

LDC Care Company Ltd

LDC Supported Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

LDC Supported Living is a supported living service for people with a learning disability and autism. Some people lived with others and shared houses and shared amenities such as kitchens, bathrooms and lounges with other people. Other people lived alone. People received care and support to help them live independently in the community. There were 41 people receiving a personal care service at the time of our 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

Staff received safeguarding training, however, we found this had not always been effective with staff's actions on occasions leaving people at risk. Staff did not always feel confident that all the managers in the service would take action about concerns. The provider did take appropriate actions when made aware of issues.

Staff recruitment systems were not always effective in ensure staff were suitable for their roles. Action was taken by the provider to resolve this after the inspection. Some records relating to people's care were not accurate or required updating. Documents were not always easily accessible and on occasions used language about people which could be perceived as derogatory. Information was not always shared with other professionals in a timely fashion. After the inspection, the provider put in place a new system for recording information which should address many of these concerns.

People were supported to take part in a range of activities they enjoyed. This gave them the opportunity to develop new skills and have new experiences. People were supported by staff who knew them well and who gave them information in the way they understood such as pictures or their first language. People were supported and encouraged to maintain relationships with friends and family who were important to them.

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. The provider and staff advocated for people and supported them to challenge discrimination. People were supported in the way they preferred by staff who had the training and support to carry out their roles. People were supported to stay healthy, by attending health appointments and having a healthy diet.

The provider used recognised tools such as person-centred planning and positive behaviour support to form the foundation of people's care. The provider worked with other agencies such as the police and educational organisations to raise awareness of the needs of people with a learning disability. The provider was an active member of local care organisations and took part in projects with the NHS. People's

complaints were responded to appropriately. People, staff and relatives were asked for their views of the service, which were used to form the basis of action plans.

The service applied the principles and values the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 Good (published 8 September 2017).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding risks, poor communication, low staffing levels and staff not working with professionals to meet people's needs. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to safeguarding, staff recruitment, governance and leadership.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 not safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

LDC Supported Living

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 completed by two inspectors.

Service and service type

This service provides care and support to people living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. The registered manager was also a director of LDC Care Company Ltd, the provider.

Notice of inspection

This inspection was unannounced.

What we did before the 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. 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 met with four people who used the service. We spoke with seven members of staff including the provider, registered manager, human resources manager, head of operations, operations manager, executive assistant, two service delivery managers and two support staff.

We reviewed a range of records. This included six people's care records. We looked at five 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, meeting minutes and improvement plans.

After the inspection

We spoke with two relatives about their experience of the care provided. We spoke with six support workers about the service their experiences of the service. We continued to speak with professionals about their experiences of the service. We reviewed evidence sent to us by the provider.

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 good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and knew about different types of abuse. Although staff knew how to raise concerns with managers, they were not always confident managers would act, and had whistle blown outside of the service.
- Staff had not always acted to protect people from abuse and harm. On two occasions staff had locked themselves in rooms in people's homes when people had displayed behaviours which challenged. On one occasion a person who needed support in the community left their home without staff. After the incident staff worked with the safeguarding team to agree strategies to keep the person safe in the future.

People were not protected from the risk of abuse and improper treatment because the provider had failed to operate effective safeguarding processes. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- When concerns had been raised with the provider, they had taken action to address concerns and contacted the local authority safeguarding team.

Staffing and recruitment

- Staff were always not recruited safely. References had been obtained but checks had not been fully completed on staff's conduct in previous social care roles. For example, one staff member had been dismissed from a social care role in January 2019. The provider had obtained the candidate's explanation. They had not asked the employer about the circumstances of the dismissal or requested a reference. An assessment of any risks to people had not been completed.
- The provider had not required applicants to provide a full employment history with any gaps in employment and reasons why. This information helps providers understand staff's skills, experience and character and employ suitable people. The provider changed their process to request a full employment history during the inspection.

Safe recruitment processes had not been followed to ensure staff were of good character and had the skills required for their role. This placed people at risk. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People were supported to have their medicines by staff who were trained and assessed as competent.

- When people received 'as and when required' (PRN) medicines there were PRN protocols in place to give staff guidance about when to offer the medicine, the dose and how often it could be given. When people had more than one PRN medicines protocols would have benefited from more clarity in relation to which medicine was the most suitable for staff to offer.
- The provider followed National Institute for Health and Care Excellence guidance around managing people's medicines. Some people's medicines were managed safely by staff who had the skills they required. People were supported to store their medicines safely.

