

Lone Care Services Ltd

Lone Care Services Ltd - Kare Plus Croydon

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

We inspected Lone Care Service on 29 June 2017. The inspection was announced. Lone Care Service provides personal care to adults in their own homes. At the time of our inspection there were 13 people receiving support from the service.

This was the first inspection of Lone Care Service which registered with the Care Quality Commission in October 2016.

There was a registered manager in post at the time of our inspection who had many years' experience working in adult social care. A registered manager is a person who has registered with the CQC 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 felt safe with the staff who supported them. Staff knew how to identify the signs of potential abuse and how to report their concerns.

Risks to people were assessed and risk management plans devised and regularly reviewed, to help ensure the care provided was appropriate for people's needs. There was a sufficient number of trained staff who had been through appropriate recruitment checks to ensure they were suitable for their role.

Staff arrived on time for their visits and the right number of staff were available to provide the support people required. People received their medicines as prescribed from staff who had been assessed by the registered manager as competent to do so safely.

Staff were required to undergo an induction and the provider trained staff in aspects of care relevant to their role. This helped to ensure people were supported by staff who had the skills and knowledge to care for them effectively.

People were involved in the decisions about how they wanted their care and support needs met. Staff asked for people's consent before providing support and understood the importance of respecting people's choices and rights. People felt listened to and respected by staff.

People were encouraged to give their feedback and views about the quality of the service they received. There was an appropriate system in place to record and investigate complaints.

The communication between the office and care staff was effective. Care records were personalised, regularly reviewed and updated to ensure they reflected people's current needs.

Staff were kind, caring and considerate; they respected people's privacy and dignity. Staff supported people

to access healthcare services when required and to have sufficient to eat and drink. People were satisfied with the quality of care provided.

People felt the service was well-managed and that the management team were friendly and approachable. Leadership within the service was strong and an open and positive culture was promoted. Staff felt listened to and said they were confident in their roles and aware of their responsibilities. There were effective systems in place to assess and monitor the quality of care people received.

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 felt safe using the service. Staff knew how to recognise the signs of abuse and were aware of how to report their concerns.

People were supported by a sufficient number of staff with the appropriate skills and experience to meet their needs and help keep them safe.

People were supported to receive their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through induction, relevant training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People who required it were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were caring. People were treated with kindness and respect. Staff respected people's privacy and dignity.

People were supported by staff to be as independent as they could and wanted to be.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received. Staff knew people well and how to meet their individual needs.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a clear management structure in place which people using the service and staff understood. Staff knew their roles and accountabilities within the structure.

People, their relatives and staff felt able to approach the registered manager about their concerns.

There were systems in place to monitor and assess the quality of care people received.

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Detailed findings

Background to this inspection

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

This inspection took place on 29 June 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to be sure the registered manager would be available at the registered office. The inspection was undertaken by one inspector.

Before the inspection, we reviewed the information we held about the service. This included the provider's registration information. We also spoke with a representative of a local authority which commissions the service.

During the inspection, we spoke with one member of staff as well as the registered manager and a director of the service. We reviewed five people's care records, four staff files and records relating to the management of the service. After the inspection we spoke with four people who use the service, two people's relatives and two staff members.

Is the service safe?

Our findings

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to ensure staff were able to identify the possibility of abuse and prevent abuse from happening. The provider had safeguarding and whistle-blowing policies in place which staff were familiar with. It was clear from speaking to staff that they knew how to apply these policies in practice. Staff had received safeguarding training. They knew how to recognise the signs of abuse and the action to take if they were concerned that a person was at risk of harm.

When people first began to use the service, they were given a customer guide which had detailed information on the outside agencies they could contact, such as the local authority safeguarding team, if they felt at risk of abuse. People told us they felt safe from the risk of abuse and knew who to report any concerns to. One person told us, "Yes, I have all the information here. I would ring the council or you lot [CQC] if anything was wrong." Another person commented, "I know what to do."

Staff conducted risk assessments as part of the initial assessment process and the risk assessments were reviewed regularly and further assessments conducted if necessary. The risk assessments were personalised. Amongst other risks, they considered risks associated with a person's home environment and medicine management. People had up to date risk management plans in place which helped staff to protect them from avoidable harm. Staff were aware of the specific risks each person faced and what they should do to protect them from foreseeable harm.

We looked at the systems in place for administering and recording people's medicines. There were clear, detailed policies and procedures for staff to follow covering the different aspects of medicines management. People had medication support and assessment plans which detailed the medicines they were taking, how often they needed to take them and the dosage. Staff had been trained in the safe administration of medicines and knew how to record and report any issues with people refusing to take their medicines. We looked at the medicine administration records for three people and all the records had been fully completed by staff. These measures helped to ensure that people received their medicines safely.

