

Lifecarers Limited

# Lifecarers Witney at Bright Yellow Group

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

We inspected Lifecarers Witney at Bright Yellow Group on 31 May 2016. This was an announced visit. Lifecarers Witney at Bright Yellow Group is a service which provides care and support to people who live in their own homes. At the time of our visit 25 people were using the service.

There wasn't a registered manager in post at the service. 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.

A new manager had been appointed and they were in the process of submitting their application to become a registered manager with the Care Quality Commission (CQC) to manage the service.

People felt safe and staff supported them well to enable them to remain in their own homes. Staff were aware how to safeguard people and protect them from harm and risk of abuse. Staff had a good understanding of their responsibilities to report a potential abuse.

Individual risks to people had been assessed and managed to make sure people were kept as safe as possible. Accidents and incidents were recorded and appropriate action was taken to maintain people's safety and reduce the risk of reoccurrence. People told us they received their medicines as prescribed and the medicines records viewed confirmed this. People were supported with nutritional needs when required. People were encouraged to maintain good health and staff supported people to access health care services.

Staffing levels were sufficient to ensure people's needs were met. The recruitment process ensured that staff were suitable to work with vulnerable people. Staff received training appropriate to their roles and knew people's individual needs. Staff were well supported and received one to one meetings with their line manager.

The staff were knowledgeable about and followed the requirements of the Mental Capacity Act 2005 (MCA). The manager was aware of principles of the Deprivation of Liberty Safeguards (DoLS). This protected the rights of people who may not be able to make certain decisions themselves. People told us their consent to care was sought by staff.

People and their relatives told us staff were kind and caring and their privacy and dignity was respected. People benefitted from positive relationships established with staff. People told us staff were compassionate and demonstrated affection and warmth in their approach. People were involved in their care and told us staff responded well to their changing needs.

People's needs were assessed prior to commencement of the service to ensure the staff were able to meet their needs. People's care records were current and contained details of people's personal preferences,

likes, dislikes and medical information.

People had opportunities to provide feedback about the service. Feedback was listened to carefully and responded to by the manager to improve the quality of the service. People told us they knew how to raise concerns but they did not need to.

The leadership provided by the manager meant staff felt valued and supported to provide quality care. Staff were positive about the team work at the service and told us they enjoyed working at the service.

The manager had systems in place to monitor the quality of the service and ensured they acted on feedback where required. The manager planned to further improve and develop the service and demonstrated they were keen to improve on any recommendations. Provider's head office that provided support to the local offices was in a process of undergoing a restructure and their quality team were working on updating the policies and procedures.

## 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.

Individual risks to people were recognised and care plans contained guidance for staff how to manage these risks.

Staff were aware of their responsibilities on how to keep people safe and how to recognise and act upon signs of abuse.

There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were well supported, received training appropriate for their roles and had access to further development.

Staff were aware and followed principles of the Mental Capacity Act (MCA).

People were assisted to access health services.

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring.

People were treated with respect and dignity.

People developed positive relationships with staff.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives if appropriate were involved in care planning.

People received care and support appropriate to their assessed needs.

People knew how to complain and were confident any concerns would be appropriately responded to.

### **Is the service well-led?**

The service was not consistently well-led.

At the time of our inspection the service had no registered manager. The new manager was in a process of registering with the Care Quality Commission (CQC).

Provider was in a process of updating their procedures and policies.

There was a positive approach and responsiveness demonstrated from the new manager.

Quality assurance audits were in place to monitor the service and appropriate action had been taken where necessary.

**Requires Improvement** ●

# Lifecarers Witney at Bright Yellow Group

## **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 and 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 31 May 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit we looked at information we held about the service and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We contacted local authority's contracts and safeguarding team to obtain their views.

We spoke with seven people who were receiving support from Lifecarers Witney at Bright Yellow Group as well as two relatives. In addition we spoke with five care workers, the branch manager and the Finance Manager. We looked at six people's care records and a range of records about how the service was managed. We also reviewed staff files for three individuals, including their recruitment, supervision and training records.

## Is the service safe?

### Our findings

People told us they felt safe receiving care from Lifecarers Witney staff. One person said "I feel very safe with them around. They're lovely people". Another person commented, "I do feel safe with them around. I can rely on them for anything that I want".

People's individual risks were assessed and recorded. The provider had risk assessments in place to support people to be as independent as possible. People's care files contained information about individual risks and how to manage these. For example, risks related to mobility or to the use of manual handling equipment. One person has been assessed as at risk of dehydration due to poor memory. Their risk assessment referred to this and gave clear information to staff. The records said, 'staff to make sure [person] has at least two drinks left on their side table and prompt to drink'. Staff told us they knew how to identify any risks. One member of staff said, "Knowing a person well you can pick up what's out of character for them, we are very conscientious".

Peoples' medicines were managed and administered safely and as prescribed. People had assessments to determine whether they were able to administer medicines independently or needed support from staff. We reviewed medicine administration records (MAR) and noted there were completed accurately. The manager audited all medicines records on regular basis and kept a list of all people who required assistance to ensure their medicines records were brought back to the office for auditing.