Assessing risk, safety monitoring and management

- Some people were supported to take planned risks, such as preparing food and drinks. They told us staff stayed with them and gave them any support they needed to stay safe. Professionals told us staff had supported people to become more independent because they had followed agreed support plans.
- Some people could who could become anxious and displayed behaviour that others would find challenging. Risks assessments relating to this would benefit from more detail. However, the impact on people was reduced as staff knew people, understood their behaviour and how best to support them.
- When people were living with long term health conditions such as epilepsy risk assessments gave staff clear guidance about how they should support people to minimise risks and keep people safe.

Learning lessons when things go wrong

- Accident and incident forms were reviewed for learning. However, on occasions incidents relating to behaviours which could challenge were not reviewed promptly. There was a risk that staff would not remember full detail of incidents if this was needed. Following the inspection, the provider told us they had changed the system to review incidents to ensure they were dealt with promptly.
- When required incidents or accident reviews led to referrals to appropriate professionals such as speech and language therapists or occupational therapists.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training in food hygiene and infection control. They used personal protective equipment (PPE), such as gloves and aprons, when required.
- People were encouraged and supported by staff to keep their homes clean.

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 good. At this inspection this key question has now changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before being supported by the service. This included their needs and preferences. Recognised tools such as person-centred planning and positive behaviour support were used.
- People's needs were reviewed and care plans were updated to reflect their current needs.

Staff support: induction, training, skills and experience

- Although staff had supervisions with their line manager, these could be inconsistent, and some people's manager changed on a regular basis. This led to staff having to discuss issues several times before they were fully addressed. Other staff successfully used their supervisions to identify training they would like to complete which they were supported to do.
- New staff completed an induction before they worked with people. This included the core skills staff needed to support people, such as fire safety. New staff who had not worked in care before completed the care certificate. These are a set of standards that define the knowledge, skills and behaviours expected of care staff in their role.
- The provider had recognised staff in leadership roles required support to develop their skills. Some staff had begun the Skills for Care 'well led' programme. A recognised development programme aimed at improving leaders' skills to deliver a well-led service. The provider planned to offer all staff the opportunity to complete recognised vocational qualifications in care.

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

- Some professionals told us they had not been informed of incidents of behaviour that challenged. It was important professionals knew about incidents, so they could identify changes in people's needs and amend their support. One professional had asked for all the incident reports for one person and had been given 20 going back a few months. They had previously only been told about two of these incidents.
- People's oral health care plans would benefit from more detailed guidance. This included additional information about what people were able to do for themselves. One person's care record contained contradictory information about prescribed toothpaste.
- Staff had worked with other people and health care professionals to support them to receive medical treatment. One person had been supported by staff to receive treatment in hospital. Staff had provided reassurance to the person and supported them to understand what was happening. The treatment had been successful, and the person's quality of life had improved.

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.

- The staff had completed training around MCA. Guidance was available to staff about any support people needed to make decisions. We observed staff supporting people to make decisions, including where they wanted to spend their time and what they wanted to do. Staff respected choices people made.
- People's capacity to make decisions had been assessed. Staff knew when decisions needed to be made in people's best interests and arranged for these to be done with others who knew them well, such as their family and care manager.
- Staff had identified when people were at risk of being restricted. They had informed people's care manager, so they could make an application to the Court of Protection. Staff knew who was deprived of their liberty by the court of protection. They kept restrictions to a minimum and supported people to go out often.

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

- People told us staff supported them to plan, shop and prepare their own meals. People were offered advice about healthy eating. One person told us how they prepared healthy meals during the week and enjoyed a take away as a treat at the weekend. They told us, "Staff encourage me to eat vegetables".
- Some people had achieved a planned weight loss to improve their health. One person had lost a considerable amount of weight over several years through healthy eating and exercise. This had improved their overall health and reduced their use of medication.
- Staff prompted and encouraged people to prepare their own meals, snacks and drinks. When people needed support, staff offered this to them.