The provider operated safe recruitment practices and appropriate checks were carried out before staff were allowed to work with people alone. Records indicated that the provider's recruitment practices were consistently applied. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory professional and character references, proof of identity, the right to work in the UK and disclosure and barring (DBS) security checks had been carried out. The DBS helps employers make safe recruitment decisions by processing criminal record checks and checking whether or not people are barred from working with vulnerable groups. Staff were also required to complete a health declaration which enabled the provider to check that they were physically and mentally fit to care for people. These measures helped to ensure that only staff suitable for the role were employed by the provider.

Staffing levels were determined by the number of people who used the service and the level of support each person required. The registered manager told us that staff were allocated to support people taking into

account people's needs and the staff member's training and level of experience. People told us they were supported by a sufficient number of staff to enable them to feel safe whilst receiving care.

People we spoke with had not experienced any missed calls and told us that staff were rarely late. One person told us, "I've no complaints; they pretty much turn up when they are meant to." People told us staff spent sufficient time with them to ensure their needs were met. Staff told us the provider allocated adequate travelling time between visits which meant people received visits at the time they had agreed and that staff did not have to rush when providing support.

Is the service effective?

Our findings

People were cared for by staff who knew how to carry out their role effectively. People told us, "The carers are very competent" and "I think they know what they are doing. They seem well trained." Relatives commented, "They seem confident and professional" and "I'm happy with them. They seem on top of things."

People received care and support from staff who were adequately supported by the provider through an induction, regular, relevant training and supervision. When first employed, staff received an induction during which they were introduced to the provider's policies, they received training in areas relevant to their role such as moving and handling people and first aid, and they were made aware of emergency procedures.

Staff told us and records confirmed that they were required to complete training in the areas relevant to their work such as safeguarding adults, medicine administration and infection control during their probationary period. In addition, staff received more specialised training to meet people's specific needs such as, training in stoma care. The registered manager had been trained to deliver training courses in elements of social care and was very involved in staff training which was a mixture of face-to-face, online training and hands-on practice in areas such as, manual handling. The provider supported and encouraged staff to obtain further qualifications relevant to their role.

Staff were supported to provide effective care to people through regular supervision and staff meetings. Staff attended one-to-one supervision meetings with the registered manager where they discussed their professional development and their performance was reviewed. The registered manager held regular group staff meetings where staff had the opportunity to discuss issues affecting their role and received guidance on good practice.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff understood the main principles of the MCA and knew how it applied to people in their care. Staff told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. Staff obtained information from people and their relatives about their dietary needs and how they wished to be supported with this. This information was documented in people's care plans, as well as how people preferred their meals to be prepared. Where appropriate, staff recorded how they supported people with their meals. These records indicated the meals prepared by staff were based on people's specific preferences and choices.

Staff supported people to maintain good health. Care plans contained information about the support people required to manage their health conditions. Staff monitored people's health and well-being. When staff were concerned about people's health, people were promptly referred to appropriate healthcare professionals. The registered manager told us that care plans were reviewed immediately when there was a change in a person's health condition or circumstances and the funding local authority informed. Where any changes were identified in people's needs, their records were updated so that staff had access to up to date information about how to support them safely and effectively.

Is the service caring?

Our findings

People were complimentary about the staff and told us they were kind and caring. Comments included, "I'm very happy with my current carers" and "The carers I've had are very nice." A relative told us, "We are very happy so far with these carers."

There was continuity of care because people were usually supported by the same team of staff who were familiar to them and covered for each other during periods of absence. This helped people to feel comfortable with the staff. One person told us, "I usually have the same people and they know what to do." A relative commented, "It's important to [the person] not to constantly have different people coming in."

Staff had a positive attitude to their work and told us they enjoyed caring for people. This was demonstrated in the caring way staff spoke about the people they supported. A staff member told us, "I treat people the way I would want my mum to be treated." People commented, "My carer is always cheerful and very patient" and "They are very willing."

Staff understood how to respect people's privacy, dignity and choices. People told us their privacy was respected at all times when staff were in their home. One person told us, "They are always polite." People told us staff referred to them by their preferred name. Staff knocked on the door and asked for permission before entering people's rooms. Staff described how they ensured people were not unnecessarily exposed while they were receiving personal care. A field supervisor carried out unannounced spot checks to observe staff interaction with people and assess whether they maintained people's dignity and treated them with respect.

