Lucmont Limited

Lucmont Limited t/a Home Instead Senior Care

Inspection report

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Tel: 01480495834

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14 May 2018

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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?	Good

Summary of findings

Overall summary

Lucmont Limited t/a Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is registered to provide a service to older people, people living with dementia and people with mental health needs. Not everyone using Lucmont Limited t/a Home Instead Senior Care received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This inspection was carried out between 10 and 14 May 2018 and was an announced inspection. This is the first inspection of this service under its current registration. At the time of our inspection there were 96 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received a safe service. Staff had a good understanding of safeguarding procedures and keeping people safe. The registered manager's response to accidents and incidents helped reduce the potential for any recurrence. The staff recruitment process helped ensure that the necessary checks were completed before new staff commenced their employment. There was a sufficient number of staff in post who were provided with the training and skills they needed to provide people with safe care and support. People's medicines were administered and managed safely.

People received an effective service that took account of their independence. Staff knew how to promote people's independence. People were supported to make decisions that benefitted their wellbeing by staff who knew what decisions each person could make. People's care plans included sufficient detail of their assessed needs and the amount of support they required from staff. Risks to people were identified, and plans were put into place to promote their safety in a way which gave people freedom of choice.

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. People benefitted from the support and care that trained and skilled staff provided. This helped to promote people's safety and independence. Staff were regularly reminded of their responsibilities in meeting each person's individual needs. The registered manager used information from regular spot checks of staff's performance to help staff to maintain and improve their skills. Staff enabled people to access community or other primary health care services. People were supported to eat and drink sufficient quantities of food and fluid.

People received a caring service that was provided with compassion. This was by staff who ensured people's

privacy and dignity was promoted. Staff respected people's rights to be cared for in an unhurried and considerate manner. People's independence was promoted by staff who encouraged people to make their own decisions about their care. People who needed advocacy had this in place and this helped ensure people's views were considered and acted upon.

People received a responsive service that helped them to have their needs met in a person centred way. Suggestions and concerns were acted upon before they became a complaint. Technology was used to help people to receive care that was timely. Systems were in place to support people to have a dignified death.

People received a well-led service which they were involved in developing. Their views were listened to, considered and acted upon. Staff meetings and communication systems including a newsletter helped staff to receive updates about the service and people who used it. Staff were provided with regular updates to their training with opportunities to develop their skills. The registered manager promoted openness within the staff team to get the best out of them. Staff were supported staff in their role by other more experienced staff members as well as having their views listened to. Appropriate support arrangements were in place for each staff member. Quality assurance, audit and governance systems were effective in driving improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's safety was promoted by a sufficient number of staff who had been trained in safeguarding processes.

Risk assessments were in place to manage any risk that could impact on people's safety.

Medicines were administered and managed by trained and competent staff.

Is the service effective?

Good

The service was effective.

People's assessed needs were met by staff who had undertaken relevant training.

People were supported to eat and drink well.

People were enabled to access health care services by staff who had a good knowledge of people's needs.

People's independence was promoted by staff by helped them to make informed decisions.

Is the service caring?

Good

The service was caring.

People received a caring service from staff who showed compassion and kindness.

People contributed to their care needs and advocacy was in place where it was needed to make sure people's views were upheld.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People contributed to the planning of their care and towards how this was provided.

People's concerns were acted upon to the complainant's satisfaction.

Systems were in place to help ensure people could have a dignified death that was based upon their personal preferences.

Is the service well-led?

Good

The service was well-led.

The registered manager supported their staff to work as a team. This helped promote equality as well as building collaborative relationships.

Audit and quality assurance systems were effective in driving improvements.

Systems were in place to support staff with regular supervision, support and team meetings.

Lucmont Limited t/a Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place between the 10 and 14 May 2018 and was announced. The inspection was undertaken by one inspector and an assistant inspector. We gave the provider 48 hours' notice as we needed to be sure they were in. This was also because some of the people using the service could not consent to phone calls or a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us such as incidents or allegations of harm.