People told us they received their medicines when required. Comments included; "They know that I'm forgetful so always ask me if I've taken my medication", "The staff give my medication to me. They put them on a saucer which they hand to me with a drink and they watch as I take them down. I'm quite happy with that" and "They also apply my creams for me".

Staff had been provided with safeguarding training and knew what to do if they suspected any abuse. One member of staff told us, "I would come to the office, report to the manager and we have a whistleblowing number to ring".

People told us there were sufficient and consistent staff to meet their needs and they told us staff were punctual. People also commented they saw the same staff which provided continuity of care. Comments included; "They've never missed or been late as I recall. They would advise me if they were going to be late I'm sure" and "I tend to see the same ones so I know then all by first names". People's relatives also commented positively on continuity of staff, one relative said, "My [person] sees the same two carers. The agency has never changed them. They're very reliable. They've never missed a visit and would advise me if there's any problem with punctuality".

Records relating to the recruitment of new staff reflected relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks identify if prospective staff were of

good character and were suitable for their role.

There were systems in place for the recording of accidents and incidents. We viewed the records and noted appropriate action has been taken when needed. For example, one person fallen and we noted the staff involved professionals to reassess the person for equipment to aid transfers.



## Is the service effective?

### Our findings

People told us staff had the knowledge and skills to carry out their roles well. One person said, "They're very well trained so I have no concerns with them when they're here. They're very good at what they do". Another person said, "I feel that they're well trained". Third person commented, "They have brought new people along to show them the routine. They advise me when that person will be (working) on their own".

Staff we spoke with were confident in their roles and told us they had the skills they needed to provide support to people. One member of staff told us, "We have very good training. Prepared me well for the role and also shadowing helped a lot to put things in context". Another member of staff told us, "The induction was good, we had small groups and the sessions were class room based and interactive. The experienced staff also joined for some of the sessions if they needed refresher training and it was good opportunity to share experiences".

Staff received mandatory training relevant to their role such as first aid, safeguarding awareness, dementia, health and safety, food hygiene and manual handling. Staff also had additional training if they required additional skills to meet people's individual needs, for example epilepsy management or Parkinson's awareness.

Staff benefitted from one-to-one supervision meetings that occurred regularly. The supervision records we viewed reflected that areas such as care practices, personal development and training were discussed and recorded. Staff told us they were well supported. One member of staff said, "I do feel supported, I can speak to manager at any time".

The Mental Capacity Act (MCA) 2005 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. The manager was knowledgeable about the procedures to follow if a person was to be restricted of their liberty.

Staff we spoke with were aware of the requirements of the Act. One member of staff told us, "We assume people have capacity and give choice regarding meals or clothes. If someone wanted to make a decision that could be seen as not safe for them I'd speak to the senior staff". Another member of staff said, "It's about giving people choices unless we know they are unable to make certain decisions". People told us they were involved in decisions about their care and were asked by staff for their consent. One person said, "They listen to what I say and respect my wishes".

People were supported to meet their nutritional needs if required. One relative commented, "I'm the carer for my [person] they (staff) are just mopping up things like the meals as I couldn't cook to save my life. They prepare the midday meal. They're of a very high standard".

People were supported to access health services. Records reflected various professionals such as general practitioners, district nurses and social services were involved. Staff told us they would contact an external professional when required. One member of staff said, "I phoned for help or even 999 if a person was sick". Another staff member told us, "One person's mobility was getting worse, legs were giving up so we contacted the occupational therapist who assessed the person and they have a full hoist now".

## Is the service caring?

### Our findings

People complimented staff and told us staff treated them with kindness. Comments included, "I actually feel quite lucky. I absolutely love their company", "They're very good, they do whatever they can to help me" and "They're the very best ones that I've ever had. All of them really do care – you couldn't call them 'carers' if they don't care and they're definitely carers!" One external professional commented, "I generally have positive dealings with Lifecarers and most of my clients are positive about the standard of care".

Staff we spoke with referred to people in a respectful manner and with affection. One member of staff told us, "I love this job, you know you make a difference to the person, most of the time people don't see anyone else so we can make a big difference to their day".

People told us staff were respectful towards them. One person said, "They treat me with respect". Another person told us, "They do respect me. They even put covers over their shoes when they come in so they don't bring in stuff from the outside. I like that". A relative told us, "They treat my [person] with respect and consideration". Staff also told us how they promoted people's dignity and respect. One member of staff told us, "We'd cover up people when providing personal care".

People told us they were able to build positive relationships with the staff. One person said, "They know exactly what I want them to do". Another person added, "Over the time, I've got to know them very well, treat them more as friends really". A person's relative commented, "[Person] swears by 'her girls'. She's a feisty character who knows what she wants but she accepts them quite happily".

People were involved in their care. One person said, "They'll let me do things for myself if I want to. They just make sure that I don't get into trouble doing it". Another person added, "Yes they listen to what I say and respect my wishes. If they want to do something new they do tell me what they want to do and ask for permission to carry on". People's independence was promoted. One person told us, "They let me do what they know I can do they do the rest".

