them. They said, "The carers are really good, really understanding... [Registered manager] has carers that are able to speak with [family member]. Communication is a big thing."

- People's care plans stated when they were able to make all their own decisions or if they had the support of a family member to make decisions on their behalf. Staff told us how they supported people in their day to day decisions. One care worker said, "I encourage them to make decisions about the little things, I don't want to hurt their feelings, so I help them make little choices... I will explain the situation until they understand."

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt they were treated with dignity. One relative said, "They treat [Person] with great dignity." Care worker described providing personal care in a manner which would promote people's modesty and maintain their dignity. One care worker told us, "I close the curtains and doors of course and if [Relative] is there I ask them to go out of the room."

- Care workers told us how they encouraged people to remain as independent as possible. One care worker said, "They like to do things by themselves. I encourage them. I say yes, yes do it and praise them, 'Fantastic!' but I also ask can I help you when they need help."

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives confirmed there were care plans in place and care was provided in a person-centred manner. Relatives and people's comments about their care plans included, "[Registered manager] recaps at review and asks are you happy [with the care]. They are very thorough" and "Yes, we have a care plan. It's care as we want, they said tell us exactly what you want. They work around us."
- Care plans gave staff specific guidance about how care should be provided to each person. Staff told us they found the care plans helpful. Their comments included, "There is a care plan in the house, yes and plus in our phones there is care plan system. We can log in and out [from an Application] and yes, it is helpful, "and "All have care plans in their houses."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people receiving a service lived with their relatives who took responsibility for their social activities. Care plans reviewed contained information about people's activity preferences. This included their likes and dislikes.
- Some people had companionship visits from staff and all people's care plans contained a brief history of their past. This gave staff an insight into people's lives and topics to reference in conversations. All care staff spoken with stressed the importance of being friendly and chatting with people.
- When people had a preferred language, the provider had successfully met their diversity support need. Some peoples' religious and cultural celebrations were referenced. For example, for one individual Christmas was an important celebration and recorded as such in their care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had produced a service user guide with important information for people and relatives using the service. It was clear and informative. People's care plans did contain some symbols such as a 'thumbs up' for likes and thumbs down symbol for dislikes.
- The registered manager told us they were aiming to further develop easy read and accessible information. To ensure people and relatives understood the information provided the registered manager also met with them during spot check visits and made telephone calls. This was so they could verbally share information or discuss any concerns.

Improving care quality in response to complaints or concerns

- People and relatives said if they had a concern they would contact the registered manager who they had confidence would immediately address any concern. Their comments included, "Every time there is an issue it is done really well, and they have addressed the issue," and "If I raised a complaint, yes certainly, [Registered manager] would address it."
- The provider had a complaints procedure and policy. They had provided people and relatives with information stating how they could raise a complaint. At the time of our inspection no written complaints had been recorded. The registered manager told us some verbal complaints had been made; they would phone and apologise and address the complaint.

End of life care and support

- The registered manager confirmed they were not offering end of life care to people using their service currently. As such, there were no end of life care plans. The registered manager had completed a train the trainer session in end of life support and had provided this training to staff.
- The registered manager told us they had in the past offered care to people who were at the end of their life. They described working in line with the GP and palliative care team and family members to provide good care to the person.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection in September 2018 we found a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found the provider did not have effective systems to assess, monitor and improve the quality of the services provided to people. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17. However, further improvements were needed.

- The provider had improved their quality oversight however, not all systems were embedded. The registered manager was still in the process of developing some of the audit tools. While there were suitable templates in place to record if staff recruitment processes had been completed, they were not yet used.
- The registered manager told us, they were, "Working to get right paperwork sorted out and feel in a position to go forward." Since the last inspection they had introduced a system for electronic care management plans and were still in the process of fine tuning its use. This had benefitted the staff as they had immediate access to the electronic records and had allowed greater monitoring oversight.
- There were medicines records checks and we could see when errors had been addressed with staff. Oversight documents were used and showed when supervision and training were completed and were due.
- The registered manager had recruited a part time administration officer to support with the office systems and day to day running of the office. There was evidence of staff meetings to discuss progress and to reinforce the provider's values and aims.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was able to tell us when they had a legal duty to notify the CQC. They had responded promptly to inform us during the past year when they had a legal obligation to do so. The registered manager showed us they had adjusted their systems and procedures in response to lessons learnt and had explained to staff why the changes had been made. They apologised to people and relatives when things had gone wrong and had made changes to prevent a reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they felt the registered manager was approachable and listened to them. The registered manager phoned people and relatives visiting their homes for reviews and occasional staff spot checks. They asked for feedback and acted on concerns and adjusted. They had provided staff, people and relatives with an out of office hours contact number for emergencies.

- One relative told us, "The office is really, really good. [Registered manager] goes above and beyond the call of duty, gives that extra effort... They ring up, ad-hoc, comes and inspects. They ask, and checks concerns and always informs us. They keep in touch."

- The provider encouraged people and relatives' online feedback and the positive comments we read reflected what we were told by people and relatives.

- The registered manager met with care workers on a regular basis and held quarterly supervisions. They had an open-door policy and had developed systems to support staff carry out their work in an accessible manner. This included an application [App] to electronically log in and out and have access to electronic care plans for speedy reference.

- Staff all told us they felt well supported by the manager, they confirmed they found them approachable. One care worker said, "[Registered manager], easy to communicate with, when I call and leave a message I will get a response. They are very good. I do feel well supported by them."

Continuous learning and improving care; Working in partnership with others

- The registered manager kept their learning updated. They were a member of United Kingdom Homecare Association (UKHCA) and attended the Skills for Care Registered managers meeting. They found this kept their knowledge about changing legislation and good practices initiated up to date. They continued to access training to support their own learning and had for example completed train the trainer in medicines July 2019.

- The provider told us they worked in partnership with people and their relatives to provide good quality care. They liaised and acted on advice from health and social care professionals to promote people's well-being.