

Lone Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Lone Care Services Limited is a domiciliary care agency providing personal care to 27 people at the time of the inspection. 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.

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

Staff were aware of the risks to people's safety and produced management plans to reduce the risks to their health and welfare. If staff had concerns about a person's safety this was communicated with the management team who liaised with the appropriate health and/or social care professional. Including liaising with the local authority safeguarding adults' team where required. Where people required support, staff adhered to safe medicines management practices. Staff followed infection control procedures. Where incidents occurred these were learnt from and additional practices were put in place to reduce the risk of recurrence. There were sufficient staff to meet people's needs.

People received care from skilled and knowledgeable staff who received regular training. Staff assessed people's needs in line with best practice guidance and information from referring agencies. Where people required it, staff supported people with meals and to access healthcare services. Staff were knowledgeable about the Mental Capacity Act (MCA) and supported people in line with the principles of the Act. 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.

People were complimentary about the care workers that supported them. They had built good working relationships with them and found their care workers to be polite and friendly. We heard there were some inconsistencies in which care worker supported a person, but the management team were working on improving this. Staff took account of people's individual differences and supported them in line with their wishes, their religion, cultural background and sexuality. People respected people's privacy and dignity and supported them to be as independent as possible.

People received support in line with their care and support plans. These plans identified what level of support people required and how they wished to be supported. Information was made accessible to people about the service and people confirmed accurate records were maintained about the support provided. A complaints policy was in place and any complaints received were handled in line with this policy.

The management team regularly reviewed the quality of service provision and asked for feedback from people and their relatives about care delivery. There were regular staff meetings and processes to acknowledge and thank staff for their hard work. Staff were aware of their roles and responsibilities, this included in relation to the duty of candour and the registered manager's CQC registration. The registered manager and director focused on continuous improvement and kept up to date with best practice

guidance.

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

Rating at last inspection

The last rating for this service was good. (Published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 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.

Good ●

Lone Care Services Ltd

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

This inspection was undertaken by one inspector.

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

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 January 2020 and ended on 23 January 2020. We visited the office location on 22 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received about key events that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with two people and three relatives about their experience of care provided. We spoke with the director, the registered manager, the care co-ordinator, the field supervisor and three care workers. We reviewed a range of records including four people's care records, three staff files and a variety of records relating to the management of the service, including policies and procedures. We also viewed reports from the local authority quality monitoring team regarding their visits of the service.

Is the service safe?

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable in recognising signs of abuse and were aware of the reporting procedures if they had concerns about people's safety. A safeguarding adults' policy was in place which was in line with best practice guidance.
- We saw where concerns were identified they were appropriately reported to the management team and referred to the local authority safeguarding adults' team. The management team followed procedures to investigate any concerns raised and followed the advice provided by the local authority. Action was taken to prevent any possible risk of abuse and safeguard people from harm.

Assessing risk, safety monitoring and management

- Relatives told us they felt their family member was safe receiving care from Lone Care Services. One relative said, "If I have to go out [the care workers] make sure they wait until I come back. It makes me feel that [their family member] is safe. I feel comfortable going out knowing the [care workers] are there."
- Staff assessed the risks to people's health and welfare and developed management plans to minimise and manage those risks. Staff we spoke with were knowledgeable of the risks to people's safety and how they were to be supported.
- Risk assessments were reviewed regularly to ensure they identified any changes in people's health or support needs.

Staffing and recruitment

- Safe recruitment practices were followed to ensure appropriate staff were employed. This included checking their previous employment, their identity, their eligibility to work within the UK and undertaking criminal record checks.
- There were sufficient numbers of staff to meet people's needs. People and their relatives confirmed they did not have any missed visits and staff were rarely late. We saw scheduling systems accounted for travel time between appointments and as much as possible staff were allocated to support people who lived near each other to reduce travel time and possible delays.

Using medicines safely

- Staff were aware of the level of support people required with their medicines. Where people required support from staff with the administration of their medicines, medicines support plans were in place. Medicine administration records (MAR) identified what medicines people required and when they were to be taken. The management team checked medicines management arrangements and the completion of the MARs as part of their quality visits.

Preventing and controlling infection

- Staff received training on infection control and were aware of the procedures to follow to minimise the risk of cross contamination. Staff wore appropriate personal protective equipment (PPE) including gloves and aprons.

Learning lessons when things go wrong

- Incident and accident records were completed. These were reviewed by the management team to ensure appropriate action was taken in response and they were used to learn from and improve practices.

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.

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.

Staff support: induction, training, skills and experience

- People were supported by staff that had the knowledge and skills to undertake their role. Staff received regular training. This included training on basic life support, moving and handling, medicines awareness, safeguarding vulnerable adults, as well as training related to people's diagnoses including mental health awareness, learning disabilities and dementia.
- Staff told us they were encouraged and supported to develop their knowledge and skills. This included undertaking national vocational qualifications in health and social care.
- Staff received regular one to one supervision and told us they felt well supported in their roles. One staff member said, "If you're not really sure you call [the management team] and they are always there to help."

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

- The registered manager assessed people's needs in line with best practice guidance and the law. They used information from these assessments to develop care plans and ensure people received care in line with best practice standards.

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

- Where people required it, staff supported them with their meals. This included preparing a meal in line with people's wishes and supporting them to eat where needed. Staff were reminded to leave drinks within reach when leaving a person's property.

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

- Staff did not support people directly with their health needs. Nevertheless, they supported people to access healthcare services if they felt a person was becoming unwell. They liaised with community healthcare professionals involved in people's care if they had any concerns about a person's health or the equipment people required to support their needs.

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 when this is in their best interests and legally authorised under the MCA. 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.

