

Litch Care Services Limited

# Litch Care Services Limited Liverpool

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Litch Care Services Limited Liverpool provides personal care to people living in their own homes within the Knowsley area.

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. At the time of our inspection, the service was supporting 6 people with their personal care needs.

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

Assessments of people's identified risks had either not been completed or contained inaccurate information resulting in risk scores being incorrect. Staff did not always have access to information or guidance about how to manage people's identified risks. This was because care plans were either not available or did not contain enough information. This placed people at risk of avoidable harm.

Staff we spoke with failed to demonstrate a thorough knowledge of people's identified risks and needs. One staff member told us they did not always have time to read people's care plans.

The registered manager failed to demonstrate adequate knowledge and understanding of their role and responsibility regarding the assessment of people's capacity. Some people's care plans contained information that contradicted the outcome of mental capacity assessments.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff had not received the right training and support to carry out their role. Whilst staff had received up-to-date training in relation to medicine administration and manual handling, all other training was out of date. Staff supervisions had not been completed since 2021.

People's needs had not always been assessed in line with best practice guidance. Assessments had either not been completed or lacked accurate and detailed information for staff to follow in order to provide safe and effective support.

Governance systems failed to drive the necessary improvements to the quality and safety of the service. Audits and checks completed by the registered manager had not identified the issues we found during this inspection. The registered manager failed to demonstrate knowledge and understanding of their role, quality performance, risk and regulatory requirements.

The issues identified in relation to the assessment of people's risks and needs meant we could not be assured certain people were receiving care that was person-centred and based on their individual needs and preferences. We have made a recommendation regarding this.

Safeguarding incidents were documented, and records showed that some action had been taken to address concerns. However external professionals told us the registered manager's response to concerns was not always appropriate and failed to offer assurances they had learned from incidents.

We received mixed feedback from family members regarding staff interactions and the overall quality of the service their relative received.

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

#### Rating at last inspection

This service was registered with us on 14 December 2020 and this is the first inspection.

#### Why we inspected

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

#### Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk assessing, staff training and support, the application of the Mental Capacity Act 2005, care records and governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Special measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate 

This service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate 

This service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement 

This service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

This service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate 

This service was not well-led.

Details are in our well-led findings below.

# Litch Care Services Limited Liverpool

## **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

This 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.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who was also the provider and nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service a short period of 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 2 September 2022 and ended on 22 September 2022. We visited the office location on 2 September 2022.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 22 August 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 family members to gather their feedback of the care people received. We spoke with 2 staff members and the registered manager.

We reviewed a range of records including 7 people's care records, 4 people's medicine administration records and 4 staff files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service.

# 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 of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- People were exposed to an increased risk of harm as their care needs and associated risks had not been routinely assessed, monitored and mitigated.
- Assessments to identify risks to people's health, safety and well-being had not always been completed where required. For example, one person with a diagnosis of diabetes had no risk assessment in place and no information available for staff to follow to manage risks associated with this condition.
- Some people's risk assessments had either been completed incorrectly or lacked specific information to help determine an accurate level of risk. This meant staff did not always have access to the most accurate and up-to-date information regarding people's identified risks. This placed people at risk of avoidable harm.
- One person required two staff to support with their mobility and personal care needs. Staff and family told us this was provided by one carer and a family member. There was no risk assessment in place regarding this and no information recorded in their care plan to evidence that this was appropriate or safe.
- Care plans were not always available in people's homes. This meant staff did not always have access to information about people's care and support needs. One family member said, "There is no care plan. There never has been one. There are no risk assessments or anything."
- Staff we spoke with were unable to provide information regarding people's identified risks and needs. One staff member told us, "There are care plans. Sometimes we don't have time to read them because we are going from one job [call] to another. Sometimes if things change, we don't get to find out straight away."

The provider had failed to ensure that risks to people's health, safety and well-being had been adequately assessed and that staff had access to information about people's identified risks and needs. This placed people at risk of avoidable harm. This is a breach of Regulation 12 (safe care and treatment), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Issues were raised with the registered manager and additional records requested. However, responses received failed to offer assurances regarding people's safety.