We also sent out survey questionnaires to people, relatives, healthcare professionals and staff. We used responses to these questionnaires to help make a judgement about the quality of service people received.

Prior to our inspection we contacted the local safeguarding authority to ask them about their views of the service. This organisation's views helped us to plan our inspection.

On the 10 May 2018 we visited the provider's office and we spoke with the nominated individual (This is the person who has overall responsibility for supervising the management of the regulated activity, and

ensuring the quality of the service provided), the registered manager, three office based staff with management roles and one care staff member. On 11 May 2018 we spoke with five people and one relative by telephone. On 14 May 2018 we spoke with a further three relatives, two care staff and a social worker.

We looked at care documentation for four people using the service and their medicines' administration records. We also looked at two staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

Good

Is the service safe?

Our findings

People were safely cared for by staff who understood safe systems of work whilst promoting the risks people could take. Staff understood what keeping people safe from harm meant and they adhered to the provider's policies about preventing harm. Staff received regular training and updates about protecting people from the risk of any harm. One person told us, "I feel safe as [staff] do arrive on time. They ring me if they are going to be a little late and they always stay for the required amount of time." One staff member told us about the different types of harm as well as how to recognise these. They said, "I get to know people really well, I would know straight away if the person was acting in a different way such as being very quiet, tearful or withdrawn. I know who to report my concerns to including [registered manager], the CQC and the local authority if I have to." People could be assured that their safety was promoted as much as practicable.

Concerns about harm had been referred to the relevant authorities and actions had been taken to help prevent the potential for recurrence. The registered manager had liaised with the relevant authorities. They had used learning from these incidents to put measures in place to help prevent the potential for any recurrences.

Risks to people were identified and managed well. Risk assessments had been completed for areas including moving and handling, infection prevention and control and medicines administration. We saw risk assessments had been completed for those staff who could be a risk such as expectant mothers. These risk assessments gave staff the information they needed to help promote people's safety whilst also maintaining their independence. For instance, by making sure people wore their emergency life line alarms and using mobility aids. This was as well as adhering to safe hygiene practice by wearing protective clothing and hand washing procedures. One person told us, "[Staff] make sure I am safe when they are here as well as reminding me to use my walking frame. I sometimes forget but [staff] are good at keeping me safe. They are ever so careful helping me to stand up and take their time." One staff member said, "I always check the lifting sling before use to make sure it is safe. I know it gets serviced regularly as there are labels with dates on."

Staff told us that they were empowered in their roles and that they would be confident to report any poor standards of care if they ever occurred. One staff told us, "I have worked in care for some time. I would have no hesitation whatsoever in contacting the (registered) manager about any concerns I may have. I always get the support I need from them in everything."

The registered manager explained to us how they assessed people's needs and how they then put sufficient staff in place with the right skills. One person told us, "[The provider] recruits and trains their staff to have the right skills. They must do as I am still living at home and doing well." The registered manager said, "I would rather turn a person down than put them at risk. Staff who have no previous experience are sometimes the best as they have no preconceptions about care." A staff member told us, "We always stay for at least an hour. If I am delayed I ring the office and stay the extra time to make up." Staff told us that there were sufficient staff and that they were not rushed to complete people's care. Systems were in place to cover people's care calls such as for delays due to traffic or staff sick absences. This showed us there were

sufficient staff employed who had the right skills.

Robust recruitment procedures were in place. Staff told us that they had been subject to pre-employment checks. One staff member said, "I had to provide two character references as well as two previous employment references. I also had to prove my identity with my driving license and sign to say I was fit and healthy."

People were administered their medicines by trained and competent staff. One person told us, "I have to have [staff] support me as I am not independent enough. My medicines are pretty straight forward but [staff] make sure I take them, every time." A relative said, "[Family member's] needs have increased and [staff] make sure they use strategies so that my [family member] always takes their medication."

Spot checks had been undertaken by staff with a management role to make sure care staff administered medicines safely and as prescribed. Actions had been taken when concerns had been noted. Medicines were administered and managed in-line with current guidance for care in the community.

