

Lady Click Services Limited

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Inspection report

55 Stephens Road
Stratford
Newham
E15 3JJ

Tel: 02035839338
Website: www.ladyclickservices.com

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

We inspected Lady Click Services Limited on 24 October 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. At the time of our inspection they were providing support to one person. As a result of this we were not able to provide a rating for this service due to the limited evidence available.

On the 26 August 2015 we carried out an announced comprehensive inspection of the service. We found that the service did not always have comprehensive individual risk assessments in place for people, did not have systems in place for financial records to be checked, support plans did not provide information about how to meet people's individual needs in a personalised manner, records were not always up to date, and quality assurance systems were not always effective. We issued four requirement actions.

We found some improvements had been made at this inspection. People's care files included assessments which identified how to manage and identify risks. Support plans were now planned and assessed in a personalised manner designed to meet the needs of individuals. Support plans and risk assessments were being completed regularly. The service now had a policy and procedure on staff handling people's finances. However the service did not have effective quality assurance and monitoring systems in place. In addition, staff were not aware how to identify potential abuse.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has 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 and associated Regulations about how the service is run.

Staff received regular training and were knowledgeable about their roles and responsibilities. Staff knew the people they were supporting and provided a personalised service. People were cared for by sufficient numbers of suitably qualified staff. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The registered manager was open and supportive. Staff felt able to speak with the registered manager.

Whilst we found evidence to demonstrate that most of our concerns had been addressed, we found two breaches of the legal requirement because improvements were insufficient and further concerns were identified. We found two breaches 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 this 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?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

Staff were not aware how to identify potential abuse.

People's care files included assessments which identified how to manage and identify risks.

There were enough staff to meet people's assessed needs in a safe manner. Recruitment checks were carried out on staff to help ensure they were safe to work with people.

The service did not administer medicines. The service had a medicines policy. It covered guidance on administration, safe disposal and storage of medicines.

Inspected but not rated

Is the service effective?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

Staff had received the appropriate training and support to carry out their roles.

People were able to consent to their care and make choices in line with the Mental capacity Act 2005. This included making choices about what they ate and drank.

People were supported to eat or drink enough to maintain their health.

Inspected but not rated

Is the service caring?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

Staff had a good knowledge of the people they were caring for and supporting.

Inspected but not rated

Is the service responsive?

Due to the limited size of the service at the time of the inspection

Inspected but not rated

we are unable to rate this domain.

Support plans were planned and assessed in a personalised manner designed to meet the needs of individuals. Support plans and risk assessments were being reviewed regularly.

There was a complaints procedure for people to use.

<p>Is the service well-led?</p> <p>Due to the limited size of the service at the time of the inspection we are unable to rate this domain.</p> <p>Various quality assurance and monitoring systems were in place but these were not always effective.</p> <p>There was an established registered manager that ran the service. Staff felt the registered manager was open and supportive.</p>	<p>Inspected but not rated</p>
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Lady Click Services Limited

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 24 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team.

During our inspection we went to the provider's office. We spoke with the registered manager and one care worker. After the inspection we spoke with one care worker. However because of the size of the service we were unable to speak with people and their relatives who used the service. We looked at one care file, daily records of care provided, three staff recruitment files including supervision and training records, minutes for various meetings, and policies and procedures for the service.

Is the service safe?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how safe the service was based on the care provision to one person.

During our previous inspection in August 2015, we found that the service did not always have comprehensive individual risk assessments in place for people and did not have in place systems for financial records to be checked. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as risk of people with behaviours that challenge, personal care, nutrition and cooking, environment and supporting in the community. The risk assessments were specific to the individual need and included information for staff on how to manage risks safely. For example, where a person was at risk of being verbally abusive towards staff, there was guidance available for staff such as giving the person time alone time and contacting the family so they can intervene.

The registered manager and staff told us that the service spent money on behalf of people to do their shopping. The staff member responsible for spending the money kept records of what they spent the money on and this was checked by the relative of the person receiving the service. At our last inspection the service did not have a policy and procedure on staff handling people's finances. At this inspection we found the service had a policy and procedure on staff handling people's finances.

Staff received training in safeguarding adults and the provider had safeguarding policies and procedures to support staff in this process. Staff we spoke with told us that if they had any concerns they would report them to the registered manager or could report concerns to external agencies such as the Care Quality Commission. However staff we spoke with did not always know how to identify suspected or actual abuse. One staff member who recently completed safeguarding training was unable to name the different types of abuse. Also another staff member we spoke with could only name two types of abuse. This meant people were at risk because staff were not aware how to identify potential abuse.

