

LJ Sure Mercies Care Ltd

LJ Sure Mercies

Inspection report

19 The Wye
Hemel Hempstead
HP2 6EJ

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09 June 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

LJ Sure Mercies is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there was 9 people using the service. The service provides support to older people, people and people living with dementia.

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

Medicines were not always managed in a safe way. Risk management plans were not always detailed and did not give staff clear guidance to help mitigate risks. The provider needed to introduce more robust systems to monitor the service as they did not identify the issues we found during the inspection. We made a recommendation to the provider to implement more robust monitoring procedures. The registered manager took prompt action to address the issues we found during the inspection.

Staff were recruited safely. People were notified when staff were running late. The registered manager was recording all accidents and incidents, and these were discussed in team meetings to improve practice. The registered manager was not recording staff's induction process which meant we could not be assured they had the training to carry out their role. People's nutritional needs were recorded. People receiving care, relatives and staff told us they felt the service was well run.

Staff completed training and received support to ensure they had the appropriate skills to meet people's care needs in a safe and effective manner. People's needs were assessed, and this information was used to help the registered manager agree the person's care needs.

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's care was personalised, and it was clear that staff knew people well. The registered manager had procedures in place for dealing with complaints.

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

Rating at last inspection

This service was registered with us on 3 September 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendation

We made a recommendation to the provider to implement more robust procedures for monitoring the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not 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 ●

LJ Sure Mercies

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out this inspection and an Expert by Experience was used. An Expert by Experience is a person who has personal experience of using or caring for someone who uses the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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 registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We reviewed a range of records. This included 3 people's care records and 1 person's medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. We spoke with the registered manager, director, and office worker. We reviewed records related to the management of the service, which included training records, safeguarding incidents, quality assurance records and a range of policies and procedures. After the inspection we spoke with 4 people and 4 relatives and 2 staff members.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People did not always have risks to their safety assessed and planned for. The registered manager was grading the risks as low, medium, or high but it was completed consistently. It needed to be consistent and there was not enough information to mitigate the risk.
- We also identified on two occasions where risk assessments for specific conditions were not completed accurately. This meant staff did not have the information to care for people in a safe way.
- Medicines were not always managed safely. One person was prescribed 'as and when needed' or PRN medicines. The registered manager did not have clear protocols in place for staff to follow when PRN medicines were needed.
- The registered manager was completing medicine audits, but these audits did not identify that staff were not always using the correct codes for administering medicines.

We raised our concerns with the registered manager on the day of the inspection and they took prompt action to address the concerns raised.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to safeguard people from the risk of harm. Safeguarding was discussed in staff meetings and staff were reminded about how to report concerns.
- The registered manager had clear policies which provided guidance on how to respond to allegations of abuse. Staff understood how to report safeguarding concerns.
- Safeguarding is discussed at the main meeting which talks about reporting recognition and responding, all staff were asked to sign the safeguarding policy.

Staffing and recruitment

- There were enough staff to safely meet people's needs. People received care from regular staff, but 2 people told us they would like a definite time when people arrive as sometimes staff were late.
- The registered manager was in the process of introducing an electronic call monitoring system to monitor call times. They told us, "We are introducing the app and we are going to be discussing timekeeping as we want to ensure people are happy with the care."
- People told us they felt safe, comments included, "I am very pleased with them and Yes, I feel safe."
- Staff were recruited safely. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager had effective measures in place to prevent and control the spread of infection and staff told us they had an adequate supply of personal protective equipment (PPE)

Learning lessons when things go wrong

- The provider had effective procedures in place for the reporting of any accidents and incidents and staff were aware of the process to follow. These were discussed in team meetings and were used as discussion points to improve practice.

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.

Staff support: induction, training, skills and experience

- Staff completed an induction before they started to provide care and support, however the registered manager was not documenting this correctly. They told us, this was a recording error, and they would update their practice going forward.
- Staff we spoke with confirmed they had the necessary training to carry out their role. They told us, "Yes, I feel confident to deliver care and support, the training was helpful, and we can always ask for help."
- All staff were required to complete 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. It is made up of the 15 minimum standards that should form part of a robust induction programme. This meant staff had the necessary training to carry out their role.

