

Living Well Homecare Ltd

# Living Well Homecare

## Inspection report

Office F40 Business & Technology Centre  
Bessemer Drive  
Stevenage  
SG1 2DX

Tel: 01438300360

Website: [livingwellhomecare.co.uk](http://livingwellhomecare.co.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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Living Well Homecare is a domiciliary care service providing personal care to people in their own homes. The service supported older people, people living with dementia and people with a physical disability. At the time of inspection, the service was supporting 24 people in total, all of whom were in receipt of personal care.

### People's experience of using this service and what we found

A governance system was in the process of being established at the time of inspection. Whilst incidents, accidents, complaints and safeguarding concerns were followed up, systems were not yet in place to fully document action taken, and lessons learned. Some audits were completed but had not identified the issues found during this inspection. We found that some risk assessments needed further developing to give staff sufficient guidance in how to mitigate risks effectively.

People and their relatives felt the care provided was safe and risks were managed appropriately. The registered manager understood their responsibilities to safeguard people from abuse. They had systems and processes in place to help protect people. However, whilst the local safeguarding team had been informed of any concerns, statutory notifications had not been sent to CQC.

People's care plans identified their needs in relation to the ordering, storage and administration of medicines. Staff had received training in infection control practices and personal protective equipment was provided for them. People were supported by a consistent staff team, who had been safely recruited. The majority of staff had received appropriate training and had their competency assessed, although we did identify some gaps. Staff were positive about the support they received from the management team.

The registered manager completed care assessments before commencing support, to ensure people's needs could be met by Living Well Homecare. Care plans were sufficiently detailed and contained important information about people's likes and dislikes. This ensured staff supported them in line with their needs and preferences. 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 praised the kind and caring nature of the staff team. Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes and spoke about people with kindness and compassion. People told us they would be confident to raise any concerns with the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 09 December 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### 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?

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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Living Well Homecare

## 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

The inspection was undertaken 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

This inspection was announced. 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/registered manager would be in the office to support the inspection.

Inspection activity started on 02 June 2021 and ended on 28 June 2021. We visited the office location on 08 June 2021.

#### What we did before inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, nominated individual and received feedback from four staff members. We checked three people's care records, two staff recruitment files and a variety of records relating to the management of the service, including policies and procedures. We also looked at training data and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk to people's health and well-being were assessed. Management plans were in place to detail what had been done to mitigate these. In some instances, we found these would benefit from further detail to ensure all the measures taken were included in the plans.
- Staff were knowledgeable about people's needs and how to mitigate risk safely. This was because they knew people well and had built up a good working relationship with them.
- There was a lack of evidence in records that staff had their competencies checked for the use of the equipment and manual handling. However, all staff told us they had managers 'spot checking' and observing their work practices to ensure people were safe.

### Using medicines safely

- People's care plans identified their needs in relation to the ordering, storage and administration of medicines. The registered manager ensured and checked medicine administration was documented clearly and accurately on medication administration record (MAR) sheets.
- Where people were prescribed "as required" (PRN), medicines such as pain relief or topical skin creams, the service had individual guidelines in place for each. This meant staff knew when and how to administer these medicines.
- Staff administering people's medicines were trained, however not everyone had a recorded competency assessment. However, people told us staff administered their medicines correctly and staff told us they received support from the management team, if they required any guidance or advice.
- The provider's policy to seek a health professionals' advice, when people had not received their medicines as intended by the prescriber, was not always followed. The registered manager explained what follow up action had been taken in these instances and how any error had been addressed with staff.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to safeguard people from abuse. They had systems and processes in place to help protect people.
- Staff received training and were clear about what would need to be reported and the systems in place for them to do this.
- People and their relatives told us that staff provided safe care. One person told us, "I feel more than safe. I feel content and secure in my own home."

### Staffing and recruitment

- People and their relatives told us there were enough staff available to meet people's care needs. Staff said

there was usually enough time to travel between care visits. People told us staff were normally on time. One person told us, "[Staff] are pretty much always on time and will ask if there is anything else they can do for me before they leave, even if it is nearly time up."

