LJM Homecare Ltd

LJM - Homecare Lincoln

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
LJM – Homecare Lincoln is a domiciliary care agency based in the Lincoln area providing personal care to 54 people who live in their own homes at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
There was a new manager who was in the process of applying to replace the current registered manager, who was in the process of moving in to a more senior role with the provider. The registered manager was honest and open with us about recent issues which had caused disruption and affected the governance of the service. The registered manager and manager had developed an action plan and were working to address issues. Staff were complimentary about the support they received from their managers and described a positive working relationship within the team.

Some people told us there had been a noticeable decline of communication and rostering in previous months which had resulted in inconvenience and disruption. The registered manager was aware of the issues and had clear plans to address this. Other people told us their care had not been affected and they were satisfied with the standard of their care and communication with the service.

Managers and staff were clear about their roles. Team meetings took place regularly and the provider actively sought to obtain feedback from the staff team and people using the service. The manager and staff team built good working partnerships with health and social care professionals and were developing and building links in the community.

The service provided sufficient numbers of staff to meet people's needs. People told us the service they received was generally reliable. Some people told us staff were sometimes late and expressed frustration with disruptions. Other people told us there were occasions where staff were late due to traffic but were always contacted and kept up to date. Staff were recruited safely and in line with regulations.

People told us they felt safe and were protected from abuse. Staff received training to ensure they could recognise the signs of abuse and report them confidently. Risks associated with people's care were managed. Records showed people had risk assessments and these were reviewed regularly. People told us staff supported them safely. People told us they were supported to take their medicines safely. Staff received training to enable them to administer medicines and processes were in place to ensure staff were competent. Accidents and incidents were recorded and reported. Systems to review accidents and incidents were being developed to improve the way lessons were learnt.

Records showed people's needs were assessed prior to using the service. People confirmed this.
Staff told us they received the training they needed to do their job well. Records confirmed staff were

provided with induction and ongoing training. People were supported to access the healthcare they needed. The service worked with people and their relatives to make necessary referrals to healthcare services. People's consent to care was sought. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us staff were caring and kind. Staff told us they were happy in their roles and enjoyed spending time talking to people and getting to know them. Most people told us they were given the opportunity to express their views regularly and were involved in their care. Some people told us they had not recently been asked for feedback about their care. Records showed surveys and telephone checks were carried out to see if people were satisfied. Staff were knowledgeable about how to maintain privacy and dignity. People told us staff behaved with professionalism and were respectful of their homes when providing care.

Some people told us inconsistent call times and late calls had resulted in them receiving care which was not responsive to their needs. Other people told us they were totally satisfied with their care and the provider had been accommodating and flexible to ensure their care was responsive.
Care planning reflected people's basic needs, but some development was required to ensure care planning was tailored to meet people's needs in a more personalised way. The manager showed us examples of a new care plan format which would improve the quality of information recorded.
Records showed people's care was reviewed regularly. Care was delivered by staff who understood the needs of the people they were supporting. People knew how to complain and raise concerns.

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

Rating at last inspection
The last rating for this service was requires improvement (published 29 October 2018).

Why we inspected
This was a planned inspection based on the previous rating.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

LJM - Homecare Lincoln

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 carried out by 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, manager, assistant

manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who knew the service.

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.

Staffing and recruitment

● The provider employed enough staff to meet the needs of people using the service, roster records confirmed this. Some people however, told us they had recently experienced inconsistent support. One person said, "I feel that my care is safe but there have been a whole host of problems in the last few months." Another person said, "The care is quite alright, but the call times vary a fair amount. My evening call last night was at 7pm and I hadn't even had my evening meal. They never inform me of time changes either."

● Other people told us they experienced more consistent support and were satisfied with the times of support. One person said, "I've never had missed calls, very occasionally they are late due to traffic, but not very often. If I ask [to change call times] they are flexible and have moved my care to nine am. No complaints. They phone me up and let me know if they are going to be late."

● The registered manager spoke with us about recent operational difficulties which had affected the running of the service, but evidenced plans which had been developed to address this. Staff told us they thought staffing levels in the service were sufficient and told us the provider did not use agency staff.

● Staff were recruited safely. Background checks had been carried out by the provider to assure themselves staff were of good character. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Systems and processes to safeguard people from the risk of abuse

● People using the service lived in their own homes and told us the service helped them feel safe and secure while living independently. One person said, "I feel very safe with them and they have helped me so much as I couldn't walk, and I can again now. They access the property with a key safe and always lock up.

● The provider had a whistleblowing and safeguarding policy which the staff were aware of. One staff member told us, [Safeguarding and whistle-blowing policies] are all in the office. We all get a copy of the procedures which are also in the handbook."

● Records showed staff were provided with training to ensure they were aware of the signs of abuse and how to report concerns if needed. One staff member said, "Yes we do the online training. It tells us where to go, what to do, how to report it to your manager."

Assessing risk, safety monitoring and management

● Systems and processes were in place to ensure known risks associated with people's care and support were managed effectively.

