Luton Friendship Homecarers

Luton Friendship Home Carers Limited

Inspection report

92 Hastings Street
Luton
Bedfordshire
LU1 5BH

Tel: 01582736157
Website: www.lutonfhc.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Luton Friendship Home Carers Limited is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

At the time of our inspection there were 41 people using the service. 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 trained and knowledgeable about safeguarding processes including identifying and reporting any risks to people's safety. Risks to people and staff were identified and managed.

There were enough safely recruited staff and they had appropriate skills to safely meet people's needs. There were effective systems in place which supported good infection prevention and control practise. One person said us, "I get the same consistent staff and they arrive spot on time. They always let me know if they may be slightly late."

Due to restrictions imposed as a result of the pandemic, the registered manager used video technology to train staff in practical ways such as how to support people with moving and handling. Staff had training and had various means of support such as, mentoring to help develop their skills.

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. One relative told us how skilled staff were encouraging their family member to eat. Lessons' were learned when things went wrong, and learning was shared across the staff team.

People were supported eat and drink enough and have access healthcare services. The provider and its staff worked well with others involved in people's care.

Staff supported people to live a meaningful live and received care that was based on their preferences. Staff were creative in their approach to treating people equally well, whatever people's communication skills. People's concerns were acted on before they became a complaint. There were policies and procedures to support people with end of life care if needed.

The service had a registered manager, but they had been off since March 2020. A new manager was in post and they were applying to be the registered manager. They supported staff and had developed an open and honest staff team culture. Audits, oversight and governance were effective in driving improvements. People, relatives, and staff had a say in how the service was run. The provider worked well with others to help ensure people received joined up care.

Rating at last inspection
The last rating for this service was requires improvement (published 14 June 2019).

We carried out an announced comprehensive inspection of this service between the 20 and 23 May 2019 and three breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff recruitment and the effectiveness of the provider's quality assurance.

Why we inspected
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions: Is the service Safe, Effective, Responsive and Well-led questions, which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Luton Friendship Home Carers Limited on our website at www.cqc.org.uk

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Luton Friendship Home Carers Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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. However, at the time of our inspection they were not in the office. A new manager had applied to be the registered manager. 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 four days' notice of the inspection because some of the people using the service could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this as well as speaking with people's relatives.

Inspection activity started on 19 January 2021 and ended on 21 January 2021. We visited the office location on 21 January 2021.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included notifications about various incidents the provider must tell us about. 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.

We also sought and received feedback from the local safeguarding authority and social care professionals about their experience of the care provided. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with six people, seven relatives of people who used the service and one person's advocate. We spoke with eight staff including the manager senior care staff and care staff.

We reviewed a range of records. We looked at two recently recruited staff files and records relating to training and supervision. A variety of records relating to the management of the service, including staff meeting minutes, compliments, audits and feedback from people and relatives were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included two people's care records, compliments and the provider's updated statement of purpose.

Good

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to ensure that risks to people had been assessed or that they contained sufficient information to support people safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● The manager and senior care staff had identified and assessed a range of risks and kept these under review. These included infections, nutritional support, falls and the equipment people used. We found these risks were managed well. One person told us about how staff repositioned them and said, "I feel safe as [staff] know exactly what time I need assistance and how to do this using the equipment correctly."
● Staff were also supported and adhered to risk management guidance from health care professionals such as for reducing the risk of pressure sores. A person's advocate told us how staff had been proactive in managing risks to the person by enabling replacement of equipment they used.
● Information and guidance about each risk was used effectively by staff, and this helped keep people safe. A relative told us how "exceptionally careful" staff were in supporting their family member to remain safe by "always having the correct diet and format of medicines" for their health condition.

Systems and processes to safeguard people from the risk of abuse
● Staff undertook regular safeguarding training and updates for this. They were knowledgeable and skilled in how to identify and report the signs and symptoms of abuse. For example, unexplained bruising or people at risk of malnutrition.
● They knew they could report any potential concerns about people's safety to the police or the local safeguarding team.
● Information about how to keep safe was provided to people in an accessible format and a service user guide, should they need to report concerns for themselves. One person said, "I trust staff implicitly, but I know to ring the [manager] if needed, but I've never had to."
● The manager had reported safeguarding concerns to the safeguarding authority and taken action to help keep people safe. This had not always been reported to the CQC. The manager told us they would address this.

Staffing and recruitment
● Staff were subject to various pre-employment checks including recent and previous employment

references, evidence of their good character and photographic identity. In addition, staff had to undergo a check for any criminal records and declare they were fit and healthy to work at the service.

● The provider used an electronic care visit monitoring tool, this showed when staff arrived and completed the care visit. Action could be taken if there were any delays such as, an emergency situation.

● There were enough staff in place, they were provided with support to have appropriate skills and deployed in a way that safely met people's needs.

● All staff spoken with were consistent in telling us they had enough time for care visits and travel between each person without rushing. One relative told us, "[Staff] arrive when we expect them, they stay until all the care has been completed, with no rushing whatsoever. They always leave the kitchen spotless"

Using medicines safely

● Staff had received training and had their competence assessed to safely administer and manage people's medicines. One relative said, "Staff are ever so good. My [family member] has several medicines and the staff record the administration correctly four times a day."