- A call monitoring system was in place, enabling the management team to identify any late care visits and respond quickly. Formal analysis of this log was not completed at the time of inspection, as any issues were resolved at the time they occurred. The registered manager acknowledged that going forward, as the service expanded, they needed to develop a system to ensure they could monitor care visits.
- The registered manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.

#### Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection prevention and control (IPC) and followed the current national infection prevention and control guidance. One staff member said, "We wash our hands before and after each call. We also wear PPE and a mask. We have had COVID-19 training."
- Staff told us they were supplied with personal protective equipment (PPE) to help prevent the spread of infections and were clear on their responsibilities with regards to IPC. The provider held plentiful stocks of all PPE. One person told us, "They have been very good and wear all the right masks, aprons and gloves to avoid spreading COVID-19."

#### Learning lessons when things go wrong

- Systems were in place for reporting and responding to accidents and incidents. Staff were aware of these procedures.
- The registered manager ensured they reviewed all incident and accident forms. They explained that due to the small number of incidents, each could be responded to immediately. This meant that there was no formal analysis of patterns and trends completed. The registered manager confirmed they planned to implement this going forward, as the service expanded.
- Staff told us that they received feedback and learning was shared with them.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 fully assessed before accessing the service. The registered manager confirmed people's care and support needs were thoroughly discussed before support commenced. One relative told us, "We had a detailed discussion about our expectations for [family member] and their needs and it's been pretty good."
- The service was flexible in ensuring that people were supported in line with their assessed needs and choices.

Staff support: induction, training, skills and experience

- Staff received appropriate training to their role, including topics such as safeguarding, moving and handling, medication and basic life support. However, not all staff had completed this mandatory training prior to working alone. The registered manager informed us that in these instances, a risk assessment had been completed, which considered the staff member's previous experience and training, within the care sector.
- Not all staff members of staff had completed specific training, relevant to people's needs. For example, only five staff had completed dementia training. However, people and relatives told us they were confident in staff's knowledge and experience. One person told us, "They [staff] are knowledgeable and trained and I trust them."
- Inductions for new staff were thorough and their knowledge was tested by working with experienced staff and the management team. Staff had to show their competence prior to working with people unsupervised. One staff member told us, "I have had spot checks and when I first started, I shadowed a lot of other care workers until I felt confident."
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they had individual support from the registered manager and access to regular team meetings.

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

- People and their relatives said that where people needed assistance to eat, staff supported them in a safe and effective manner. People's preferences were documented.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.

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

- Staff and the management team worked well with other agencies to ensure that people received appropriate care. One relative told us, "[Family member] gets all the support they need from them [staff] and they will contact the doctor should the need arise."
- Staff liaised with both people's relatives and a range of health professionals to ensure people were well supported, in a timely manner. One relative said, "[Staff] had some concerns about [family member] so they contacted me and their doctor. Their blood pressure was a bit low and they were worried [family member] might have had a fall. I call that very proactive."

#### 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.

- People and relatives told us staff always asked for consent when supporting them. People's consent to being supported in line with their care plan and risk assessments was documented.
- Staff received awareness training in the MCA and its code of practice as a part of their induction.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes and spoke about people with kindness and compassion. One staff member told us, "It is important we listen and adapt our caring role to suit each person, as they are unique, and their needs will be different to everyone else's."
- People told us that staff treated them with dignity and respect. One person said, "They are extremely friendly and lovely people, I have been most impressed. They would do anything for me, they are so kind. Their attitude is to die for. They cheer me up and are like a breath of fresh air when they arrive."
- People and their relatives praised the staff team for the care and support they provided. One person told us about staff, "You couldn't find anyone more kind if you tried. They are always cheery and very positive people to have around." A relative said, "The staff couldn't have better attitudes to the job in hand."

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

- People were encouraged to be involved in making decisions about their care and to take part in reviews. One relative told us, "I am kept fully involved with any changes that are need to be made to [family member]'s care." Another relative said, "We had a good meeting about [family member]'s needs and it was all sorted with no problems."
- People confirmed that care staff knew what they liked and how they liked to be supported.

