

Lucketts Care Agency Ltd

Lucketts Farm

Inspection report

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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

This inspection was carried out on the 28 September 2017 and was announced.

Lucketts Farm is registered to provide personal care to people living in their own homes. Each person had a tenancy agreement and rented their accommodation. The service supported adults who have learning disabilities, autism and sometimes displayed behaviour that could be challenging. At the time of the inspection six people were receiving a personal care service, they were all living together and sharing their support.

The service had two registered managers in post, who shared responsibility for the service between them. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.

This was a newly registered service. People received a good level of support from staff, however, there were key areas of the fundamental standards from the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that the provider and registered managers had overlooked.

Staff were not always recruited safely. Full recruitment procedures had not been followed for all staff, and the provider had not applied for a disclosure and barring check (DBS) for one member of staff. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

One of the registered managers had raised a safeguarding alert. Although they had informed the local safeguarding authority and action had been taken to reduce the risk of the situation occurring again, they had not informed CQC, as required by law.

The registered managers completed a range of checks and audits on the service, but had not identified these shortfalls. The provider visited people regularly but did not complete any checks or audits on the service to ensure it was compliant with the regulations. They told us they had 'overlooked' this aspect of their role. The provider and registered managers all agreed that they needed to develop their understanding of complying with fundamental standards.

There was a culture of openness and honesty and people were supported to be as independent as possible. People were working towards achievable goals and told us they had learnt new skills since receiving support from the service, such as baking and learning to tie their own shoelaces. People were supported to eat healthily and were involved in planning and preparing meals.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and the registered manager was liaising with people's care managers regarding applications to the Court of Protection if people's liberty was restricted.

Risks relating to people's care and support had been assessed and there was guidance for staff on how to support people safely. Some people displayed behaviours that challenged and there were detailed support plans in place to minimise people's anxiety. Any accidents and incidents were analysed to reduce the risk of them happening again.

Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. People received support with a variety of health care conditions. People were supported to manage their medicines safely.

There was enough staff to meet people's needs. Staff told us they could always contact a manager out of hours for advice or guidance if necessary. Staff had received induction, training, and supervision to support people effectively. There was an ongoing training programme to ensure that staff had the skills and knowledge to meet people's needs. Staff knew how to recognise and report possible abuse.

There was a complaints policy in place and people told us they knew how to complain if they needed to. Complaints were documented, investigated and responded to. Staff met with people regularly to check how they felt they were being supported and to ensure they were happy with the service. People, their relatives and staff had been surveyed to ask their opinions on the service

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Staff had not always been checked to ensure they were safe to work with people.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks.

People were supported to take their medicines safely.

People received support from staff who knew them well.

Staff had received training and knew how to recognise and respond to different types of abuse.

Is the service effective?

Good 

The service was effective.

Staff received induction, training, and supervision to support people effectively.

Staff had an understanding of the Mental Capacity Act (MCA). People were supported to make day to day decisions about their lives.

People were supported to eat healthily and were involved in planning and preparing meals.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good 

The service was caring.

People were relaxed in the company of staff and staff knew people well.

Staff met with people regularly and asked for their feedback on

the support they received.

People were treated with dignity and respect and were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

There was detailed guidance in place to ensure people received consistent support.

People were supported to take part in a range of activities both inside and outside of their home.

Complaints were documented, investigated and responded to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered managers and the provider had not notified CQC of important events that happened within the service.

The registered managers had completed checks on the service but had not identified the issues we found regarding recruitment.

There was an inclusive culture at the service, and staff told us they felt well supported.

Staff, their relatives, people and other stakeholders had all been asked to feedback their thoughts on the service.

Lucketts Farm

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2017 and was announced. The provider was given notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. We wanted to let people know we were coming so they could speak with us if they wished to. One inspector carried out this inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with one of the registered managers and the provider. We spoke with four members of staff. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicine records and quality assurance surveys and audits.

We visited people in their homes. We spoke with three people in total. After the inspection we spoke with three relatives and the local authority commissioning team.

This was the first inspection of this service.

Is the service safe?

Our findings

People indicated they felt safe when staff were in their homes. They were relaxed in the company of staff. Staff knew people well and said they had built up good relationships with the people they supported. We asked one person if they felt safe, and they answered, "Yes." A relative told us, "[My loved one] is safe with them (staff)."