● People could also administer their medicines independently with just prompting from staff. A person told us, "[Staff] apply my [topical] skin creams and use gloves."

● Audits and spot checks of staff working practises were in place. These helped ensure that medicines were administered and managed as prescribed. Any errors such as, incorrect recording or missed signatures were acted on.

Preventing and controlling infection

● Systems were in place that supported good infection prevention and control (IPC) and food hygiene practises. This included an up-to-date policy specific to COVID-19 and more general IPC for food hygiene and cleanliness of people's homes.

● The manager told us how they were supported to access the latest guidance for IPC such as, from Public Health England and the local authority.

● Staff received training based on this guidance as well as virtual video meetings for the putting on and taking off of personal protective equipment (PPE). This helped keep them, and people, safe during the current pandemic. Staff were consistent in telling us how to use PPE, that they had enough supplies and disposed of it safely. There were also good examples of managing infections with PPE in people's homes and a limited staff group to minimise any potential for spreading infection.

Learning lessons when things go wrong

● Staff reported and recorded any incidents promptly. The provider used these incidents such as, people experiencing a fall or safeguarding to help improve and inform the provision of safe care.

● The manager used an effective system to identify incidents such as medicines recording and some staff not always wearing PPE. One staff member told us they were informed about any learning by text or through social media specific to the staff team.

● Information was shared across the staff team about lessons learned and good practise for preventing future recurrences. One relative told us how prompt staff were in contacting the emergency services and that there had not been any further falls due to action taken.

● Any repeat incidents and trends such as, for falls at a specific time of day were identified and acted on. The manager acted swiftly in reminding staff of their responsibilities and explaining to people the importance of why staff had to wear PPE.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was an improved process in place to identify and record detailed assessments of people's needs.
- The manager had continued this approach and ensured that staff had all the necessary information including people's health conditions, mental capacity, allergies, likes and dislikes.
- People's care and support was based on the latest guidance including for medicines administration in the community and nutritional support. One relative told us how good staff were at using the prescribed food thickeners to keep their family member safe.
- People's care plans were an accurate reflection of their care and support needs, and staff used people's care plans effectively.

Staff support: induction, training, skills and experience

- Staff were provided with regular training, shadowing experienced staff, supervision and other support including to refresh current or gain new skills. One person said, "My [staff] know me well. I can't fault their experience."
- Training subjects included moving and handling, pressure sore prevention, the Mental Capacity Act 2005 (MCA), food hygiene as well as people specific health conditions. A social worker told us how skilled staff were in caring for people with complex care needs and enabling them to live better lives in their own home.
- The manager ensured staff were competent in their role and that the training had been effective. Staff's induction included ongoing development, they were given practical training such as for the use of hoists and slings as part of people's repositioning.
- Staff with similar interests were matched to people. People told us staff consistently made a difference to their lives. One relative praised staff for their family member's support saying, "They really understand them. They know how to cajole them and make such a big difference. It's so lovely seeing a smile and hearing laughter. Something we thought not possible."

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

- People were supported to eat and drink healthily.
- This included where people had food in an alternative format or through a percutaneous endoscopic gastrostomy. This is where people are fed through a tube in their stomach wall. Relatives told us staff ensured people had enough food and fluids without being rushed.
- Staff supported people with food according to the person's culture. Staff who spoke and understood people's native language helped ensure people's choices were respected such as, for fasting.

Staff working with other agencies to provide consistent, effective, timely care

● People and relatives all praised staff for the prompt response to any changes in people's health or wellbeing. One relative told us how an occupational therapist referral had been made and new equipment had been supplied within a few days. This had enabled the person to live at home and still have their daily shower.

● Staff supported people whenever they returned from a period in hospital including any changes to their care. For example, with community nursing for managing diabetes.

Supporting people to live healthier lives, access healthcare services and support

● People were enabled to access healthcare services when needed. For example, following a fall, changes to their skin condition and integrity or other change to a health condition.

● One relative told us how staff had worked in coordination with a range of health professionals. This had not only allowed the person to live at home but still enabled them to have a meaningful life with their family.

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. We found that it was.

● People were supported to make decisions based on their mental capacity; staff respected these.

● Staff understood the training they had on the MCA. They knew how to apply the principles of this and always assumed people had capacity to make informed decisions. Staff supported people to make a choice by showing a range of options such as clothing, toiletries and foods.

● The manager ensured involvement of health professionals, relatives, the person and staff in deciding what decisions a person had, or did not have, capacity to understand. Relatives with a power of attorney were involved in making decisions that were in their family member's best interests.

Good

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 requires improvement. At this inspection this key question has improved to good. 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

At our last inspection the provider had failed to ensure that information about people's individual care needs, preferences, likes and dislikes were not identified in care plans and risk assessments. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● People's care plans were detailed including preferences, pastimes, hobbies and interests. All these had been identified, acted on and had a positive impact.
● Staff knew people well and what made the greatest difference to the person's life. One person told us, "[Staff] make life better for me. They keep a close eye on me." One relative said staff made a difference to their family member by never rushing, never allowing any falls, and how professional and diligent they were in the provision of the person's favourite music, and being mindful of the person's health condition.
● We also found several examples where staff responded well to changes in people's needs such as, providing a longer duration care visit or by having greater knowledge about people's lives and health conditions. This often led to people living longer at home, leading a more fulfilling life or still being able to have a favourite shower. One relative said, "Staff think the world of my [family member]. It means so much knowing they have the best care."