People's confidentiality was respected. Care files and records were kept in their homes and duplicate records were kept securely in the office. People we spoke with confirmed staff respected their confidentiality. One person said, "They certainly don't discuss other people using the agency". Another person told us, "I'm quite certain that they respect my confidentiality". Staff knew how to ensure people's confidentiality. One staff member said, "We wouldn't discuss other people's problems with other clients". We noted the staff signed confidentiality statements that were held in their recruitment files.

## Is the service responsive?

### Our findings

People's needs were assessed prior to commencement of the service to make sure these could be met. People's personal details were recorded and included cultural needs, preferred names and preferred times of visits. People's care documentation contained the details of the level of support required on each visit and guidance to the staff how to best meet their needs.

People's feedback confirmed people were involved in setting up and reviewing their care plans. One person told us, "The management visited me to set up the care plan. I've got a copy and it's constantly updated by carers". Another person told us, "My care plan was done up with me". A person's relative told us, "[Person's] care plan was drawn up with me and it's updated regularly". We noted the care plans we viewed were up to date and reviewed regularly.

People told us the service responded well to people's changing needs. One person told us, "I can become quite morose when I'm on my own. They know this and they always cheer me up". Another person added, "They gauge me closely when they arrive and respond to my mood and how I'm feeling". People also commented the staff knew their needs well and that the staff would adjust the support as required. One person told us, "I'm mobile but can't look after myself too well. My carers are aware of my problems and react accordingly". Another person commented, "My carer done extra this week as she realised that I've had a bad week, she will overstay the time if needed".

People's views were sought through an annual survey and questionnaires. We reviewed the most recent survey's response and noted the feedback received was very positive. The manager ensured that where required they followed up with the person. For example, one person recorded a concern about communication. We saw the evidence that the manager spoke to the person and addressed the issue. 100% of people who completed the survey stated they would recommend the service to others.

People had other opportunities to provide feedback about the service. The manager ensured telephone monitoring was conducted on regular basis and people confirmed this happened. One person told us, "They phone me now and again to check to see if everything is ok". A person's relative commented, "They do make spot checks by phone".

People knew how to raise concerns and complaints. We saw the Service Users' Guide was included in people's file and contained complaints policy. All the people we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or the management about anything.

One person said, "I've never had to complain but I'm quite sure that I would be listened to and see a quick response should it ever happen. My carer does respond to any request that I make". Another person said, "I raised an issue when I first joined them. I explained the problem and they promptly addressed this - very quick response". A person's relative told us, "I complained before it was immediately resolved. Since then, we've never felt the need to complain but I know it would be dealt with immediately if the need ever did

arise". We noted the service received several compliments in the last year.

## Is the service well-led?

### Our findings

Following the departure of the previous registered manager the new manager was appointed. They had been working for the service for a few years and knew all staff and people well. They submitted their application to become a registered manager with the Care Quality Commission (CQC) and were awaiting their fit person's interview. The new manager told us they were passionate about their role and they wanted to provide a high quality care.

The manager promoted an open culture and demonstrated they were keen to improve on any recommendations. For example, we identified that although the care documentation confirmed people were involved in their care planning there was no evidence that people were in agreement with their care plans. Where people had a representative they signed the contract but not the actual care plan. The manager addressed this records issue promptly the day after the inspection. They added a sign off section in the care plan template. The manager provided us with the new format to be used going forward.

We have also identified that provider's policies and procedure had a reference to old regulation. We raised this with the Finance Manager who was present at the office on the day of our inspection. They informed us the head office was undergoing a restructure and the senior management were in a process of updating all policies and procedures so the headings reflected the current regulation.

People and their relatives we spoke with told us they felt the service was well managed. Comments included, "They're definitely the very best that I've ever had so I'm more than happy with them", "I'm delighted with them" and "The agency are wonderful, they're very good compared to others I have to say. They're worth every penny". Staff also spoke positively about the manager. One member of staff told us, "She is doing a good job". Another member of staff told us, "I was not that happy before but now I am actually very happy here, we have very supportive management".

There was a clear structure within the team and staff were aware about their roles and responsibilities. The manager was supported by the area manager and the recruitment officer. The manager also commented she felt well supported by the senior management from the head office. Staff told us staff meetings occurred regularly and we saw evidence of this. One member of staff told us, "Yes, we do have staff meetings. We also have drop in mornings for a coffee and a chat so we can speak to other care staff and the office staff". Additionally the staff were sent a weekly memo. This was attached to the staff weekly rotas and contained useful information, for example, a reminder about code of conduct or data protection.

The manager had quality monitoring systems in place to review the care provided by the service. This included regular medication records audits, accidents records, monitoring of times and length of people's visits and random spot checks.

Provider had a whistle blowing policy in place that was available to staff. The staff we spoke with were aware about this. One member of staff said, "I am aware how to report any concerns, I'd speak to the Police or social services if needed".