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

- Staff supported people in line with the MCA. They were aware of people's capacity to consent to decisions and involved them in decisions about their care and support. Where people did not have the capacity to consent staff liaised with those who had legal authorisation to make decisions on people's behalf.

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.

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

- People told us they had built good relationships with staff and staff treated them well. One person said, "[The care worker's] looking after me very well...We get on very well. She's very wonderful looking after me." A relative told us, "[The care worker] goes above and beyond." Another relative said, "The [care workers] that come in are fantastic...They make my mum laugh."
- Despite the comments above we heard people often received support from different care workers and there was a lack of consistency in who they received support from, which may impact on the relationships people were able to build with their care worker. We spoke with the management team about this who said they were working hard to have greater consistency in staffing allocation.
- Staff received training on equality and diversity. The management team collected information about people's religion and cultural backgrounds. This information was taken into account when allocating staff and what support people required. For example, one staff member did not wish to support people with meals if it included pork.

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

- People and/or their relatives were involved in their care. Staff liaised with people and their relatives when developing their support plans. This enabled staff to capture information about how people wished to be supported and what was important to them. People confirmed staff involved them in their care and supported them in line with their wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff provided personal care which promoted people's privacy and dignity. Staff asked people if they had a preference regarding the gender of the care worker supporting them. The agency adhered to this preference. At the time of inspection, the care agency did not have many male care workers and therefore had informed the referring agencies of this current staffing restriction and how it may impact on who they could provide a service for.
- Staff respected a person's independence and enabled them to do as much as possible for themselves.

Is the service responsive?

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

- People and their relatives were complimentary about the care they received. One relative said, "Lone care are excellent. I couldn't be happier. More than happy with the service [their family member's] receiving."
- There were comprehensive support plans in place which outlined how people needed to be supported. People confirmed daily records were maintained outlining what support was provided, so the management team could check that care was provided in line with people's support plans.
- Staff knew the people they were providing care for and were able to identify changes in their needs which may indicate they required additional support. One compliment from a relative confirmed this, "I want to extend my thanks and gratitude to [the care worker] for her support this morning when my mum was being more challenging than usual. [The care worker] recognised that mum for some reason was more distressed than usual and stayed with my mum until I was able to arrive at the home and for this I am so very grateful."
- We also saw feedback the service received confirmed that staff helped people to become more independent. One person commented, "A big thank you to all the [care workers] who have helped me to get well and strong...I think I am well enough to manage on my own."

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.

- Information was made accessible to people and copies of their care and support plans, as well as key information about the service, was provided in people's homes.
- Some people were unable to verbally communicate. Staff worked with people's relatives as well as learning their signs, body language and non-verbal communication to understand what people were communicating.
- If care workers had limited English they worked with another care worker providing double up care whilst they improved their communication skills so they were able to effectively communicate with people.

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

- In addition to personal care, Lone Care Services provided support to people to enable them to have greater access to the community, local amenities and participate in events of interest to them. This included supporting people to go and watch their preferred football team play.
- Staff were aware of who was important to people and supported people to maintain those relationships.

Staff appropriately involved people's relatives in their care if people wished this.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. People and relatives knew how to make a complaint and told us they felt able to speak with staff if they had any concerns. We saw any complaints made were investigated and resolved in line with the provider's policy. One relative told us, "I have complained before and it got resolved."

End of life care and support

- Occasionally Lone Care Services provided support to people who were nearing the end of their lives. This service provided staff to sit with the person so their relatives could have a break and the person would not be left on their own. Information was provided to staff about how the person wished to be supported so this could be respected.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were asked to complete satisfaction surveys about the service. The surveys we saw were positive about the care provided. Comments included, "Carers doing their best." "I like [care worker]. He gives good support to me." "[The care worker] is very polite and chatty" and "The support for my father enables him to stay at home."
- There was regular contact between the management team and care workers to obtain their views about the service, including attendance at staff meetings. There was also a 'care workers of the month' initiative which celebrated those care workers who had gone "above and beyond".
- At the time of our inspection the registered manager was looking at additional methods, such as coffee mornings, to obtain feedback from people and their relatives so this information could be used to improve the quality of service provision and provide additional peer support.

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

- There was a regular programme of spot checks, quality visits and telephone monitoring calls to monitor the quality of service provision. These processes looked at staff's adherence to support plans, the quality of interactions between staff and people using the service, as well as adherence to the provider's policies including wearing uniforms and carrying identification.
- The provider was in the process of recruiting an additional field supervisor and care coordinator to prepare for further expansion of the service and provide additional management and support to care workers.
- The registered manager was aware of their roles and responsibilities in line with their registration with the CQC and they submitted statutory notifications about key events that occurred at the service as required.
- There were clear values and behaviours expected of care staff. The feedback we received showed staff worked in line with these values and behaviours. Including showing compassion, clearly communicating with people and "doing the little things that make the difference".

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

- Staff were open, honest and transparent. There was a willingness to learn from incidents and improve the practice. They were open to suggestions and took on board advice to improve practice. They understood

their duty of candour and were transparent with people, relatives and professionals if a mistake was made.

Continuous learning and improving care

- The management team consulted key documents and best practice organisation's websites to keep up to date with changes in practice and legislation. This enabled them to incorporate their learning into service delivery and focus on continuous improvement.
- The provider had tendered to the local authority to further develop the business. They were recruiting additional staff and acquiring larger office space to prepare for this growth and ensure they had sufficient trained and knowledgeable staff to support people's needs.

Working in partnership with others

- The registered manager told us they had a good working relationship with the local authority. The local authority's quality monitoring team had been in recently to review the quality of service delivery and the registered manager had taken on board feedback provided. Including making small adjustments to improve record keeping at the service.
- The registered manager attends the local authority's provider forums to develop relationships with managers from similar services. This enabled them to share best practice and discuss how to address common challenges.