● Records showed risks associated with people's health conditions were assessed. For example, one person was being cared for in bed and was at risk of developing pressures sores. A risk assessment had been developed to describe the steps staff needed to take to reduce the risks such as applying cream and helping

the person to change their position.
● The environmental safety of people's homes was assessed to ensure that the delivery of care and support could be carried out safely.

Using medicines safely
● People received the support they needed to take their medicines safely. One person said, "I do my own medication, but they will help me to put my creams on if I need them to."
● People who required assistance to take medicines had a care plan and risk assessment which described the support they required to take them safely.
● The provider had a policy relating to the safe administration of medicines which staff were aware of. Training records confirmed staff were appropriately trained to administer medicines and new staff were observed to ensure their competence before administering medicines to people.

Preventing and controlling infection
● Records showed all care staff received training about infection control.
● Staff told us how they prevented the spread of infection when working with people in their own homes. One staff member said, "I wear an apron and gloves. There are supplies here in the office. I always make sure I wash my hands too. It is probably the most important thing."

Learning lessons when things go wrong
● The provider had a system for reporting accidents and incidents which staff were aware of. One staff member said, "Out of hours we phone the 'on-call' and then report it. If it is normal office hours, we call it through to the office."
● The registered manager told us accidents and incidents were reviewed regularly, but they were in the process of developing new governance systems which would improve the way information was used to identify trends and patterns.

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

- People's needs were assessed prior to the provider agreeing to deliver care. Records showed assessments included information about people's health conditions. People's wishes and basic information about their likes and dislikes were captured. People confirmed this. One person said, "Yes, before I accepted them. They sat down [with me] and asked what time I wanted a call and then they go through a book with everything in it and asked me questions about my health."
- Information recorded in initial needs assessments were the basis for care plans. Care plans reflected what people had discussed during their assessments.
- One relative told us they had only recently begun to use the service and were slowly being introduced to new staff by more experienced members of the team. They told us, "If they have a new one [staff member] they come with someone [relative] knows and bring them in slowly. From what I can see so far, they are a good company."

Staff support: induction, training, skills and experience

- Staff received an induction when they first began working with the organisation. This included a period of 'shadowing' where new staff work alongside more experienced care staff before providing care and support to people on their own. The induction also involved completing the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they received appropriate ongoing training to do their jobs well. One staff member told us, "Yes, it [training] is ample, they are putting me through additional training in care planning. [Registered manager] is very much about, if we want it she will help you to achieve it."
- People and relatives were mostly positive about the competence and ability of staff. One person said, "They [staff] provide all of the care I need and to a very good standard. They always ask consent and I even have a male carer-which I agreed to, and he is very good. They all seem to know their jobs." One person told us they thought some of the younger staff needed more development, but it hadn't caused them any problems.

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

- People were responsible for providing their own food and drink. Some people required support to prepare meals and drinks as part of their care and support.
- Records confirmed staff received training regarding food hygiene as part of their mandatory training requirements.

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

● The registered manager had developed professional relationships with health and social care agencies such as the district nurses.

● Records showed advice provided by health and social care professionals were included within peoples care plans, for example one person had a report from the falls team. Information within the report was included in the risk assessment. This meant professional advice was acted upon.

● Care records showed people were supported to access healthcare services such as the GP if they needed to.

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

● Records showed care plans and associated documents included evidence to confirm people had agreed and consented to care being delivered in the way they had agreed. One person's care records included information about a relative who was acting as a lasting power of attorney for health and finances, however there was no proof of this in the care file. We raised this with the manager who obtained the information immediately and updated the care records.

● People and relatives told us staff asked for permission prior to delivering care.

● Staff received training regarding the MCA. One staff member said, "Everybody is deemed to have capacity unless it is proved you don't."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Issues relating to rosters and inconsistent deployment of staff meant some people expressed frustration because they felt rushed when having their care and support. This was not related to the attitude of the staff team and was more directly related to the planning of care calls.
- People and relatives told us staff treated them well and were kind to them. One person said, "They are all lovely. They have the right attitude and really do go the extra mile. For example, when I am in the shower and I come out I will often find that they have done half a dozen other things for me when I haven't asked them to. They are really helpful. They make time for a chat and we have a bit of a laugh too."
- Staff we spoke with told us unreservedly they would be happy for a family member to receive a care service from the provider. One staff member said, "I would, because they [staff] are competent. I wouldn't leave my loved ones in the hands of some other companies. They [staff] are caring and people are here because they like doing their job."

