

# Learning and Support Services Limited

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## Inspection report

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22 July 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Learning and Support Services Limited is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection 16 people were using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People and their relatives spoke enthusiastically about how exceptionally caring, kind and supportive the staff and management were and how they were always willing to go above and beyond to ensure people received high quality care. They told us about the highly positive impact the service had made to their lives and how the care they received had enabled them to carry on when they were struggling or feeling isolated and encouraged them to develop their independence.

People and relatives told us they felt fully involved in the service and said there was a 'family style' and 'collaborative' approach to how care was delivered. Staff told us they felt valued and supported and proud of what they had achieved. One member of staff said, "They genuinely care about every person and staff member. I am proud to be a part of this team."

People's care was highly personalised and enabled them to achieve good outcomes. People were valued as individuals and were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests and the policies and systems in the service supported this practice.

People were supported by a small and consistent staff team who knew them very well. People received their care at their preferred times and the provider was flexible and quick to adapt to any changes in people's preferences for their care visits.

Risks to people's safety were assessed and monitored and people had personalised risk assessments in place. The provider had systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns. Staff had access to appropriate personal protective equipment [PPE]

and safe infection prevention and control processes were in place.

The provider had processes in place to ensure staff were safely recruited. However, some applicant's references were not in line with best practice guidance. We have made a recommendation about the provider's recruitment processes.

Staff received an induction when starting in their role and completed relevant training to develop their skills and knowledge. The provider had systems in place to monitor the quality and safety of the service and had built positive working relationships with other healthcare professionals to support people's needs, share learning and develop the service.

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 8 October 2019 and this is the first inspection. The last rating for the service at the previous premises was Good, published on 30 May 2019.

#### Why we inspected

This was a planned inspection as the service has not been rated since registering at its current premises.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Learning and Support Services 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out 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.

#### 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.

#### 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 15 July 2022 and ended on 22 July 2022. We visited the location's office on 15 July 2022.

### What we did before the inspection

We reviewed the information we had received about the service and used this to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make

### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. Eight members of staff gave us feedback; including support workers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and a variety of records relating to the management 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 service since it registered at this address. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People were supported by a consistent staff team who knew them well. Staff arrived at the agreed time and responded flexibly to any requests from people and relatives to change the frequency and time of their care visits.
- The provider had a system in place to monitor when staff arrived and left people's homes and told us they had never missed a care visit. People we spoke with confirmed this and told us they were kept up to date if there was ever any delay in staff arriving due to unforeseen circumstances. One person said, "They've never missed a call ever, even through all of Covid, they never missed one."
- The provider had processes in place to ensure staff were safely recruited. However, not all applicants had references in place which reflected best practice. Following the inspection, the provider confirmed they were sourcing additional references where appropriate.

We recommend the provider considers current best practice guidance for the safe recruitment of staff

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and told us they would report any concerns to the management team. One member of staff said, "I would report all of the information immediately to the manager on duty that day via the on call number."
- People told us they felt safe and relatives confirmed they had no concerns about people's safety. One relative said, "Whoever they [the management team] send, I know I can trust them and they never let me down."

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and monitored. People had personalised risk assessments in place for key areas of their support such as mobility, support with eating and drinking and promoting people's safety when supporting them to go out. People's care plans also contained a breakdown of what support people needed at each visit and any associated risks staff should be aware of.
- People and relatives told us staff were quick to respond to any changes in people's needs which could pose a risk to their safety or wellbeing. One relative said, "If there are ever any concerns, they contact me straightaway."

### Using medicines safely

- The provider told us they only supported one person with their medicines and this was only in the event of a seizure, when rescue medicines may need to be administered.
- The registered manager confirmed staff had received training in how to administer this medicine if needed

and the person's relative told us staff checked the medicine in and out when supporting the person to go out.

- The provider told us they would review staff's medicines training and ensure appropriate training was implemented if they needed to offer people more support with their medicines in the future.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff wore appropriate personal protective equipment (PPE) when supporting people and had received training in the prevention and control of infection.
- The provider ensured staff were kept updated about any changes to infection prevention and control guidance and how this would impact their working practices. One member of staff told us, "I did my training when I first joined the company, and due to Covid-19, I have received regular updates from management, on what the government is saying."

#### Learning lessons when things go wrong

- The provider had a process in place to record any accidents and incidents which may take place. The management team told us they would share any feedback or learning with staff via supervisions and team meetings.