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 now changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always treated with respect. For example, staff described people as 'absconding' and 'running off' when they did not go where staff had asked them to go. People's records were not always respectful, one person was referred to by their initials rather than their name in their care plan. One person's communication was described as 'screeching' and 'howling'. One staff member described a person to us as "kicking off" when they had behaviours which challenged.
- Some people were living with communication difficulties, including hearing loss. Information about how much hearing people had was not always available to staff. Other people were described as 'non-verbal', however staff who knew them well told us how they verbally communicated their feelings. One person used sign language to communicate with staff. Staff knew what each sign meant and understood what the person was saying.
- Staff who knew people well, knew how they liked to be reassured if they were upset or anxious. Touch helped on person feel safe. We observed another person hugging staff and staff hugging the person back. Staff told inspectors the person may want to hug them and how to respond.

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

- Some people had planned their daily routine to help them understand what would happen when. This helped them plan in the short term, which they found reassuring. Plans had been agreed and were included in people's care plans.
- People had told staff if they preferred a male or female staff member to support them. For example, one person preferred female staff to support them during the day but didn't mind a male staff member doing a sleep in at night. Staff deployment was planned to ensure people's preferences were met.
- The provider advocated strongly for people if they were at risk of discrimination. They had advocated for people's right to be treated the same as other citizens. They had also challenged individuals and organisations when there was a risk people would be discriminated against.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person told us how they were encouraged to do things for themselves such as get washed and dressed. Staff described the support people needed to complete some parts of a task and how they completed other parts without support. Staff and professionals had worked well together to achieve positive outcomes for some people. This increased people's independence and supported them to manage any behaviours which challenged.
- People had privacy in their home. Staff knocked on doors and waiting to be invited in. Systems were in

place to keep personal information about people safe and secure.

- Staff treated people with dignity. They ensured people were well dressed and supported people to enjoy grooming and beauty treatments such as having their nails done.

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 outstanding. At this inspection this key question has now changed to 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people had been supported to achieve their goals. These included going on a special holiday and learning new skills. Staff who worked with people often knew them well. For example, staff told us how they supported people to keep their possessions and homes tidy.
- People were supported to be part of their local community. This included using local shops, cafes and leisure facilities. One person went out for a walk every day and staff took them to the places they preferred.
- Staff considered people's preferences when looking at opportunities for them to go out and about. Such as going to the shops at time people prefer. Some people went to screenings tailored for people living with autism at a local cinema which were tailored for their needs. Others enjoyed private screenings where other people would not disturb them. Some people enjoyed going swimming. People who needed to support to get in and out used a pool with a gently sloping entrance. This meant they did not need to be hoisted in and out which some people found distressing.
- Staff described how they had supported one person to visit local Christmas lights. The outing was planned to support the person to remain calm and they were accompanied by two staff they knew. Staff told us, "They loved it". The person had remained calm and staff were "really proud of them". The person did not usually go out in the evenings, but staff planned to try other evening activities as they person had enjoyed going out later.
- People were supported to stay in contact with people who were important to them. Relatives told us they spoke with and visited people regularly. People were supported to visit their relatives. One staff told us they supported a person to visit a sibling and "It was lovely to see the smile on their face" when they met.

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.

- Staff supported people to understand important information. Some people used technology to remind them to complete tasks, this supported them to be more independent. Other people used communication technology. Staff knew how people preferred to be supported to use their technology. For example, staff told us one person did not like staff looking at the screen as this made them feel rushed and under pressure.
- When English was not a person's first language staff used translations services to make sure people understood what was being said to them. Staff learnt words and phrases in people's first language. Words people used were included in their care plan for staff to refer to. One person had enjoyed teaching staff

words and phrases and smiled when staff used them.

- Some people used pictures to help them make choices and share their preferences with staff. This had reduced people's frustration as they were able to tell staff what they wanted.

Improving care quality in response to complaints or concerns

- A process was in operation to respond to written complaints. Written complaints had been investigated and people had received a response. When complaints had highlighted concerns about staff's practice, managers had followed the provider's disciplinary process.
- When complaints had been received from people outside the organisation, such as from neighbours these had been responded to. For example, a complaint was received about the conduct of staff when supporting people. The manager of the service had spoken to staff and held a meeting to remind staff of the expectations of the service and the possible outcomes for staff if they did not respect people's homes.

