

Lambeth Care Services Limited

# Lambeth Care Services Limited

## Inspection report

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Date of inspection visit:  
04 August 2022

Date of publication:  
19 August 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lambeth Care Services Limited is a small domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection three people were using the service and receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their family members told us they were happy with the care and support they received from Lambeth Care Services and that they would recommend the service to others.

There were systems in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding procedures and understood how to protect the people they supported. Staff knew the risks people faced each day and helped make sure they stayed safe. For example, staff knew about people's risk of poor health or their risk when moving around their home.

People were cared for by staff who received training and support. The registered manager made sure only suitable staff were employed to work at the service. Staff felt supported by the registered manager and felt they could talk to them about any concerns they had. They were confident the registered manager would make changes to make things better.

People and their family members were involved in making decisions about their care and care records reflected this. 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.

People and their family members liked their regular care staff. Staff knew people well and people's care records told staff how best to support them. When required, people were asked about their food and drink choices and staff assisted them with their meals when needed.

People and their family members said they would complain if they needed to and knew who to complain to. The registered manager made regular checks to make sure the care people received was good. When people's needs changed the registered manager reviewed people's care and support and made sure other healthcare professionals were involved if needed.

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 23 October 2019 and this is the first inspection.

#### Why we inspected

We inspected because we needed to be sure people were receiving appropriate, safe care and support.

#### 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?

Good ●

The service was 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.

# Lambeth Care 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### 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 04/08/22 and ended on 08/08/21. We visited the office location on 04/08/22.

### What we did before the inspection

We reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

During our inspection we spoke with the registered manager, a quality assurance consultant and the care co-ordinator, who also stepped in with caring duties when required. We looked at three people's care records and three staff files, as well as a range of other records about people's care, staffing and how the service was managed. We made contact with one person who used the service and another person's family member. We also spoke with two members of care staff.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what to do if safeguarding concerns were raised. Staff understood what abuse was and what they needed to do if they suspected abuse had taken place.
- The registered manager had systems and procedures in place to report, investigate and review safeguarding concerns. The registered manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
- Staff had received training in safeguarding and this was reviewed regularly during team meetings and staff supervision to keep their knowledge up to date.

Assessing risk, safety monitoring and management

- Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us examples of how they managed risk, such as keeping people safe while they mobilised around their home.
- Risk assessments covered people's physical, emotional and environmental risks. These were centred around individual risk management and included risk around mobility, skin integrity and nutrition and hydration. Reviews of risk were completed when people's needs changed.
- Additional information was in place to help people and staff manage risk. For example, care records contained additional guidance about keeping safe in the hot weather.
- The registered manager and care coordinator provided on call support to people and staff, this meant there was out of hours support available if there was an emergency or additional support was required.

Staffing and recruitment

- There were enough staff to care for people and the registered manager made sure additional staff were available should they be needed.
- People told us staff arrived on time and stayed the right amount of time. One person told us staff were flexible when they needed to be and the registered manager accommodated any changes to the scheduled times.
- The registered manager explained they would introduce staff to people when the care package first started and kept the same staff team with the same person for continuity of care. People we spoke with confirmed this.
- The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of each staff member. This included up to date criminal records checks, at least two satisfactory references, photographic proof of identity and eligibility to work in the UK.

#### Using medicines safely

- Medicines were managed safely. At the time of our inspection staff did not administer medicines to people but kept records of creams applied during personal care. Risk assessments were in place to help staff manage fire risk associated with emollient creams.
- Staff received training in medicines management and were assessed for their competence. Regular training and competency assessments were provided for all staff.
- People's medicine records were checked regularly to ensure accuracy.

#### Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection, including COVID-19. This included risk assessments for people and staff to help keep safe during an outbreak.
- Staff received training in infection prevention and control (IPC) and they were provided with up to date government guidance. The registered manager carried out spot checks to assess staff knowledge and practice in this area.

#### Learning lessons when things go wrong

- Systems were in place to record, review and analyse any accidents and incidents. These were monitored by the registered manager so any trends or risks to people could be identified quickly and acted upon.



# 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 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

- People were asked about the support they needed and for information concerning their physical, mental health and social needs when they first started to use the service. This meant the registered manager was able to plan and deliver care effectively.
- The registered manager was in regular contact with staff, people and their families and knew when people's needs changed, for example, changes in people's medicines or care needs. This meant they could adapt people's care and support plans and update staff immediately with any necessary changes.

Staff support: induction, training, skills and experience

- Care staff were provided with an appropriate induction, training and ongoing supervision to perform their roles.
- The registered manager explained they would support staff who were new to care to complete the Care Certificate, although there had been a delay in doing so because of COVID-19. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care sectors.
- Staff told us they received regular training and updates to give them the knowledge and skills to help them with their job.