Good

Is the service effective?

Our findings

People told us that they felt staff were trained and experienced for their roles. One person told us, "I am staunchly independent but [staff] do always ask me, if it is alright for them to do something. They let me choose. A relative said, "My [family member] has deteriorated over the past year and [staff] have to prompt them more. They use tactics to help my [family member] to eat, drink and wash." Another relative said, "It is very reassuring to know that [staff] have the right skills. They are all extremely good at being proactive and can almost tell if my [family member] needs something or some help better than me. I also have an input where they struggle to make a choice." People also confirmed to us that staff always logged their arrival by landline telephone. This was to ensure that the registered manager had assurance that staff were present and able to meet people's needs.

Staff were provided with training appropriate to their role. Subjects covered included equality and diversity and human rights, basic life support, nutrition, dementia care, health and safety, risk assessing and medicines administration. Other more specialist subjects included catheter care, Parkinson's disease and diabetes were also provided. One person told us, "[Staff] know what they are doing. They have must have lots of training. I have [health condition] and they know when I am well or if I need to see my GP." A relative said, "Having consistent staff is key to my [family member's] care. Any new staff have to be introduced slowly which they always are. [Family member's] needs have increased and staff have been equal to the task."

People were supported to eat and drink as independently as possible and they could choose what and when they ate. The spacing of staff's care calls enabled people to benefit from the mealtime experience without feeling rushed. We found that where a specialist diet was required such as low or sugar or fortified supplements such as full cream, this was provided. One person told us, "My [family member] orders my food on line and [staff] cook it for me." A relative told us how staff's strategies in encouraging their family member to eat meant they did not have to worry about this anymore. They said, "Even I can't get [family member] to eat. They will say they have eaten but they [staff] are wise to this and make sure [family member] eats and drinks. They always leave a drink for later in the day."

The registered manager and staff team worked in partnership with other professionals such as speech and language therapists, community nurses and GPs and nutritionists. This as well as regular reviews of people's health care needs helped promote people's wellbeing and general health. One person told us, "I feel completely confident that if I needed a doctor or emergency help that [staff] would get this for me." We found that staff had responded appropriately when people who had fallen needed health care support such as from a paramedic. This was as well as working with other health professionals such as psychiatrists. The registered manager told us that their perseverance in working alongside these professionals had resulted in better outcomes for people. For example, by putting measures in place to reduce or remove anxieties such as always having staff in the office to help the person overcome their anxieties and offering whatever reassurance was required. One staff member said, "We do let the office [staff] know as well as letting the district nurses know as soon as we identify any issues."

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in services provided in the community are applied for and authorised by the Court of Protection (CoP). We checked whether the service was working within the principles of the MCA and found this to be the case.

One person told us, "I can't remember as well as I used to. [Staff] prompt me in a very gentle way and I do feel they support my independence." A relative told us, "I have power of attorney for [family member] and I am always included in making decisions which I know will benefit of them." Staff had a good understanding of the MCA and its code of practice. Such as, encouraging people to make an informed decision as well as letting people make unwise decisions including not eating where this was in the person's best interest. Staff helped people to make informed decisions by changing the questions they asked or offering a physical choice of food.

Good

Is the service caring?

Our findings

People, and their relatives, told us that staff always gave people their privacy whilst upholding their dignity. One person said, "I have had care from [provider] since January (2018) and [staff] have been extremely respectful and extremely caring. They arrive at the time they told me they would and this means a lot." Another person told us, "I sometimes choose the topic of conversation and sometimes the staff choose. I really like my [staff] as we have developed such a good bond. We have so many laughs." A third person told us, "[Staff] are always extremely kind and friendly. They do whatever I ask and always politely." This consistency in care was confirmed by all responses to our survey.

We saw that care plans referred to people in a respectful manner and gave staff the necessary guidance and information to be mindful of. One example of this was by staff using brightly coloured crockery. This was so that the person was encouraged to be as independent as possible.