End of life care and support

- No one at the service was in receipt of end of life care at the time of the inspection.
- People and their relatives had been supported to plan for the support they would need if they were to become very unwell. This included where they would like to be cared for, who they would like with them and what would comfort them.
- People had also planned how they would like their life to be celebrated after they died and they type of ceremony they would like.

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 good. At this inspection this key question has now changed to required 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

- People's records were not always accurate. A professional told us one person's records had another person's name on them. We found the same for a different person. Staff told us about a third person with inaccurate records. It was not clear who the records referred to. Another person's records stated they could say 'inappropriate' things in public. However, the person did not communicate verbally. A manager told us this may be due to staff over writing other people's records.
- Some people's care records were not complete and did not contain all their information staff needed to provide consistent care and support. Important information about the support people needed to remain calm was not always available to staff or sufficiently detailed.
- Records were not easily accessible. Most records were stored electronically. Some staff told us on occasions they had not been able to access people's records because the internet was not working. The provider was not able to show us records we requested promptly. Professionals told us staff had not always been able to show them records they requested when they visited people at home. The provider had recognised daily records about people were not easy to review or find specific pieces of information. They planned to introduce a new electronic record keeping system in January 2020.

People's records were not always accurate, complete and available. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's relatives had been asked for their views of the service. Action had been taken to address relatives concerns about effective communication. However, further work was needed to review the effectiveness of these actions and to check with those relatives who had expressed concerns if this had improved.
- Staff had not been formally asked for their views of the service since 2018. Some shortfalls were noted, and an action plan put in place to address these. Staff could give feedback informally to their service manager at anytime.
- At the time of the inspection, people had been asked to complete a survey to give their views on the service. The provider told us this would form the basis of an action plan if any concerns were raised. We will follow this up at our next inspection.

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

- It was the provider's aim to support people to develop their independence. This aim was shared by staff. All the staff we talked with spoke enthusiastically about how they supported people to develop their independence. Staff shared people's sense of achievement when they learnt new skills and did things without support.
- Staff were motivated by the people they supported. They felt rewarded by people's achievements and described these to us enthusiastically. The provider had implemented a reward scheme to reduce staff sickness. This had been in operation for 4 months and a review had not yet been completed to understand if it was effective.
- The provider used newsletters to inform people and their relatives about any learning and changes made as a result.

Continuous learning and improving care

- The provider had improvement plans in place, Other plans were on going, such as supporting key staff to develop leadership skills.
- The provider had plans in place to implement a reward scheme to motivate and reward staff for the hard work they did. We will look to see if this has been effective at our next inspection.

Working in partnership with others

- The provider worked in partnership with other organisations to develop the service. They had taken part in a project with the Princes Trust and local colleges to offer people experience in different types of care work. Two people had applied to work for the provider at the end of the project. One participant had commented, '{staff member} was extremely helpful, I got the most out of my experience and give me a real taster of what the profession includes. I was very glad I was placed with [person] and [person] as it was a delight to be a part of their daily life for the week'.
- The registered manager was part of a local authority project looking at safer medicines management. This included the use of a single medicine's administration record for NHS and private care providers. They were also part of the local 'STOMP' steering group. STOMP is a national project aiming to stop the over medication of people with a learning disability or autism and help them stay well.
- Police recruits had been offered the opportunity to shadow support workers to support their understanding of the needs of people with a learning disability.
- The registered manager was an active participant in local professional groups, including the registered managers network. They were a member of the local care alliance board.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered persons had failed to protect service users from abuse and improper treatment because they had not operated effective processes to prevent and report abuse. This placed people at risk.</p> <p>13(1)(2)(3)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to adequately assess risks to learn lessons and protect service users health and safety. This placed people at risk of harm.</p> <p>The registered persons had failed to ensure governance processes were effective. this placed people at risk of harm.</p> <p>The registered persons had failed to maintain accurate and complete records in respect of each service user. They had failed to ensure records were accessible. This placed people at risk.</p> <p>The registered persons have failed to operate effective processes to assess, monitor and improve the quality and safety of the service. This paced people at risk of harm.</p>

The registered persons had failed to operate effective system to seek and act on feedback, for the purpose of continually evaluating and improving the service.

17(1)(2)(a)(b)(c)(d)(e)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered persons had failed to operate safe recruitment processes to ensure staff were of good character and had the skills required for their role. This placed people at risk.

19(1)(a)(2)(a)(3)(a)