### Staffing and recruitment

- The provider's systems could not evidence staff were visiting people at the times agreed or staying for the amount of time they were required to. One family member said, "They [staff] don't always turn up when they are meant to, and they hardly ever stay for the full time. They are always rushing and do the bare minimum."
- Staff told us they did not have enough time to travel between calls and often felt rushed.
- Relevant safety checks had been completed on new applicants to make sure they were suitable to work



for the service. However, records maintained by the registered manager regarding some checks were confusing and did not always contain up-to-date information.

- The interview process was not robust enough to ensure new applicants suitability for the role was fully assessed.

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

- Staff had not received safeguarding training since 2018 and we were not assured they understood how to identify and respond to concerns of abuse.
- A record was kept of safeguarding concerns raised which showed investigations into concerns had been completed by the registered manager. However, the local authority safeguarding team raised concerns regarding responses received and a lack of learning following incidents.
- Incidents that occurred within people's homes were recorded and some showed that staff took appropriate action, such as calling an ambulance following a fall.

Preventing and controlling infection

- Staff had not received training in infection prevention and control (IPC) since 2018. In addition only one staff member had received training in relation to COVID-19. This meant staff did not have the most up-to-date knowledge regarding risks associated with IPC and COVID-19.
- This was discussed with the registered manager who told us on-line training had been organised for all staff.
- Family members told us staff wore PPE when visiting and carrying out tasks associated with personal care.

Using medicines safely

- Records showed that people's medicines were administered when needed.
- Staff had received medicine administration training.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 service was not always working within the principles of the MCA.
- Assessments completed by the registered manager to determine a person's capacity to make specific decisions did not always reflect other information recorded in their care plans. For example, one person's assessment stated they had capacity to make decisions, however other information stated they were unable to make their needs known due to a cognitive impairment.
- Information recorded in people's care plans regarding their capacity was not always accurate. For example, one person's 'Mental Capacity and Best Interests' section of their care plans referred to another person supported by the service. This meant it was difficult to determine whether the information recorded regarding capacity was correct.
- Staff had not received MCA training since 2018. This meant we could not be certain they had the most up-to-date knowledge and understanding regarding capacity and consent.
- The registered manager was asked to provide additional assessments and information regarding people's decision-making abilities. They told us they had not received MCA training and were not a qualified best interests assessor. This raised concerns regarding their knowledge and understanding of their role and responsibilities under the MCA.

The provider had failed to ensure the service was working within the principles of the MCA and that capacity was accurately assessed and recorded. This is a breach of Regulation 11 (need for consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were at risk of being supported by staff who did not have the necessary skills to undertake their role safely. This was because staff had not received the necessary training and support to carry out their role.
- Records showed that staff had received up-to-date training in relation to medicine administration and manual handling. However, all other necessary training had not been completed since 2018.
- Staff had not received additional training specific to people's identified needs or risks. For example, diabetes, dementia awareness or mental health despite supporting people with these conditions.
- The registered manager told us they had enrolled staff on to additional on-line training. However, confirmation of this training was not provided when requested.
- Staff had not received a supervision since September 2021. This meant we could be certain they were being supported in their role.

The provider had failed to ensure that staff had the necessary training, skills and support to carry out their role. This is a breach of Regulation 18 (staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had not always been assessed by the registered manager in line with best practice guidance.
- The service had used initial assessments completed by external professionals to create people's care plans. However, not all information about people's needs had been considered. For example, one person had a diagnosis of bipolar disorder and depression. However, no other assessments or care plans had been created regarding this. This meant people were at risk as staff did not have access to all information about people's care and support needs.
- Assessments that had been completed were not always accurate and care plans contained limited information for staff to follow ensure people received effective care and support.
- Care plans contained information about what support people needed with their meals. However, some risks associated with food and drink intake, for example diet controlled diabetes, had not been considered. This meant people were at risk of avoidable harm.

The provider had failed to ensure that care plans accurately reflected people's care and support needs. This is a breach of Regulation 17 (governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We could not be certain the service was working with external professionals to ensure people received the right support as care plans lacked information regarding this.
- Feedback from social care professionals raised concerns about the lack of action taken by the registered manager following advice regarding the limited information in people's care plans.

