

Lifecarers Limited

# Lifecarers (Cherwell)

## 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 Lifecarers (Cherwell) on 4 August 2016. Lifecarers (Cherwell) are a domiciliary care agency registered to provide personal care and support to people living in their own homes. At the time of our inspection 45 people received personal care support from the service.

There was 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.

At our last inspection on 20 February 2014 we found people's care was not always planned and delivered to meet their needs safely. At this inspection we found the improvements had been made and people's care plans were detailed, current and reflected their assessed needs.

People told us they felt safe and they complimented the support received. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified. Individual risks to people were assessed and recorded and management plans were in place to manage the risks. People received their medicines as prescribed by appropriately trained staff. People were supported to access health services when required.

Staff had the skills and knowledge to support people and received training allowing them to carry out their roles effectively. Staff told us they were well supported by the management team. There were sufficient staff to meet people's needs and people received their support as agreed. Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised with people.

The staff followed the requirements of the Mental Capacity Act 2005 (MCA). This protected the rights of people who may not be able to make certain decisions themselves. People benefitted from staff that were aware of and implemented the principles of the act. People told us staff involved them in making decisions about the support they received. Relatives told us they were involved as part of the team to support their family members.

People told us staff were caring and treated them with dignity and respect. Staff had developed positive relationships with people. People received appropriate support that met their needs and the service responded to any changes in people's needs. When identified as part of their care planning, people were supported to maintain their nutrition. Staff knew how to maintain confidentiality and they promoted people's independence.

People and their relatives knew how to raise complaints and were confident action would be taken when needed. The management team had arrangements in place to gather information and ensure people were

listened to and actions were taken to address these.

The registered manager had a clear vision for the service which was to deliver high quality care to people and care for their staff. They promoted an open and transparent culture. The registered manager informed us of all notifiable incidents. The registered manager monitored the quality of the service and had systems in place to identify improvements and acted on them in a timely way. Staff were encouraged to be involved in regular meetings to share their views and contribute to the running of the service.

## 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 told us they felt safe when staff supported them.

People benefitted from regular staff that knew their needs and managed their identified risks.

People were supported to take their medicines as prescribed.

The provider had sufficient staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People benefited from staff that were aware of and followed the principles of the Mental Capacity Act 2005.

Staff had support and training they needed to effectively care for people.

People were supported to access health care when required.

People's nutritional needs were assessed and people were supported to eat and drink when required.

### Is the service caring?

Good ●

The service was caring.

Staff respected peoples' dignity and their right to be involved in any decisions about their care.

People were encouraged to remain as independent as possible.

People benefitted from positive relationships they were able to form with the staff.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and their support was regularly reviewed.

People benefitted from a service that was flexible to meet their needs.

People were confident that any concerns they raised would be promptly addressed.

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

The service was well-led.

The registered manager conducted regular audits to ensure the quality of the service.

There was a whistle blowing policy in place available to staff and staff knew how to raise concerns.

The service had a culture of openness and honesty.

**Good** ●

# Lifecarers (Cherwell)

## **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 4 August 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 available. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports 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 also contacted the local authority commissioners to obtain their views on the service.

We contacted seven people and four relatives. We also spoke with four care workers and the registered manager. We looked at four people's care records, four staff records including training and recruitment information and at a range of records about how the service was managed.

# Is the service safe?

## Our findings

People told us they felt safe when receiving care from the Lifecarers Cherwell team. One person said "Yes, we are safe". A relative commented "Very much so, safe".

People were supported by staff that understood their responsibilities around safeguarding people from harm. The staff we spoke with were familiar with the processes they were required to follow if any abuse was suspected. The staff told us they would report any concerns to the management. One staff member told us, "I have had a situation when I was concerned about a person and reported this to the office".

There were sufficient staff deployed to meet people's needs. The registered manager told us they carefully assessed any new referrals in relation to staffing to ensure they could safely meet people's needs. People commented positively on staff being punctual. One person said, "I see the same carers, got one main carer, they're never late, always on time". Another person said, "Yes, they're on time, never had a missed visit". A relative told us, "They're very good, we never have to worry about them not showing up". The staff also told us they had regular rotas which contributed to continuity of care. One member of staff said, "I see the same people".

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

People were protected as individual risks around people's condition and their environment were assessed and recorded. We noted risks assessments for areas such as tripping, skin pressure areas, fire and a risk of falls or bathing were in place. Where people were assessed as at risk a plan was in place how to manage this. For example, one person used a colostomy bag and there were clear instructions for staff on how often the bag needed to be changed and what to do if soreness was observed. People's environment was also assessed and included areas such as the lighting outside the property or checks of smoke alarm in people's homes.