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

- People's nutritional needs were recorded in their care plans. When required, staff supported people with their meals.
- When people needed additional support with their eating or drinking, or where risks had been identified, details were recorded in their care records, so staff were able to support them appropriately.

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

- Where people required additional support from healthcare professionals, contact was made to seek advice and act on any advice given. For example, the registered manager had contacted an occupational therapist for advice in making one person's bathroom more accessible for them to use.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People gave their consent to care when they first started to use the service and staff gave us examples of how they made sure people were involved in decisions about their day to day care.
- The provider had systems in place to make sure they could support people appropriately when they lacked the capacity to make certain decisions.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their families were happy with the care and support they received. One person told us, "Staff are nice to me and look after me very well."
- People's care records included information on their spiritual and cultural beliefs and staff were respectful of these needs. Additional information was available for staff covering people's protected characteristics, including people's disabilities, faith and sexuality. Telephone details for support and helplines were provided in people's care files should they wish to use them and the registered manager spoke about recognising and respecting people's equality and diversity during the assessment of care and on a day to day basis.

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 and their family members were involved in decisions about their care and support, they told us staff listened to them and had choice and control in the way care and support was provided. One staff member explained, "I know how [people] like things done, I always put them first and let them make choices about their care. It's important they make their own choices."
- People told us their care and support needs were discussed before their care started and care records provided detailed information to help staff understand the best way to support each person. Staff told us they were given the time they needed to read and understand people's care records.
- The registered manager visited and telephoned people to make sure they were happy with their care and support and made changes when required. People told us staff listened to them and relatives felt it was easy to discuss changes with staff.
- Staff gave examples of how they respected people's privacy and dignity and encouraged them to make choices in their everyday life, such as the clothes they wore or the toiletries they used. One staff member told us, "I always respect privacy and dignity. I ask permission and gain their consent before carrying out personal care and I do this in a way they are happy and comfortable with."

# 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 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 and their relatives felt involved in developing their care and support plans. People were happy with the level of support they received and felt comfortable speaking to staff or the registered manager if changes were required.
- People's care records were regularly updated to make sure they reflected people's care and support needs. Care records clearly identified the support required and how this should be achieved.
- Staff informed the registered manager if there were any changes to a person's needs and care records were reviewed accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- The registered manager considered people's communication needs as part of the assessment process. If required, information was available in different formats to help meet people's needs.
- Staff were aware of people's communication needs and made adjustments to the way they communicated to make sure people understood what was being said, while also being given the time to respond.

Improving care quality in response to complaints or concerns

- People and their relatives told us their concerns were listened to and acted on. The registered manager was very responsive to their feedback or any concerns they reported.
- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise concerns or make a complaint. At the time of our inspection no complaints had been made. However, the registered manager had a clear procedure in place for investigating and responding to concerns and complaints.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the registered manager was confident of the care and support they would be able to provide. End of life care plans were in place to use when necessary and there was a provision for additional staff training to ensure people had the support they needed when nearing their end of life.

# 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 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 their relatives knew the registered manager and spoke highly of the staff at Lambeth Care Services. People told us they would recommend this agency to others.
- People and their relatives spoke about the regular calls from the registered manager asking for feedback about the service. One person told us, "[Registered Manager] always phones me to check if I'm alright and to make sure I am getting a good service." Staff told us they were supported to raise any issues or make recommendations and the registered manager would listen and make changes to improve people's care and support.
- The registered manager made sure staff were aware of updates and best practice. Regular supervision and team meetings helped the exchange of information. Staff told us the registered manager was in regular contact with them to provide updates or see how they were getting on.

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

- Regular spot checks and telephone checks ensured people were receiving the care and support they needed, when they needed it.
- The registered manager checked daily notes and people's medicine records to help make sure people received their care in line with best practice guidelines.
- Leadership was visible and accessible to people and staff across the service and staff understood their roles and responsibilities. Staff we spoke with were motivated and committed to improving people's lives.
- The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare.

Continuous learning and improving care;

- The registered manager explained about the ongoing improvements at the service and the systems they had in place to ensure the safe delivery of care and support. This included the employment of an external provider to ensure quality audits were completed and they were up to date with current guidance and legislation.
- The registered manager told us of future plans to grow the business and how they would ensure safe and

robust service delivery by using a computerised system to gather data and monitor care calls to ensure care calls were attended.

Working in partnership with others

- The service worked closely with healthcare professionals in relation to people's care. This included joint working with occupational therapists, GP's and other community professionals.