One person told us, "I always feel listened to. I am treated as a person and in the way I prefer." The registered manager told us how they matched people as far as possible with staff who shared similar interests including TV programmes, hobbies and other interests such as doing puzzles. This was to help ensure that people's care was centred on the person and put them first. One staff member told us, "I make sure I am at the person's eye level, facing them and that I am sure they are listening to me. I also use facial expressions and body language to communicate. It isn't just what you say but how you say it."

People had a say in how their care was provided and by whom. This was as well as the support to access advocacy services. Advice from the provider about advocacy was to help ensure that people had their voice heard on issues that were important to them. It was also to uphold their rights and have their views and wishes considered when decisions were being made about their lives. The registered manager had liaised with the Court of Protection and people's representatives to make sure that any decisions about people's care helped them to understand and be as involved as much as practicable in their care and treatment.

Staff told us how they were mindful of each person's care needs. One person said, "I prefer female staff for all my personal care and this is what I always get." A relative told us, "[Staff] always give [family member] privacy in the bathroom as well as asking permission before undertaking any care." We found that people's records were held securely and that staff did not share any personal data and they respected confidentiality.

People's independence was promoted. One person told us, "I live at home and do things so much quicker as [staff] give me the ability to be more independent." Feedback which had been sent to the registered manager from a social worker was complimentary about how well people were enabled to live at home for longer.

Good

Is the service responsive?

Our findings

People, or those acting on their behalf, were involved in determining the level of support that the person required. During the assessment of people's care needs their life history and preferences were discussed to ensure each person's care was as individual as possible. People had control over how and when their care needs were fulfilled and by whom. Once people's needs had been identified, a care plan that was appropriate to assist meet these was put in place. This was to record all relevant information about the person's independent living skills for subjects including mobility, how the person wanted staff to access their home, nutrition and personal care requirements.

The provider told us in their PIR, "People's cultural, spiritual and social needs are also discussed and people are able to say how they want these to be upheld by care staff. For example, people are able to specify the gender of the care staff that provides them with care and support." We also found that technology such as the monitoring of care staff log-ins for care calls helped people receive timely care. This was important to many people so that, should the need arise, alternative staff could then be deployed such as for traffic reasons.

One person said, "My [care staff] are really good at knowing my needs and preferences. They listen to me and act accordingly. It's my care provided in my way." A relative told us, "I have had several reviews [of family member's care] with the office [staff]. We go through everything from the start and where we are today. It has been a challenge getting [family member] to accept care but [staff] have been amazing." Feedback which a relative sent to the provider read, "The care staff are very professional and give my [family member] a real feeling of empowerment, the feeling that they can do something for themselves, they don't take over." Another relative had complimented the registered manager by stating, "My [family member] has dementia and Home Instead have catered for their changing needs with ease. The care staff also [make sure that every day is different] with new ideas and activities."

A system was in place to respond to people's complaints. We saw that this had been adhered to and that matters raised had been resolved to the complainant's satisfaction. However, the number of complaints were far outweighed by the number of compliments. One person told us, "I have never had to complain but I know how to and whom I can speak with." A relative said, "Home Instead Senior Care (HISC) are very good at being proactive. I am asked for my views and if something needs changing it gets changed. For example, we needed to increase [family members] care and this was duly actioned." In other situations we found that feedback to people helped them understand what improvements were made including how staff spoke with people. The registered manager reviewed concerns and complaints regularly to check for any potential trends. Compliments were also used to identify what worked well.

No one at the service was receiving palliative care at the time of this inspection. Although, from evidence we saw, we found that the systems in place for people's end of life care were in line with the latest guidance. One common theme from feedback and compliments from relatives of people who had died was how sensitive and professional staff had been. One relative's compliment read, "The staff from HISC are uncompromising in the standard of care they provided. I am saddened that I rarely had contact with these

kind, efficient and compassionate people who included family members in their care. Thank you does not cover it." Another read, "Without the very efficient service provided by HISC we never have enabled [family member] to spend their final days at home." A further comment read, "You have guided us through one of the most difficult and challenging times a family can face and we truly thank you for all that you have done."