# 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 of this service since it registered at this address. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs prior to them receiving care and used this information to develop people's care plans.
- People and their relatives were involved throughout the assessment process and the provider used this feedback to understand what support people required and how to best meet their needs.
- The provider supported staff to deliver care in line with best practice guidance. Staff were provided with a range of policies and procedures to underpin their working practices and the provider signposted staff to any changes or updates.

Staff support: induction, training, skills and experience

- New staff received an induction when starting in their role, this included completing their Care Certificate and training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff were given shadowing shifts alongside more experienced staff to enable them to understand the expectations of the role and to get to know the people they were supporting. One relative told us, "They [the management team] will never just send someone, there's always shadowing for the new staff." And a member of staff said, "I had shadow shifts until myself and the client were comfortable to lone work."
- Staff told us they received relevant training and support to develop their skills and support their understanding of people's needs. Feedback from one member of staff said, "I feel that the training has been more than adequate to allow me to work efficiently, safely and to the highest standard. We also have received supervisions to ensure our training has been successful and that the practices taught are carried out to the highest standard."

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

- People's care plans documented what support people required with their eating and drinking including any risks staff should be aware of.
- People's preferences were clearly recorded with likes and dislikes and favourite food types detailed where relevant. Staff kept a record of what support was offered including documenting how much people had to eat and drink if appropriate.

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

- The provider worked proactively with other agencies to ensure people received effective care.

- People's care plans detailed which healthcare professionals were involved in their care and how to contact them. The provider had made referrals to other healthcare professionals where they had identified concerns or a change in people's health needs.
- The provider ensured staff were available if needed to support people to attend their health appointments and to follow up on any feedback or recommendations made.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had assessed and recorded people's capacity to consent in their care plan alongside the details of anyone involved in supporting the person's decision-making.
- People's care plans contained clear guidance for staff about whether people required support to make particular decisions and how to involve people in making choices about their care.

# 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 of this service since it registered at this address. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives told us staff were exceptionally caring and the provider consistently exceeded their expectations in how well people were cared for.
- People provided many examples of how the provider's support had gone above and beyond their normal caring duties. For example, one person told us how they had been struggling to manage at home due to the breakdown of one of their household appliances. They told us the management team recognised the impact this was having on them and purchased them a new appliance, also arranging for the removal of the old appliance and installation of the new one. They told us of another occasion when they had been unable to source medical equipment due to complications caused by the COVID-19 pandemic and the provider had managed to source and purchase the equipment abroad and arrange delivery. The person said, "I had a lot of anxiety about not being able to get this equipment. I'm not sure what would have happened if they hadn't helped. To say they go above and beyond is no understatement, they are phenomenal."
- Relatives spoke about how highly empathetic and understanding staff were and how this had impacted on people's lives. One relative told us, "[Person] didn't feel like they fitted in before and they were lonely." They told us the consistent and caring approach from staff had encouraged the person to go out more and to try new things and this meant they now felt less alone. They said, "[Person] has stopped feeling isolated. It's turned their life around."
- People and relatives spoke enthusiastically about how much the management team cared about people as individuals and valued their wellbeing. This included adapting their care visits at short notice to support people's needs on the day and making additional telephone calls to check in with people if they felt they were struggling emotionally. Relatives told us this was part of the provider's flexible 'family approach' and reflected the strong and trusting relationships they had built with people and their families.
- Relatives told us about the positive impact the provider had not only on the lives of the people being supported, but on their lives as well. One relative said, "Without them, we would have struggled and gone under, but they are so supportive to us all as a family. They sort everything out and there's no stress. They are so genuinely caring. They are always offering to do things and nothing is ever too much trouble." Another relative told us they had previously struggled to take any time away for themselves due to the complex care needs of their relatives and their struggle to find a provider who was able to meet their needs. They said, "It has made such a difference to know I can now go away and relax, because I know I can trust them [staff]. They're fantastic."
- Relatives told us people were consistently treated as equals and highly valued as individuals. One relative said, "They are excellent in the way they interact, they have so much respect for [person]. It's hard to put into words the difference it's made to them. [Person] is always happy and laughing whenever they come home."

I've never met carers that care so much."