Although people told us they felt safe, staff had not always been recruited safely. We reviewed five staff recruitment files. One staff member did not have a current, up to date check from the disclosure and barring service (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. The provider had a copy of a DBS check from the staff member's previous employer, dated 3 December 2015, but had not applied for or carried out the check themselves. One staff member had started work on the 11 September 2017 and was working unaccompanied with people on the day of the inspection, but the provider had only received one reference regarding their suitability to work in a care role. The registered manager took action on the day of the inspection to ensure that staff were not working unaccompanied with people until the required recruitment checks had been completed.

The registered manager and provider were unable to produce full written work histories for two additional members of staff. However, they sent us CVs for these staff members the day after the inspection, as they had been stored in different places. These contained a full work history. An audit had been completed of personnel files on 15 May 2017 and had not identified the gaps in the recruitment records we found.

Staff were not always recruited safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training and told us they knew how to recognise and respond to abuse. The registered manager had reported one potential incident of abuse to the local authority safeguarding team. Action had been taken to prevent the risk of this occurring again. However, there is a legal requirement for services to inform the Care Quality Commission when safeguarding alerts have been raised. The registered manager had not done this. They recognised that this was an oversight and told us they would report all incidents in the future. People's money was managed safely and they were supported to budget and purchase the things they wanted.

Staff had identified the risks associated with people's care, such as eating and drinking, moving and handling and unstable healthcare conditions such as epilepsy. Each care plan explained how to manage these risks and ensure people received the care they needed to minimise the risks from occurring.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. Staff recorded accidents and incidents when they occurred. The registered manager reviewed each incident form and action was taken to reduce the risk of incidents

happening again.

People told us staff were there to support them when they needed it. One person said, "There is always staff about." The registered managers planned staffing around people's needs and activities. Most people received one to one support in their homes and staffing levels were monitored to make sure there were enough staff with the right skills, to keep people safe and to ensure they received the correct level of support. If people had appointments or attended activities then staffing levels were adjusted accordingly to ensure staff were available to support them. If staff were unavailable, for sickness or other reasons then other members of the team covered the shortfall. People were never supported by staff they did not know and had not met before.

There was an on-call system in place so there was always a member of the management team available. Staff told us that they could always contact a member of the management team should they need additional support or guidance.

People were supported to be as independent as possible with their medicines. The registered managers had assessed each person's ability to take their medicines without support and the level of assistance people received varied accordingly. One person told us, "Sometimes they [staff] help me or sometimes I do it." Another person showed us the medicine cabinet in their bedroom, pointing at it, and saying, "Tablets" and, "Night time" and then pointing and smiling at staff.

Staff supported some people to collect their medicines from a local pharmacy whilst others were supported to have them ordered and delivered to their homes. The registered managers regularly checked medicines administration records (MARs) and had identified that these were not always completed accurately. They had arranged additional training for staff and were now checking them each week to ensure any errors in their completion were picked up quickly. All MARs we checked at the time of the inspection had been completed correctly.

Some people had medicines on an as and when basis (PRN) for pain. There was clear guidance in place so staff knew when people might need these medicines and how much they should take.

Is the service effective?

Our findings

When staff started working at the service they were given time to shadow more experienced staff and get to know people before supporting them independently. The registered managers had given new starters workbooks relating to the Care Certificate, but these had not yet been completed or returned. They told us they would follow this up to ensure staff were fully competent to complete their roles. The Care Certificate is an identified set of standards that social care workers work through based on their competency.

There was an ongoing programme of training which included face to face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy.

Staff had also received training on people's specific needs such as positive behaviour support and epilepsy. Staff had a good understanding of people's varying needs and conditions and spoke with confidence about how they supported people effectively. People told us that liked the staff and felt staff knew them well. One person told us that staff were, "Good." Another person spoke at length about how staff had supported them to learn new skills such as baking and how to be more independent with their personal care. Staff completed competency assessments to test what they learned from the training and ensure that they fully understood the information they had been provided.

Staff received support during formal one to one meetings with their line manager. They discussed issues that had happened in the service and reflected on their practice. Each staff member had an annual appraisal to discuss their development and training needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In supported living services an application must be made to the Court of Protection. The registered managers were consulting with people's care managers about any applications which needed to be made.

Staff spoke with confidence about the MCA and told us how they encouraged people to make decisions about their lives. People were able to make day to day choices about what they wanted to do, eat and wear. One person had chosen not to attend a dentist appointment and staff respected this decision. They supported the person to make a new appointment at a time that was convenient for them. The registered managers had assessed people's capacity relating to range of important decisions about their lives. When people were unable to consent or make a decision for themselves, important people to them were consulted, to ensure the decision was made in their best interests.