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.

● People were supported by staff who could communicate well with them using a native language, written communication, computer tablets or by speaking in short, clear and understandable sentences. A relative said, "It's not about a process. It's treating my loved one as well as anyone should be treated, equally."
● The manager told us how staff had got to know people well, understood their needs and developed a bond. This had led to the development of trust and where needed, a specific group of staff were always

available to cover leave or other absence. For one person this had benefited them as this approach had led to them having care without anxiety.
● People were also supported where required, using a smart speaker to assist with their care. This is a device which enables people to use voice commands including to turn on the TV, making to-do lists, playing audiobooks, in addition to providing weather, traffic and other real-time information. This opened the world for people who might otherwise rely entirely on what staff did. A relative told us, "Despite everything, I know my [family member] can still listen to their music and ask for food."

Improving care quality in response to complaints or concerns
● The provider acted on concerns before they became a complaint.
● For instance, one relative told us. "I have never, ever had to complain, but if I ring the office to change the provision of care or increase it, they are straight on it."
● Compliments were used to identify what had worked well. Several examples of these praised the overall quality and consistency of care and care staff.

End of life care and support
● Although no person at the time of our inspection was in receipt of end of life care, there were systems, policies and processes in place if needed.
● The provider had been given many compliments about the quality of this care. One praised staff for being a great source of comfort. Another stated, "All the staff were courteous, they ensured our [family member's] personal hygiene was dealt with efficiently and kept comfortable at all times."
● Staff received training and support about end of life care and were knowledgeable about when to request anticipatory medicines and palliative care teams. This helped ensure people would have a dignified death.

Good

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 requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that audits were effective in identifying shortfalls and areas for improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● The provider had sent us an action plan, they had used it as an improvement opportunity and had continued with this approach. For instance, with risk management, more person-centred care, records and effective governance.
● The manager was supported by a staff team of senior, and care, staff and care coordinators. The management team kept themselves aware of the staff team culture. This positive culture was shaped by the manager's leadership style in being approachable and open to suggestions. All staff spoke highly of the support they had, of a team work ethic and of a commitment to changing people's lives for the better.
● Various systems were in place to support staff including team meetings, mentoring, supervision, shadowing experienced staff and having virtual training by video such as for putting on and taking off PPE. Staff told us that their supervisions were valuable, a two-way exchange of information on what worked well, and where support was needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● A consistently positive theme identified was how complimentary people, relatives and staff were about the quality of service. One relative told us, " I can confirm that all aspects of [the provider] is excellent. Communication from the office staff is very good and I have no issues at all with the care they provide, I would not use another company to look after my [family member]."
● Staff told us how approachable the management staff were including the manager and senior care staff. Staff were supported in a positive way to be open and honest and this helped drive a better staff team culture. One staff member said. "I know I can call the manager, even out of hours, as I know they will provide a solution. I am never afraid to ask for support as it is always provided."

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 service had a registered manager, but they were not present during any of our inspection. A new manager had applied to be the registered manager. The manager was aware of their future responsibilities and had continued to make improvements to the overall quality of service provision.
● The provider was displaying their previous inspection rating correctly.
● However, they had not always ensured that we were notified about incidents such as for safeguarding. The manager had informed the local authority and there had not been any need for investigations or actions. We had received other notifications and the manager told us they would in future, notify us about any reportable incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider sought and acted on people's view. People had a say in how the service was run and how it would be provided.
● The manager told us how they obtained people's and relatives' views during observations of staff working practises and acted on any matters raised. In addition, feedback from people and their relatives for the provider's quality assurance survey was complimentary in all respects.
● People were also supported to provide their comments about the quality of care through an interpreter or staff who spoke their language. Other views were sought with technology such as a smart speaker. This enabled as many people to provide feedback as practical.

Continuous learning and improving care
● A range of systems including technology, governance, oversight and audits were in place. These were effective in driving continuous improvements.
● We found ongoing monitoring was also effective in identifying improvement opportunities, including the accuracy of records, the standard of care expected from staff and compliance with good IPC practise.
● Many people, relatives and staff reported an improved work ethic where 'good enough, never is'.
● Staff aimed to be the best they could, they upheld the provider's values in making people their greatest asset. Many people praised staff for this. Examples included staff doing extra tasks, staying with people until a health professional arrived and giving people all the time they needed and to be listened to.

Working in partnership with others
● The provider and manager worked well with others involved in people's cared to provide them with joined up care. Organisations included safeguarding teams, healthcare professionals and speech and language therapists.
● A social worker told us how good communication was and how the manager listened and took onboard suggestions. The social worker said, "One thing we like about Luton Friendship is the way they take on people with complex care needs and prevent hospital readmission and enable people to live well, and often much longer, at home."