- The provider had considered people's specific wishes in relation to their social, cultural and spiritual needs in order to create highly personalised support. The registered manager told us they had known many of the people they supported for a number of years and had spent a lot of time getting to know them and their families well. They told us this meant they could allocate staff effectively and ensure people's support truly reflected their individual preferences.
- People and relatives confirmed how well-suited staff were both in understanding people's needs and in enjoying their company. Comments included, "They treat [person] like a friend, like one of the boys." And, "They know me very well, they are the best people I could have."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's rights to make decisions about their care were central to the service provided. The provider offered people support and advocated on their behalf with other health professionals. This included attending hospital and GP appointments and ensuring people understood the information they were being given. The provider told us this had been especially important during the COVID-19 pandemic when appointments were not taking place as regularly or in person as it was more difficult for people to easily access information and support. The registered manager told us they had created easy read healthcare booklets when appropriate in order to support people to make decisions.
- People's care plans reflected the importance of understanding how each person communicated their views and choices. Staff were highly committed to learning how to support people's communication and had received additional training to develop their skills when appropriate. People were supported to use Makaton, personalised communication booklets, picture cards and electronic tablets and iPads to express themselves.
- People's care plans promoted the importance of ensuring people were always central to interactions. For example, one person's care plan stated, 'Although I do not talk, I understand everything you are saying and I do not like it if people talk about me as if I am not there. Ask me questions and if you do not understand my response, offer me a pen and paper.'
- Staff told us they understood the importance of people being able to make their own decisions about their care. One member of staff said, "We make sure people are involved in making decisions about their care by providing the information they need to make decisions in a format they can understand. People are always involved in decision making about their care." People and relatives confirmed staff always listened and were respectful at all times. One person said, "Everything has to be just right for me and they [staff] listen and care enough to understand that."
- Staff promoted and encouraged people's independence. The provider had implemented a 'Wheel of Life' support tool to enable people to identify areas where they could develop more independence and look at how they could be supported to do this. One relative told us, "[Person] has gained much more independence now. The staff show them different ways to learn and new ways to do things. They have helped them to budget and to learn to cook. They give their time so freely and are so supportive and their care means [person] can now live independently."

# 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 of this service since it registered at this address. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised and they were supported by staff who knew them very well and understood their needs and preferences. One person told us, "There's a really healthy collaborative approach, they know me and understand my specific, individual needs."
- People's care plans clearly documented what was important to them, who was involved in their lives and how to support them to ensure they remained in control of their own care.
- People and their relatives told us they were in regular contact with the provider and were able to review and adapt how care was provided to suit people's personal preferences. One relative said, "They're so flexible and they stay in regular contact and I'm amazed at how consistent they are. [Person] is happy and they really understand their needs."

Meeting people's communication needs

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

- The provider had considered people's sensory and communication needs during their initial assessment and documented this information in people's care plans.
- The provider had created easy read versions of their service user guide and other relevant information to enable people to access and understand information more easily.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. However, there was a complaints process in place to follow if required.
- People and their relatives told us they knew who to contact to discuss any concerns and felt confident these would be addressed. One relative said, "I would call [registered manager] or [nominated individual] and even if it was only something small, it would be dealt with straightaway."

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- The provider had supported people to understand the impact of DNACPR [Do not attempt cardiopulmonary resuscitation] decisions, including creating easy read versions of information and supporting people to appointments to ensure they understood information and were able to make their

own personalised decisions about any end of life care wishes.

# 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 of this service since it registered at this address. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke very positively about the culture and management of the service. One relative told us, "They [the management team] are absolutely right for this kind of work, they are devoted and genuinely caring. Anyone would be lucky to have them." Another person said, "They are dedicated to what they do and they do this job because they love it."
- People and relatives told us they felt involved and part of the service. One person said, "They're like family" and a relative told us, "They are supportive to us all as a family and they treat us like family, we are blessed to have them."
- Staff told us they felt supported and valued by the provider. One member of staff said, "Our management team are excellent and very supportive. I am proud to be a part of a company that care so much and lead by example." Another member of staff said, "I am more than comfortable with management. I find them incredibly approachable and I've never had an instance where I cannot reach them. They go the extra mile to assist always."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had systems in place to monitor the safety and quality of the care provided. This included completing regular spot checks with staff and checking the completion of care visits via their live digital monitoring system.
- The registered manager and nominated individual both completed regular care visits and told us this gave them the opportunity to gain ongoing feedback from people, relatives and staff and ensure the quality of care was consistently maintained.
- The provider understood their duty to be open and honest with people if anything were to go wrong. The registered manager was aware of their regulatory responsibility to submit relevant notifications to CQC when appropriate.

Continuous learning and improving care; Working in partnership with others

- The management team told us they used the ongoing feedback they received from people and relatives to adapt and improve the service. Staff meetings and supervisions were also used to support staff to feedback and look at how the service could be developed or improved.

- The provider had built positive working relationships with other healthcare professionals. The registered manager told us how the service was collaborating with other local organisations and seeking support from the local authority and registered manager support groups in order to share learning and develop working practices.