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's privacy. One relative told us, "They are polite and respect [family member]'s privacy and the fact that they are entering their private home."
- People and their relatives said that staff promoted people's dignity and independence. One relative said, "The staff know just how to help so [family member] still feels in control."
- Staff supported people to be as independent as possible. One person told us, "They try to get me to do things for myself if they think I am able to, like brushing my hair and getting a coffee too, although they will make me one if I ask."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received care to meet their individual needs and preferences. One person told us, "They [staff] understand completely just how to help me and how I like things to be done." Another person said, "I never feel they [staff] are trying to rush things."
- Care plans were detailed with regards to people's preferences, likes and dislikes. This meant, staff had the information available to help ensure people received consistent care that met their individual needs. One staff member told us, "Care plans give me enough information and when any changes are made, I am informed by the manager via email."
- Staff worked closely with people to ensure they received support in line with their needs. One person told us, "I would say it is only because of them [staff] I have made such a good and quick recovery. They have helped me regain my strength and I could not have done that without them."

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's communication needs were documented in their support plans. The registered manager explained that information would be made available in a different format, if this was required.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure. People told us they were aware of this process and felt comfortable raising any concerns with the service. One relative said, "We would report any concerns, but we honestly haven't had any."
- People told us where they had raised complaints or concerns these had been resolved to their satisfaction. One person said, "I certainly call to tell them when it's not right and they do listen and correct things, like the carers I didn't like never came back."
- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

End of life care and support

- The registered manager explained that since registering the service, they had not been required to provide end of life support. However, processes were in place. The registered manager explained how they would seek support from different professionals and work alongside people and their relatives, to ensure they had

a dignified death, in line with their preferences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requirements Improvement. This meant the service had not implemented a governance system that supported 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

- A governance system was in the process of being established at the time of inspection. Whilst incidents, accidents, complaints and safeguarding concerns were followed up, systems were not yet in place to fully document action taken, and lessons learned.
- A quality assurance audit had been recently completed and the provider was able to evidence the action taken following this. However, this audit had not identified some of the issues found during this inspection, such as insufficient information in risk assessments and gaps in staff training and competencies.
- We found that some risk assessments needed further developing to give staff sufficient guidance in how to mitigate risks effectively. For example, moving and handling risk assessments did not document all risks in relation to the use of different items of equipment. In another example, a person had bed rails in place but the risks regarding their use had not be fully explored, in the assessment.
- Staff's competencies to use equipment safely and administer medicines was not always completed and recorded.
- There were some gaps in staff training, which the registered manager was in the process of following up. For example, neither the staff nor the management team had attended any additional MCA training, beyond the basic awareness session, completed as part of their induction. This was reflected in a care plan that referred a person's health condition causing them to generally "lack capacity", without reference to the fact that capacity is time and decision specific.
- The management team and staff understood their roles and the impact their roles had on people. The registered manager worked alongside the staff team routinely and assessed the service provision as part of their daily work.
- Registered providers are legally required to inform CQC of any abuse or allegation of abuse occurring within their service. During the inspection we identified two occasions where concerns had been referred to the local safeguarding team, but a notification had not been submitted to CQC. The rating for this key question has, therefore, been limited to requires improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had a good understanding of their responsibilities towards the people they supported and had a passion for delivering person-centred care.
- People and relatives told us they found the management team and office staff to be approachable and

helpful. One person told us, "The office is more than helpful." A relative said, "There are good communication between us and the office. They are most cooperative and really want to help."

- Staff reported a positive team ethos and knew they could go to the management team for advice and support. One staff member told us, "They are a caring company, the carers, care manager and care coordinator are lovely, compassionate people."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback about the quality of the service provided was gathered from people and their relatives.
- Staff feedback was sought via individual and face to face meetings with the management team. One staff member told us, "I am able to make suggestions and raise issues very easily and I do get feedback."

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people, for example, district nursing teams and health professionals, in order to provide joined up care.