Good

Is the service well-led?

Our findings

We found that in most instances the registered manager and provider had submitted notifications relating to incidents of harm or potential harm to CQC as required. This was for allegations which the safeguarding authority had advised did not constitute a safeguarding matter. The registered manager assured us that in future all notifiable events would be reported to us. On other occasions the registered manager had reported incidents which they are required to do so.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager used their management skills to help make sure that all their staff team had the support and motivation they needed. This support included formal face to face supervision, team meetings, mentoring and observations of staff's care practice. This was undertaken in an open and honest way and in a way which staff felt valued as well as being an opportunity to remind staff of their responsibilities. The registered manager then tailored each staff member's support according to their experience, knowledge and ability to perform at their best. One staff member told us, "My supervision is very much two-way. I can ask for help at any time but I can discuss what is going well for me as well as any changes that might need to be made." Another staff member said, "The office [staff] are brilliant. I have needed some [additional support] recently and the (registered) manager was so understanding. I have always felt very comfortable talking to all the office staff. The training we receive as care [staff] is very thorough and incredibly useful when looking after clients with such a wide variety of needs."

The registered manager and nominated individual had a shared understanding of the challenges they faced including recruiting the right staff. They rose to these challenges by managing the service and its size safely. One relative told us, "Every time I have contacted the office, [staff] have responded professionally and to my satisfaction." The provider told us in their PIR, "There is a defined governance and management structure in place. This provides clear lines of responsibility and authority for decision making about the management, operation and direction of the service." The registered manager told us that staff were built up until they were confident and had the necessary skills. As part of their review of the service's operation, changes had been made to the structure of the staff team. This had helped improve team working and the sharing of workload. We sat in on the daily operations' briefing and staff demonstrated to us how they resolved issues such as covering staff absences and changes to people's support as well as any person who was new to the service.

Continuous improvement was seen as an everyday part of the service's processes. We found that where the registered manager had plans to improve that these had been acted upon including restructuring the office management and staff support team placing greater focus on care staff mentoring, coaching and retention. They stated in their PIR, "We believe that leaders should exist at all levels of the business and this initiative is designed to have leaders alongside care staff as well as those in the office." The provider also contributed to

the quality of the service with their quality support team. They undertook an annual audit to ensure the service was compliant with the standards they had set. This included examining all aspects of our training, care plans, staff files, security of information and scheduling of calls. Staff celebrated their successes and this was published in a monthly staff newsletter for subjects including their training achievements and their charity work in the community.

The registered manager and nominated individual worked jointly to help ensure that the quality of the service was maintained and improved. This was through a combination of audits, quality assurance and governance process such as surveys of people's, relatives' face to face meetings and staff's views. Information gathered from these surveys and meetings was used to identify what worked well and where improvements were required such as with communications. Subjects covered during audits including care plans, medicines' administration records and accuracy of records. Actions had been taken to make the necessary improvements such as reminding care staff to complete records clearly.

In response to the provider's and our survey questionnaires we found that people's views had been listened to. These views were used to give people a say in how the service was provided. One comment sent to the provider was complimentary about the support which was "of the highest quality and surpassed all expectations." This view was also a common theme from people and relatives we spoke with. One person said, "[Staff] are all extremely passionate about providing a service that means I can remain living at home." Another person told us, "I can wholeheartedly and thoroughly recommend them. They have changed my life for the better."

The service worked in partnership with many external stakeholders. These included those that were directly linked to people's care as well as wider joint working including presentations about Alzheimer's disease. We found that as a result of these partnerships people benefitted by having a much quicker and effective response to changes in their care. Examples included developing new strategies and ways of working for people with anxieties, specialist dietary needs, mental health needs and assistive technology to monitor people's activities at night. One GP had commented to the registered manager that, "[Person] was now in the best place and that their care was excellent. This was due to the way staff had supported the person despite their declining health.