People felt listened to. The registered manager was in regular contact with people and/or their relatives to ensure they were involved in decisions about their care. People who needed support to communicate their needs were encouraged to include their family members or other representatives in discussions about their care. People were involved in their needs assessments and felt in control of their care planning and the care they received. People told us, "They know what to do because I told them" and "They do as I ask."

People were supported and encouraged to be as independent as they could be when they received care and support from staff. People's care records were written in the first person and stated what they felt they could do for themselves and what they needed support with. Records indicated that staff prompted people to carry out the tasks they were able to do for themselves.

The provider ensured people were given information to help them understand the care and support choices available to them before they started using the service. People told us they had been given a booklet about the agency which helped them understand what they could expect from the agency. People knew how they could make contact with the office staff and registered manager. They knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it. These measures helped to ensure that people retained as much control as possible in relation to the care they received.

Is the service responsive?

Our findings

People were satisfied with the quality of care they received and told us the care provided met their individual needs. People commented, "I'm happy with these carers. They turn up on time and do what is needed", "They have a good attitude and I enjoy the banter" and "They are reliable and that's what is important to me."

People told us they were fully involved in the development of their care plans. People's care plans were personalised and contained relevant information on their daily routines. They took account of people's specific needs, abilities, preferences and life histories. They also included information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to provide their personal care. For example, we saw information on the support people needed with personal care and where and how they preferred this to be carried out.

The registered manager and staff knew people well, they had good knowledge of people's care plans and understood their needs. The registered manager told us there was a matching process in place which ensured people were supported by staff with the experience, skills and training to meet their needs. Where specialist training was required in order to meet a person's needs, this was arranged for staff by the registered manager. Staff understood the importance of providing person-centred care. Staff told us, "Person-centred care for me is giving each person what they want" and "What's right for one person isn't right for another. Every person is different and we have to remember that."

The registered manager and staff had good working relationships with external healthcare professionals. Care plans reflected the guidance and recommendations made by external professionals and care was provided accordingly. People's care plans were regularly reviewed and updated which meant that visiting healthcare professionals had access to information on people's current needs.

People were supported to express their views on the quality of care they received. The provider took into account the views of people using the service and their relatives through regular telephone calls. Records indicated that during telephone calls people were asked for feedback on the care and support they received. People felt comfortable ringing the office to discuss their care needs and told us that requests such as, a change in visit times were dealt with as requested.

The provider had appropriate procedures in place to deal with people's concerns and complaints. The provider had a complaints policy which set out what people needed to do if they wished to make a complaint. Information from the policy was included in the information pack people received when they first began to use the service. At the time of our inspection, the provider had received one complaint. Records indicated that the procedures in place for dealing with complaints were adhered to. We saw that the complaint was logged, investigated and responded to without delay and that efforts were made to resolve the matter to the complainant's satisfaction. People told us they knew how to make a complaint if they were unhappy with any aspect of their care or support. People told us, "I would get [a relative] to ring the office if necessary" and "In the first instance I would speak to the carer but I would contact the manager to complain

if I had to."

Is the service well-led?

Our findings

The service had a registered manager who had many years experience working in adult social care. He understood what was required to provide good quality care and had introduced appropriate systems and procedures to support staff to do so. The registered manager was familiar with all aspects of the management role, including his regulatory responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included reporting significant events to the CQC and other outside agencies. The registered manager was enthusiastic about his role and keen to learn from other professionals in the social care sector in an effort to develop and improve the service. People and staff found the registered manager to be approachable and accessible.

People and their relatives told us the service was reliable and well-organised. They received good quality care from a consistent staff team. People knew who to speak to if they needed to escalate any concerns. People said they received from staff the information that was important to them, such as who would be replacing their usual carer when the carer was on holiday.

There was a clear staff and management structure at the service which people and staff understood. Staff knew their roles and responsibilities within the structure and what was expected of them by people using the service and the registered manager. They were in regular contact with the registered manager and felt well supported by the provider. They told us there was always sufficient resources available for them carry out their roles such as, aprons, gloves and notepaper for their daily records of care and medicine administration records.

Although there had been no accidents or incidents, there was a system in place to record, monitor and review accidents and incidents. The registered manager kept abreast of developments in social care and shared learning and best practice with staff during staff and supervision meetings. Staff felt able to make comments and suggestions about the day-to-day procedures involved in the running of the service.

There were appropriate arrangements in place for checking the quality of the care people received. The registered manager was in regular contact with people using the service and their relatives and used this as an opportunity to obtain their feedback on the care provided. Records indicated that people were asked for their feedback on the care and support they received and that the feedback was positive. We also saw records of unannounced spot checks carried out on staff to make sure they turned up on time and supported people in line with their care plans. There was a system in place to check that staff training and supervision were up to date.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were comprehensive, fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.