# 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 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

- The lack of up-to-date and detailed information available to staff regarding people's needs and risks meant we could not be assured people were receiving the right care and support.
- One person had needs associated with their mental health. There was no information in their care plan to help staff identify and respond to any associated concerns.
- Mixed feedback was received from family members about the support their relatives received and the level of interaction from staff. One family member told us, "They [staff] don't really interact with [relative]. She doesn't really understand them because they don't speak very good English and they wear masks. But they don't take time to explain things." Another said, "They [staff] are lovely. Very caring. They laugh and joke with them [relative]. They trust them."

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

- People's care records did not evidence they had been involved in decisions about their care.
- Family members told us they could share their views about their relative's care. However, there was no evidence of any reviews having been completed with people or family members.

Respecting and promoting people's privacy, dignity and independence

- Care plans contained information about how to support people with personal care and took into consideration maintaining people's dignity.
- The service tried to accommodate people's wishes in relation to preferences regarding male or female staff.
- Care plans made reference to people's wishes to remain as independent as possible.

# 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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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.

- Issues identified in relation to the assessment of people's individual risks and needs meant we could not be certain people were receiving care that was person-centred and based on their individual needs and preferences.
- Care plans contained contradictory and inaccurate information and lacked enough detail for staff to provide person-centred, safe and effective care.
- We received mixed feedback from family members regarding the care and support provided. One family member said, "They [staff] support [relative] well and do all the tasks asked of them." Another told us, "They [staff] do the bare minimum. They rush and spend very little time in the house."
- Some information regarding people's communication needs was either not considered during the planning process or contradictory. For example, one person's medical history stated they had dysphasia. Dysphasia is a language disorder. It affects how people speak and understand language. However, no assessments had been completed and no information was recorded in their care plan to show what, if any, support was needed.

We recommend the provider reviews their care planning process to ensure that records accurately reflect their individual preferences and communication needs.

Improving care quality in response to complaints or concerns

- A record of complaints was kept which showed only one complaint had been recorded in 2018.
- The lack of care plans in people's homes meant we could not be certain all people had access to information or guidance about how to raise a formal complaint.
- Some family members told us if they had concerns they would contact the registered manager.

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of our inspection.
- People's care plans lacked information regarding their end-of-life wishes and preferences.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were at risk of avoidable harm, because the service was not well-led.
- A lack of robust governance systems meant the registered manager had missed opportunities to drive improvements to the quality and safety of the service.
- Audits and checks had failed to identify the issues we found in relation to the assessment of people's risks and needs, MCA, lack of person-centred information and training.
- People were at risk of avoidable harm due to lack of risk assessments, inaccurate information recorded in some risk assessments and lack of available information and guidance for staff to follow.
- People's capacity to make specific decisions had not been accurately assessed and the registered manager had failed to offer assurances regarding their knowledge and understanding of the MCA.
- The registered manager demonstrated a lack of understanding regarding risk and regulatory requirements.

The provider had failed to ensure that governance systems were effective at driving improvement and that people's identified risks and needs were adequately assessed and care planned to ensure staff had access to accurate and up-to-date information. This is a breach of Regulation 17 (governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, we shared our concerns with the registered manager and requested additional records for clarification. The responses received failed to offer assurances regarding their knowledge and understanding of their role.
- It was difficult to determine staffs' full understanding of their role due to a lack of engagement in the inspection activity.
- We received mixed feedback from family members regarding the overall service provided. One family member told us, "Overall I would have to say the service my [relative] receives is poor." Another said, "I cannot fault the service. [Relative] feels comfortable with the staff and they provide a good service."

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

- There were limited assurances that the registered manager understood and acted on duty of candour. This was due to an overall lack of knowledge regarding their regulatory responsibilities.

- Some incidents had been reported to CQC as required by law. However we found two incidents that the registered manager had failed to notify us about.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- External professionals told us it was sometimes difficult obtaining required information from the service due to a lack of response from the registered manager in a timely manner and incorrect information being sent.
- There was some evidence that the registered manager communicated important information about the service to staff; such as addressing issues raised by external professionals.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure the service was working within the principles of the MCA and that capacity was accurately assessed and recorded.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that robust governance systems were in place to drive improvement.</p> <p>The provider demonstrated a lack of knowledge and understanding regarding regulatory risks and requirements.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff received the necessary training, skills and support to carry out their role.</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks to people's health, safety and well-being had been accurately assessed and that staff had access to information about people's identified risks in order to keep them safe from avoidable harm.</p>

### **The enforcement action we took:**

Warning Notice