People were supported with taking their medicines and told us staff supported them to take these as prescribed. One person said, "I have four tablets in the morning and five in the evening, they help me to take them on time, without them I'd not be able to exist". Another person said, "I've got a dossett box and they help me to take my medication with a glass of water". Records confirmed the staff had medicines training. People's care files contained a list of their prescribed medication including any creams. The Medicines Administration Records (MAR) we viewed were completed fully and there were no gaps. When a person was not administered a medication the reason was recorded overleaf as per policy. The registered manager told us they delegated the auditing of the medication charts to two senior staff. This ensured the records were checked so any action needed would be taken.

People were protected as the provider had a system of recording accidents and incidents. We noted people

files contained blank copies of accidents records. There was a log of all accidents and we saw there were two accidents recorded this year. We viewed an example of an accident form and noted that the details, including any follow up action taken to prevent reoccurrence, were recorded and signed off by the registered manager.



## Is the service effective?

### Our findings

People told us staff knew how to support them according to their needs. One person told us, "They are highly trained and have got NVQs (National Vocational Qualifications)". Another person added, "They're well trained and know what they're doing". One relative we spoke with told us, "They are all very friendly and know their jobs".

People were cared for by staff that had the appropriate skills and knowledge to carry out their roles. Staff told us and we viewed the records that confirmed the staff received induction training when they started working. The training included areas such as moving and handling, health and safety, infection control, communication, first aid, safeguarding and dementia awareness. The training reflected the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards care workers complete during their induction and adhere to in their daily working life. When required the staff received training relevant to people's individual needs. For example, epilepsy awareness, how to apply a steroid based cream or care for a person who used a colostomy bag. Additionally staff received training relevant to their roles, for example, interviewing skills. This ensured staff had suitable attributes and qualifications for the role.

The staff told us the training provided was good and prepared them well for their roles. One staff member told us, "Induction and training was very good, two weeks in a classroom and shadowed (worked alongside an experienced colleague) for another two weeks. The company said you can shadow as much as you want". Another member of staff told us, "We have refresher training on a regular basis or extra training if we have a new client and they have a condition we're not familiar with". One of the recently employed staff told us, "I was quite impressed by the training and induction even though I had previous experience".

Staff received supervision (one to one meetings with line manager) and annual appraisals. Additionally, senior staff carried out observations on care staff practices to ensure?. Staff spoke positively about the support received from the management. A staff member said, "I get my one to one every three months, additionally, there's an open door policy if I ever need to speak to the manager". Another staff member told us, "We have (one to one) every couple of months, they also do spot checks, they check if we use gloves and how we are with the clients".

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. The registered manager had an understanding of MCA and the principles underpinning the act. They were aware that if a person was assessed as lacking capacity and was being deprived of their liberty this would need to be legally authorised. They were able to tell us this would be done through the court of protection by the local authority.

Staff had received MCA training and they knew how to ensure people's rights were respected. One member of staff said, "I'd always assume people have capacity to make their own decisions. Even if a person is

confused and for example, I know they always like to eat bread and soup, I'd still ask them about their choice so they feel they are in control". Another member of staff told us, "I'd help people to make their own decision, if a person was to make an unwise decision, in my opinion unwise, I wouldn't treat them as having no capacity".

People told us staff sought their consent before supporting them. One person told us, "Yes, they always listen to what I say, they're very good". Another person told us, "They listen to me and always ask before doing something for me. We work together". People's care plans we viewed were signed by people or where appropriate by their representatives.

People's dietary needs were assessed and recorded in people's care plans. For example, one person had been assessed as at risk of having reoccurring urine infections. Their care plans read, 'How Lifecarers can support me. Help me to have adequate drinks to avoid infections'. We noted where a person was known to be refusing their meal a chart had been introduced to record what the person has eaten so appropriate action could be taken if the person kept refusing their meals. People we spoke with were mostly independent with their meals. One person said, "They (staff) help with my breakfast, lunch and will clean all up and leave tidy".

People's health needs were documented in their care plans. People's care files contained information leaflets about their condition downloaded from NHS website. For example, how to support a person who used a colostomy bag. The staff told us and records reflected people were supported to access professional support when required. One person's care file reflected the staff had referred the person to an occupational therapist following a concern raised about the person's deteriorating mobility.

## Is the service caring?

### Our findings

People complimented the staff and told us they had caring attitude. One person told us, "They're all unique and wonderful". Another person told us, "They're really lovely. I could not be more pleased". A relative told us, "My [person] is delighted with them and it's a comfort for me, we're lucky to have them". Another relative told us, "They became people [person] can talk to and this makes all the difference".

