

Lincolnshire Home Care Limited

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Inspection report

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10 March 2021
19 April 2021

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17 May 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lincolnshire Home Care Limited is a care agency providing personal around 100 people at the time of the inspection. It provides support to people living around Spalding, Holbeach and Sutton Bridge.

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

People using the service and their relatives were happy with the standard of care provided. They told us they received support from a small group of staff who knew their needs. Staff arrived at the planned time and had the time to support people with their care needs. The provider had recruitment checks in place to ensure staff were safe to work with people who used the service.

Staff had received training in how to provide safe care. Their ability to administer medicines safely was assessed and people were confident in the staff's ability to use equipment safely. Staff understood their responsibility to keep people safe from harm and knew the process to raise concerns both with the provider and with external agencies.

The provider had supported staff during the COVID-19 pandemic and staff wore appropriate PPE when supporting people. However, office staff were not wearing PPE in line with guidance and systems were not in place to monitor staff's adherence to COVID-19 testing.

We have recommended that the provider follow all infection control guidance and best practice.

The provider was continually developing the service provided. Some audits were in place and the provider had identified where more needed to be completed to monitor the service effectively.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to complaints received about care being withdrawn from people without notice placing them at harm. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lincolnshire Home Care Limited

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 completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission they were also the provider. This means that the provider is 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.

Inspection activity started on 10 March 2021 and ended on 19 April 2021. We visited the office location on 10 March 2021.

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 spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager and the office manager. We also spoke with four members of staff on the telephone to minimise our time on site.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 reviewed the call data for the service and other management information that the provider sent us.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Prior to the inspection we had received two complaints about the provider withdrawing care with immediate effect and safeguarding alerts had been raised. Records showed the provider had considered that family was available to provide support, so the people were not placed at risk of harm. The provider had worked with the safeguarding team in their investigation of the concerns and as a result had reviewed their policy. The provider told us in future they would give families time to make alternative care arrangements.
- Staff were clear on how to report any concerns to the office and were confident office staff would take appropriate action to reduce the risk of similar incidents occurring to keep people safe from harm. For example, by reviewing the care plan and sharing any updates with staff.
- People using the service and their relatives felt safe while receiving care.
- Staff had received training in how to keep people safe from abuse. They knew about different types of abuse and how to spot the signs of abuse, both physical and physiological. Staff knew how to raise concerns both within the organisation and with external agencies. They were confident that action would be taken by the management of the service to keep people safe
- The provider had raised concerns appropriately with the local authority safeguarding team.

At our last inspection the provider had failed to ensure medicines were administered safely and that care calls were completed in a timely manner. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Staffing and recruitment

- People using the service and their relatives were complimentary about the staff. One relative told us, "They are 200% brilliant, they are perfect." Another person using the service said, "I have the same staff in every week, and they are marvellous."
- Most people said staff consistently turned up at the scheduled time each day. One person reported that there might be an hour or so difference between calls but indicated that this was not a problem for them.
- People were happy staff were able to provide care in a calm manner and told us they never felt rushed. One person told us, "I never feel rushed, we have a joke and talk." A relative told us, "Staff stay as long as they should and if anything is not right, they stay a bit longer."
- The provider had safe recruitment processes in place and had ensured staff were safe to work with the vulnerable people the service supported.

Using medicines safely

- Staff told us that they had received training in how to safely administer medicines. Staff's understanding of their training was assessed to ensure that they had understood the training and were working in line with the provider's policies.
- Medication risk assessments were in place to see what support people needed or whether they were safe to be independent with their medicines. A relative told us how staff would support a person to cream their skin with a prescribed cream to reduce the risk of pressure areas. They told us staff did this consistently and in line with the person's care plan.
- Where medicines were identified to be taken as required, information was available to staff to ensure medicines were offered safely. For example, the length of time required between doses.
- Where medicines were administered covertly this had been discussed with family members and healthcare professionals. Covert administration is when medicine is given in food or drink. This would be because a person was refusing their medicines but did not have the capacity to understand the implication of missing their medicines.

Preventing and controlling infection

- Staff in the provider's office were not wearing masks when we arrived. The provider had not correctly identified the guidance applicable to the office when care staff who visited their clients may visit the office. This was important as care staff would then visit vulnerable people, and this increased the risk of them passing on diseases. They told us they would ensure staff in the office complied with the guidance going forwards.

We recommend the provider follow good practice guidelines in the use of personal protective equipment.

- People who used the service and their relatives told us staff used personal protective equipment when providing care in line with government guidelines. One relative told us, "They always wear their masks and put gloves and aprons on when providing care."
- Staff told us that they had received training in how to keep people safe from the risk of infection.

Assessing risk, safety monitoring and management

- People told us they felt safe while receiving care. They were confident in staff's knowledge around the use of equipment. They were confident staff knew their needs and would identify concerns. For example, any changes in people's skin in relation to pressure damage.
- Risks to people had been identified and care was planned to keep people safe. For example, care plans identified what equipment and how many staff were needed to support people to move around their home safely. Staff told us they would raise any concerns identified with the office staff, so they arrange for a review of care needs and contact healthcare professionals if needed.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective quality monitoring systems and processes to enable the registered provider to have full oversight of quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were regularly testing themselves for COVID-19 and were clear they were unable to work if they received a positive test. However, staff did not routinely report negative tests to the office. We advised the provider of the need to monitor staff compliance with testing to keep people safe.

We recommend that the provider follows good practice in monitoring the COVID-19 testing status of staff.

- The provider had identified the risks relating to COVID-19 including the risk of being short staffed if a large number of staff were ill or needed to isolate. They had assessed all the people receiving care. This enabled the provider to identify the people who were most vulnerable and needed prioritising to keep them safe.
- Some audits such as, care plan audits were completed, and action was taken to improve the safety of medicines administration. For example, staff were spoken with when they had failed to sign their daily entry into the care log. However, medicine audits were not up to date. The provider had identified this as an issue and had plans in place to ensure missed audits were completed.

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

- People who used the service and their relatives were confident in the office staff and were happy to contact them and raise any concerns they had.
- People and their relatives told us staff put them at the centre of their care. For example, a relative told us how staff provided them support as well as their spouse. They said, "They look after me as well, it helps me as it's hard going."

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

characteristics

- Some of the staff had chosen not to have a COVID-19 vaccination. The provider had provided them with safety information regarding the vaccination and encouraged staff to have the vaccination. This approach was supported by the provider's vaccination policy which advised staff should be vaccinated where possible and gave guidance on action the provider should take when staff did not want to be vaccinated.
- People told us they were happy to contact the office if they had any concerns. One people who had raised a concern regarding inconsistent call times and staff told us the provider had been responsive and there had been a big improvement in these areas.
- People had been asked for their views about the care they received in January 2021. The results showed that people were happy with their care. If needed the provider had taken individual action to support people such as contacting their social worker.
- Staff told us that they had not had any recent staff meetings due to COVID-19. However, staff were happy that they were kept up to date by the office. For example, staff were aware of the changes planned in relation to the care plans moving to an electronic system.

Continuous learning and improving care; Working in partnership with others; 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 provider was moving to electronic care plan. They had identified that this would benefit their staff by improving access to up to date information improving the safety of the service. For example, body maps of pressure area concerns would be available to office staff before they contacted healthcare professionals.
- The provider had engaged with the local care association. They had used the resources offered to ensure they kept up to date with changes in guidance relating to COVID-19.
- Staff maintained contact with a range of other professionals including GP's and community nurses to support people's care needs.
- There had been no incidents which fell under the provider's legal responsibilities of duty of candour.