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

- People and relatives told us they were involved in developing their care. One person told us, "Yes, they asked me what I wanted, before I accepted them. They sit down and ask what time I want a call and then they go through a book with everything in it, they always ask how you are?"
- People told us they were asked about their preferences regarding the gender of staff and told us staff always asked for their permission before carrying out any care.
- People were asked to complete an annual survey to tell the provider about their experiences of the care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff received training to understand the principals of privacy, dignity and independence. One person told us, "They are chatty and always very caring and considerate. They respect my privacy and are very willing to help. I enjoy seeing them."
- Staff were knowledgeable and knew their responsibilities for making sure that people's rights to privacy, dignity, independence and confidentiality were upheld. One staff member told us, "We close doors and keep people covered up. It is about their preference. Some people prefer the door open and that is fine with me if it is what they have asked for."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Several people told us their care was not responsive to their needs and caused them frustration and anxiety. The issues people told us about were mostly related to rostering and inconsistent staffing. One person told us, "They are very slow with planning the rota and I like to know who is coming and when, so I have to keep ringing them to find out. I have spoken to them about the time of calls issue and they just told me that I have to stop keep changing my mind. But my needs have changed since I first came out of hospital, so the times have changed too. They don't seem willing to adapt or adjust for the changes. They are good with my care, but I wish they would work with me on more suitable times."
- Several people expressed frustration with the effectiveness of communication from the office. "I have left three messages and still haven't had a response over a week later. I find their lack of communication perturbing." "There has been no communication of late." "Whenever I call it is an answering machine which I don't like, and I won't leave a message, so I can't really speak to someone if I need to do so." Were some of the comments we received. We raised this with the registered manager who was aware of the problems and had a plan to resolve this.
- Other people told us the care they received was responsive to their needs and met their expectations. One person said, "I can usually get through to the office and there is an out of hours service too. They review my care every 6 months and they always seem to be approachable and helpful."
- Care plans described the care and support people required to ensure their basic needs were met, but lacked personal detail about people's likes, dislikes and preferences. The manager showed us a new and improved care plan format which was being used for new service users and would eventually be used for all people using the service. The new format was better adapted to include more detail about what was important to people.

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.

- Each person's care plan included a section for communication, so staff were aware of how people communicated.
- The registered manager told us they would be able to provide information to people in formats such as large print or audio.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy which people were aware of. Records showed there had been two complaints since the previous inspection. Records were kept relating to investigations and people had received responses in line with their policy.
● Comments from people regarding making complaints were mixed. Some people told us they were confident the provider would respond to them, but others were less confident due to recent communication issues with the office. One person said, "If I did need to complain then I think they would listen. They seem approachable." Another person said, "If you complain, you just don't get any response. My call was an hour early, which upset me as I had to leave my meal to go cold and then throw it in the bin."

End of life care and support
● People receiving end of life care were supported to make advance plans regarding their care. People who did not wish to be resuscitated following a cardiac arrest, had this information recorded clearly in their care records.
● Staff received training regarding end of life care and were knowledgeable about how to provide good care at the end of someone's life. One staff member said, "We have had online training. We support the family as it affects everyone. We make them as comfortable as possible and make sure they drink. You need to be empathetic to the situation."

Requires Improvement

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 has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Checks relating to the quality of the service and regulatory compliance were not effective. The registered manager was open with us and explained how recent issues had resulted in checks not being routinely carried out. A new manager had recently been recruited and was in the process of applying to be the registered manager. The new manager was experienced and was in the process of implementing new systems to monitor and check the quality and regulatory compliance of the service and showed us examples of recent checks using the new system.
- The registered manager and new manager had begun to develop an action plan to improve and develop the service. The new manager explained the new quality monitoring system would feed into the plan and actions from quality checks and surveys would be added to it. The registered manager was honest about their lack of oversight and scrutiny and fully accepted their responsibility to ensure the delivery of care was more closely monitored in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Several people told us issues relating to the management of the service and communication with the office had resulted in inconvenience and disruption. The registered manager accepted responsibility for the issues and was taking action to address this. Other people told us they were satisfied with the service they received, one person said, "I think the new manager is called [name]. I have filled a questionnaire out in the past. It seems very well run and nothing needs to improve from my viewpoint. If they care for everyone as well as they care for me then they are lucky. I would recommend them to anyone."
- Staff told us, and records showed team meetings were held regularly. One staff member said, "Yes we have them fairly regularly. If I missed them [name] would tell me what went on and I would get the minutes." Notes of meetings showed staff participated and put forward their views and ideas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they were well supported and felt valued by the registered manager. One staff member said, "Yes, [registered manager] is really bubbly and asks me how my university course is going and takes an interest in me."
- The registered manager had developed a staff reward and recognition scheme called 'employee of the

month'. Each month an employee is selected by reviewing compliments received from people using the service. Staff received chocolates and flowers and their achievement was posted on social media.

● The service had built good relationships with partner agencies in health and social care such as local authority social workers and district nurses. Links had also been developed within the local community. For example, the staff had raised money for a local branch of a national charity and volunteered for the local church. The provider was also a member of a local health and social care association.

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

● Records showed staff including the registered manager acted on their duty of candour responsibility. Notifications to the local authority safeguarding team and the Care Quality Commission (CQC) were made to appropriately. Records of complaints showed they were fully investigated and responded to.

● The CQC inspection rating was displayed on the provider's website and in the reception area of the office.