Staff supported people to eat and prepare a range of nutritious meals. Some people had chosen to attend a weekly group to assist with weight loss. Staff supported them to follow a healthy diet. Some people chose to eat together, taking it in turns to choose what to prepare and serve and other people chose to cook separately.

One person told us that their skills in the kitchen had increased since they had been receiving support and they now particularly enjoyed baking. They told us they had made a lemon cake the day before the inspection, and had baked cupcakes that day to share with their family over the weekend. They were visibly proud of their accomplishments, smiling whilst telling us what they had made and staff all praised the person, saying what a good cook they had become.

People were supported to live healthy and full lives. Prompt referrals had been made to professionals such as psychologists and occupational therapists to ensure that staff had up to date advice and guidance on how to support people effectively.

Staff assisted people to attend a variety of healthcare appointments and check-ups. One person told us that they arranged their own appointments, saying, "I normally phone them." Other people required more support, and staff ensured their appointments were kept up to date. The outcome of all appointments were recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

Is the service caring?

Our findings

People and their relatives told us that staff were kind-hearted. People were relaxed in the company of staff, and there was a warm and welcoming atmosphere when we visited people in their homes. One relative told us, "The staff are kind and caring and [my loved one] is happy." We saw written feedback from one member of staff, which stated, "This seems to be the most caring firm I have had the pleasure of being employed by."

Staff knew people well and had built up strong relationships with them. Some staff told us they had been supporting people since they had moved into the supported living service. They spoke with knowledge and understanding about people and their individual needs and encouraged people to tell us about their lives and what they liked to do. One staff member said, "The best thing about my job is making memories with the guys. We have been on days out, on holidays and I just love supporting them to do the things they want to do."

The registered managers told us that staff genuinely cared about people's well-being. When people were admitted to hospital staff chose to stay with them, and provide support to them, even though the service did not receive funding for them to do so. They said, "We wanted to do this to ensure people could communicate with the hospital staff, as sometimes they can find it difficult to make their needs known. We wanted to support people to feel safe, as being in hospital is a new environment and to ensure they had company and support to occupy their time whilst in hospital."

Staff treated people with respect and dignity. One person wanted to show us their bedroom and whilst they were pointing out their drawers with their clothing in, they decided they wanted to change their trousers. Staff immediately responded, reassuring the person that they could change if they wanted, and asked us to leave so the person could have their privacy. The person found us again in a communal room and showed us the trousers they had changed into. People received the support they needed in a discreet manner.

People told us they were proud to be living in their own home, and received the support they needed to remain as independent as possible. One person told us, "I like this house" and "Nice house. It is my house." They also smiled and pointed at staff when we asked who helped them in their home.

People were supported to keep their home clean and tidy. They told us about the range of household tasks they took part in. Before we visited people told us they had been, "Busy hoovering and dusting." People told us that they met weekly with their housemates and were supported to divide up different jobs, to ensure everyone did their fair share around the house.

One person told us how they had become more independent since receiving support from the service. They told us they were now able to wash their hair with prompting from staff, and no longer required staff to intervene. They said, "To be honest, I can do that myself now."

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice

so not everyone was able to hear.

Staff met regularly with people and discussed the care and support that they received. The registered managers told us they were planning on expanding these meetings and inviting people's friends and relatives, if people wanted them to attend too. During these meetings people had identified a variety of goals that they were working towards. One person had decided that they wanted to learn to tie their shoelaces. Staff had produced a pictorial guide on how to do this, and supported the person consistently to learn the different steps. When we visited the person they were wearing lace up shoes. We asked if they had tied the laces themselves. They smiled broadly and wiggled their feet, saying, "Yes! I can do it myself!" Staff confirmed that the person had recently achieved their goal and they were working with them to decide on something new to aim for.

Is the service responsive?

Our findings

Before anyone started using the service a detailed assessment of their support needs was carried out. People had all started using the service at the same time, when the service first registered. The assessments and care plans in place were detailed and gave staff the guidance they needed to ensure people received consistent support. Since people had started using the service staff had reviewed and updated people's care plans regularly, as and when their needs had changed.

People received the care and support they needed, in the way they wanted. Preferences with regards to people's personal care and daily routine were documented in their care plan. Detailed guidance was in place to ensure that staff were supporting people consistently to minimise their anxieties and any triggers for behaviours. The registered managers told us they had employed an external consultant to help with drawing up positive behaviour support plans to ensure people received the support they needed to manage their behaviours. Positive behaviour support is a way of understanding behaviours that challenge and looking at why specific behaviours occur.