The staff we spoke with were committed to providing compassionate care. One member of staff told us, "Sometimes you forget that you're a carer. We chat, read papers, have a cup of tea with people, you don't realise you're at work". Another member of staff told us, "If my mum was looking for care I'd recommend this company".

People said they were able to build positive relationships with staff. One person said, "We will sit and have a chat, really nice". Another person told us, "They always ask 'is there anything extra I can do?'". A relative told us, "They really do care. All girls are very good and seem to care not just going through the motions (of tasks)".

We asked people if they felt their dignity and privacy was respected. One person told us, "Yes, they shut the bedroom door or wet room door". Another person told us, "Yes, they always cover me and would not leave me undressed". Staff also told us how they would ensure people's dignity and privacy was protected. One member of staff told us, "We respect people's wishes. For example, I ask if we're allowed to look in another cupboard we don't normally go to". Another member of staff told us, "When you get to know people, you know how much help they need and communication is a key, we'd ask would you like me to leave you in a bathroom?"

People's independence was promoted and people were involved in any decisions about their care. One person told us, "They help me with everything I ask for". Another person told us, "I am trying to be independent and they are ok with that, I may reduce the hours (of care)". A relative told us, "[Person] is involved in decisions".

People's care plans highlighted the need to keep people independent. One person's care plan read, "[Person] is very independent but will need assistance with hard to reach areas (feet, back)". Another person's file read, "[Person] is able to dry their upper body". This meant there were clear instructions for staff to ensure people were supported to carry out the tasks they were able to.

People were cared for by the staff that knew how to maintain people's confidentiality. People's care files and records were kept in their homes. Duplicate records were kept securely in the provider's office. Records confirmed staff signed confidentiality agreements. Staff were able to tell us how they ensured people's confidentiality was respected. One member of staff told us, "I'd never leave any papers and don't discuss work with friends or other carers". People confirmed staff respected confidentiality. One person said, "They never discuss other people with me".

## Is the service responsive?

### Our findings

At our last inspection on 20 February 2014 we found people's care was not always planned and delivered to meet their needs safely. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 which is the equivalent of the current Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found the improvements had been made and people's care plans were detailed, current and reflected their assessed needs.

People's needs were assessed prior to commencement of care to ensure the provider was able to meet their needs. People and their families told us they were involved in their care planning. One person told us, "The manager came and checked what I need". Another person told us, "They asked me in the beginning what support I needed and they checked my smoke alarm". A relative told us, "Oh yes, we have been involved in care plan".

The registered manager told us they tried to match the staff with the service users as per their preferences. They told us they ask people about their preferences as "some people may prefer bubbly staff and some people prefer quieter staff". The registered manager said they would introduce a member to the person prior to delivering care and would follow up with a phone call to the person to ensure the person was happy with the member of staff allocated. The registered manager told us they were planning to introduce a form to evidence this good practice and the impact it had for people.

Care records contained details of people's personal information, their likes, dislikes and preferences. The care plans also included information such as what was important to the person and their long term aspirations and goals. For example, one person's care records read, 'I like to be called [preferred name]'. Another person's file read, 'I'd like to improve my self-esteem and be safe. What's important to me? The answer was 'My flat, my memories and being able to see my family'.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person suffered from a condition which affected the person's sight. The person care plan stated, 'Carers to position by the person's side, speak slowly and clearly, do not use slang, keep eye contact. Allow time for the person to respond and ensure the person understood what's been said'.

People received personalised support that reflected their wishes and choices. One person said, "They're flexible, I go to a day centre now so they come at 7 am to make sure I am ready". The service responded promptly to people's changing needs. For example, one person was found to have slipped off their recliner chair. We noted the registered manager ensured appropriate action was taken to prevent reoccurrence and that the person's care plan and risk assessments were immediately updated.

People told us they knew how to raise concerns and they felt any issues were dealt with promptly. Most of people we spoke with told us they never had a reason to complain. One person said, "Complain? No, never". Another person added, "I've never made a complaint, I've got the book and the numbers for the office". One

relative told us, "We never had to make a complaint". The provider had a system in place to record verbal and written complaints. Records showed there had been eight complaints received this year and these were responded to in line with the provider's policy. One person we spoke with told us, "I complained once, as the care staff were late, I told the manager and she was very good, followed through my complaint and told me the staff were help up in traffic. I was satisfied with the way it was handled".