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

- People's needs were assessed before they began using the service. The assessment process discussed people's protected characteristics under the Equality Act (2010), such as religion and disability. The registered manager told us the assessment procedure was used to complete the care plan and risk assessment.
- Personalised care plans and risk assessments were developed from the initial assessment. They were kept under regular review and updated when people's needs and preferences changed.

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

- People that needed support with eating and drinking were assessed and clear guidance was in place for staff to follow. The level of support required was detailed within the care plans.
- Staff maintained records of the support people received to eat and drink. Daily logs showed that people were supported with meals in line with their wishes.

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

- People were supported to access a variety of health services dependent upon their individual needs.
- Where people had healthcare needs, the registered manager was proactive in working in partnership with healthcare professionals to help ensure people received the appropriate care and support.

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 MCA 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.

- The provider had appropriate policies in place for supporting people who lacked capacity. People were able to make day-to-day decisions about the support they needed.
- Staff had received MCA training and they understood the need to seek consent before they provided support. One staff member said, "We cannot do anything without their consent."

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

- People felt staff were kind and compassionate. People told us they were treated well and respected, one person said, " They are very kind, and helpful and " They are really nice they are always cheerful."
- People were involved in day-to-day choices about their support. People were supported to express their views and be involved in making decisions about their care. Care plans were reviewed regularly and people or their relatives were involved in this process.
- The registered manager knew how to support people to access advocacy services if required, however at the time of inspection this was not required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- Staff practices encouraged people to be as independent as they could be. One person told us, "They help me with my shower, washing up and cleaning the kitchen. I'm more than pleased with the help I get from them, their kindness and understanding gives me confidence for independent living."
- The registered manager completed dignity audits, this covered staff understanding from training and also how staff were observed caring for people.
- People were given a choice on the gender of care workers they were offered, and this was always respected.

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

- Care plans contained lots of information for staff so they could meet people's needs and preferences. This included information about the person's background, previous working histories, family, likes, dislikes and hobbies which provided staff with context and areas of interest when speaking with the person.
- Staff had just started to complete records of the care they provided online. The registered manager told us this change was really positive as they were able to monitor care in real time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the AIS standard. Care plans included information about people's communication needs, including if they required assistive aids such as hearing aids. The registered manager told us they would make information available in formats that were appropriate to their needs if required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they knew how to make a complaint. There had been no formal complaints since the service started operating. The registered manager was discussing the complaints procedure with people when they visited them.

End of life care and support

- The registered manager was not supporting anyone who was end of life. The registered manager was recording some information about people's wishes and preferences about end of life care but recognised the need to provide more detail in people's care plans if this was required in the future.

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 requires improvement. 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

- The registered manager did not always have effective quality assurance systems in place to monitor service delivery as they had not identified the issues we found with assessing risks, and PRN medication.
- Senior staff were completing spot-checks but they did not always record this work. The registered manager was aware of the need to record this information.
- There were some gaps in staff's supervisions, however, the registered manager was addressing this when we inspected.

We recommend the provider review their practice to ensure they have robust procedures in place for monitoring the service.

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

- People were encouraged to give feedback of their experiences when spot checks were completed. We reviewed a sample of records and people were happy with the care they received, comments included, "I was so pleased with the home support I've received from [staff]. The team were extremely kind gentle and polite, if they're going to be later than expected they call to let me know. I would not hesitate to recommend."
- Staff confirmed they read the person's care plan and risk assessment and they felt they had the necessary information to care 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 understood their responsibilities around the duty of candour and was transparent in sharing information. They spoke about the importance of being. "We want to do all we can, and we want to ensure care is safe and we want to make them content in their home environment."

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

- The registered manager was actively engaging with people. One person told us, "I ring the registered manager, they always answer the phone, even late at night, they are very good at coming back."
- The person's relative told us the service communicated well with them and that it was easy to reach the

registered manager.

- Staff told us they were supported in their role and that the management was approachable and there were regular team meetings. One staff member said, "The managers are approachable which is important."

Working in partnership with others

- The service was still in its first year and the provider was still establishing links with healthcare professionals.