People were given the information they needed, in a format they understood, to help them make day to day decisions. People showed us picture boards displayed in their homes showing what they had decided to cook each day and what activities were happening over the weekend. Everyone told us that the picture boards helped them to remember what was happening which meant they felt safe and happy.

Any recommendations from health and social care professionals had been discussed with staff and implemented accordingly. One person had displayed some behaviour that staff had found challenging. Staff had sought advice from a psychologist and together they had developed a social story to assist the person. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. Staff told us that the person displayed the behaviour less, now that they used the story.

Staff supported people to participate in a range of activities both at home and in the community. One person told us, "They help me to do my shopping and cleaning." People proudly told us about the different tasks they completed around their house, and what they had achieved with staff support.

One person told us they had recently completed a fundraising run for charity. They told us, "We went on a race for life. I was so tired the next day I was just on the sofa." Staff had supported the person to practice the run, and taken part in it with them, to ensure they were able to complete it safely. Another person told us they enjoyed bike riding and told us they had a, "Nice bike in the shed." They showed us pictures of them riding their bike

Staff were supporting people to plan and go on holiday with their friends. People had decided they wanted to rent a chalet and spend time swimming and bowling, doing activities together that they enjoyed.

The provider had a complaints policy and procedure in place. People had been given an easy to understand

policy, so they also knew how to make a complaint if necessary. The registered managers had received one complaint since the service had been registered. This had been documented, investigated and responded to appropriately. People told us they knew how to make complaints and would raise any concerns with staff. We asked one person who they would speak to if they were unhappy and they said, "Mainly [the registered managers] or I can talk to the other staff."

Is the service well-led?

Our findings

People, their relatives and staff all told us that they felt the service was well-led. One of the registered managers came with us to people's homes to introduce us. People greeted the registered manager warmly, smiling and welcoming them into their home. They told us that the registered manager visited them often, and they always enjoyed seeing them. One staff member said, "The service is definitely well-led. The registered manager is very approachable I find. They check on us now and then and formally at our mentor meetings. There are plenty of opportunities to speak with them."

The registered manager told us they had previously worked at and managed a day service, also owned by the provider. They were experienced at working with people with learning disabilities, and everyone using the service had previously attended the day centre so they knew people well. However, this was the first service regulated by the Care Quality Commission (CQC) that they had managed. They acknowledged that there were some areas of the fundamental standards, such as the requirements regarding recruitment processes that they had overlooked. The registered managers had raised one safeguarding alert with the local authority and this had not been reported to CQC, as required by law. We were provided with all of the relevant information regarding this at the inspection.

The registered managers and the quality manager from the provider's day service completed a range of checks and audits. However, even though a 'personnel file audit' had been completed in May 2017, this had not identified the issues we found with the provider's recruitment checks. Other checks such as those relating to medicines had identified some errors and the registered managers had arranged additional training to increase staff awareness and rectify them. The provider told us that they also did not complete any formal checks on the service or on the work of the registered managers and they too told us that they had overlooked the requirements of some of the regulations.

We recommend that the provider and registered managers familiarise themselves with and adhere to all requirements laid out in the Health and Social Care Act regulations.

Staff understood what was expected of them, their roles and responsibilities, and this was discussed in one to one meetings. There were policies and procedures in place for staff to refer to for guidance on how to carry out their role safely. The registered managers completed spot checks to observe the practice of staff and any issues were addressed at the time.

Staff attended team meetings monthly to discuss the support being provided and to share information. The registered managers had identified that staff wanted more feedback from the checks and audits that were completed on the service and they now used staff meetings to share this information. Staff were encouraged to give their views and suggestions, staff told us that they felt listened to.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was to provide an inclusive service where people were supported to be as independent as possible. One of the registered managers told us, "I

want this to be a lovely environment for people and for them to feel like they have gone from home to home. There should be no restrictions and we should provide staff to support people to live the lives they choose." Staff confirmed this vision stating, "We are all about the guys. That is what is important to me."

People had detailed care plans and risk assessments in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them. Documents and records were up to date and readily available and were stored securely.

The registered managers had sought feedback on the service from people, their relatives, staff and other professionals involved in the service. The results had been collated and analysed and any areas for improvement had been identified and addressed. The staff survey had shown that some staff did not feel confident in dealing with emergency situations so the registered managers had arranged additional training, and a group supervision to discuss potential issues that may arise.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff were not always recruited safely.