The service received 11 compliments in the last year. The registered manager ensured any individual feedback was passed on to the member of staff. The registered manager recognised good care as we also noted letters were written to staff to thank them for delivering good quality service.

The service encouraged people to give their views and people did so via annual satisfaction surveys, telephone monitoring and during spot checks. People told us the service sought their views. One person told us, "I had a few surveys to fill in and I always gave them top marks. The manager calls you to see how you are". A relative told us, "We had questionnaires a little while ago, every time I speak to the manager I always say how pleased we are". We saw the responses from last year's questionnaires were positive and showed people and their relatives were happy with the service they received. The results reflected 100% of people would recommend the service to others.

## Is the service well-led?

### Our findings

People and their relatives told us they liked the management team and felt the service was well run. They said someone was always available to speak with and they felt listened to. All people and relatives we spoke with complimented the service. One person told us, "I couldn't manage without them, absolutely marvellous. If you ever get old make sure you get them". Another person told us, "I'd definitely recommend them". One relative told us, "The communication is good, there's always somebody to talk to. I would ring them if we needed to cancel (a visit). They are totally flexible". Another relative told us, "They've been a life saver, we would not be able to keep [person] at home without carers".

We spoke with the registered manager about the culture of the service. They explained that their focus was to care for people and for staff. The registered manager told us they worked at the service for nine years and because they started in this industry as a care assistant they had a good insight on how to work with the staff. They said, "I treat staff the way I wanted to be treated". The registered manager was open and transparent and told us they felt "The last inspection was a good opportunity to improve". They added they were "Confident the records have been updated as the team worked hard to do so".

The provider used the "Voice of the carer" annual scheme to ensure that staff's voice was heard. The Voice of the carer scheme gives care staff the opportunity to provide their opinion about the service. The staff had been given a form to record things they enjoy about their jobs, things they enjoy less, what things could be improved and any other comments. The forms could also be completed anonymously and sent to head office. The responses, once compiled, were provided to the registered manager. The registered manager told us the scheme enabled them to have "A happy team to care for people". We noted where required action had been taken. For example, following the most recent responses received in April 2016, a member of staff raised a concern about travel time on one of the evening runs and as a consequence the travel time had been increased.

Staff commented positively on the staff morale and team work. One member of staff said, "Everyone gets on ok, bubbly and friendly staff". The staff felt they could contribute their ideas and these would be listened to. A staff member said, "We discussed (in a team meeting) how to mark who has a DNAR (do not attempt cardiopulmonary resuscitation) form to make sure this information was clear to staff before they opened the person's file and looked for the form. We agreed to put a dot on the file so we all knew what it means". There were regular staff meetings and we noted from the minutes that areas such as staff support and medication management were discussed. The registered manager told us they were well supported by the head office and were visited every other month by the chief executive to discuss the running of the service.

The registered manager ensured the quality of service was monitored. The registered manager carried out monthly audits that covered areas such as accidents, complaints, care reviews, staff training and recruitment status. The registered manager also introduced a self-audit which reflected the areas inspected by the Care Quality Commission (CQC). The audit was linked to the CQC's Key Lines of Enquiries (KLOEs) to ensure the service was meeting the regulations. They also introduced a log which recorded issues raised by individual staff. These issues were assessed by the registered manager to identify any trends or patterns so

that actions could be taken. For example, a training need could be identified.

The provider used ETMS (Electronic Time Monitoring System) to ensure staff were punctual and the visits lasted for the required length of time. Staff logged in and out of people's homes using telephones. An allocated office staff member monitored these on daily basis. This enabled the manager to monitor the quality of service delivered by Lifecarers Cherwell.

The registered manager ensured appropriate action was taken when a shortfall was identified. For example, a concern had been raised about one staff member's understanding of the Mental Capacity Act which had impacted on one person. Following this concern, additional training was arranged for this staff member. The registered manager also ensured the nature of this concern was included in the weekly memo sent to staff. They told us they were going to source further training options such as scenarios or movies and would incorporate these in a future team meeting. Additionally, on the last satisfaction survey one person said they were upset by a comment made by a member of staff. The registered manager followed this up with the person and with the staff member concerned. As an aid to improve quality they incorporated case study scenarios to be discussed during the staff team meetings. The scenarios described poor practices and the staff had been asked to comment how they would feel if this related to their family member. This meant the registered manager ensured continuous improvement as they shared the lessons learnt from these individual examples of what good quality care should look like.

The provider had a whistleblowing policy. Whistleblowing is a way in which a member of staff can report concerns, by telling their manager or someone they trust. Staff told us they would always report any concerns. One staff member said, "I'd go to the head office or externally. For example, to the safeguarding team".