The above issue was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager told us there had been no safeguarding incidents since the last inspection. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. This meant that the registered manager knew how to report safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the

number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. One staff member told us, "[Registered manager] has got enough staff."

Staff files showed there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people using the service. Staff confirmed the employment checks had been carried out before they started working with people. One staff member told us, "I had an interview. [Registered manager] asked for my (previous) training, my passport and proof of address."

The service did not support people with their medicines. People who received personal care at the service either managed their own medicines or were supported by their family who were their primary carer. The service had a medicines policy. It covered guidance on administration, safe disposal and storage of medicines. The registered manager told us medicines training was available to staff.

Is the service effective?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how effective the service was based on the care provision to one person.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. The registered manager told us a new member of staff was about to start the Care Certificate. One staff member told us, "[Registered manager] took me to [person who used the service] and showed me what to do." The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Staff training records showed staff had completed a range of training sessions which included lone working, first aid, dementia, accident and incident reporting, safeguarding adults, health and safety, managing violence and aggression, mental capacity and manual handling. The registered manager told us and records confirmed that new staff had completed training recently with their previous employer. This training included health and safety, medicines, infection control, fire safety, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and food safety. One staff member told us, "[Registered manager] will book training so I am up to date."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "Supervision every three months. [Registered manager] asks me what I am doing. If I have any difficulties and anything I need to know." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out.

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.

We checked whether the service was working within the principles of the MCA. Care plans provided information about people's memory/cognition and recorded whether people might struggle to make decisions. We saw that people using the service had signed their care plans to give their consent to the care and support provided. This showed us that people's ability to make decisions and consent to the care and support provided was considered.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an

understanding of people they supported and their likes and dislikes. A staff member said, "I ask [person who used the service] if they want to wash themselves. I ask [person who used the service] if they want a bath." Another staff member told us, "I will ask [person who used the service] what they would like. You just can't do something. You have to ask."

Staff provided support where required in the preparation of people's meals and drinks. Although nobody was at risk of malnutrition, staff supported people's families in ensuring people's nutritional and cultural needs were met. For example, one care plan stated the person liked culturally specific food and drink they preferred. Daily logs confirmed these needs were being met. One staff member told us, "I prepare the food and [person who used the service] eats it by himself." Another person said, "[Person who used the service] has a special meal from [country of birth]. They like a cooked meal and fresh."

Care records in people's homes included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health then they called for an ambulance to support the person and support their healthcare needs. One staff member told us, "I would call the ambulance and [relative of the person]." Another staff member said, "If unwell I will ask [person who used the service] if they want to go to GP."

Is the service caring?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how caring the service was based on the care provision to one person.

Staff members told us they enjoyed working with the people they provided care to. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One staff member told us, "I talk about [person who used the service] children and my children." Another staff member said, "Very good relationship cause I understand [person who used the service]. I've been with them for awhile and they appreciate that."

The registered manager told us about the importance of continuity of care provided to people by care staff. She informed us that she would make sure that people received care from mainly one care worker so they would be very familiar with the person's needs and would promote a positive relationship between the care worker and the person using the service. Currently one person received support with their care needs from only one care worker. This showed there was consistency of care which records confirmed.

Staff had a good knowledge of the people they were caring for and supporting. Staff we spoke with us told us about the people they cared for including their health and social needs. Records confirmed the information they told us was reflected in people's care records.

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, "I close the door" when providing personal care.

Staff we spoke with had a good understanding of the importance of confidentiality. The service had a confidentiality policy. Staff knew not to speak about people other than to staff and those involved in the person's care and treatment. Records were stored securely electronically and in a lockable cabinet in the provider's office. Staff were provided with a staff handbook which included, for example how staff should maintain appropriate professional boundaries.

The registered manager had a good knowledge of equality and diversity. Staff we spoke with were aware of the need to respect people's diverse needs, culture and choices. One staff member told us, "I make the food for [person who used the service]. What [person] likes I will give. [Person] eats their country food."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. Staff gave us examples of how they helped people to be independent. One staff member told us, "I ask [person who used the service] if they want to wash themselves."

Is the service responsive?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how responsive the service was based on the care provision to one person.

During our previous inspection in August 2015, we found that the service did not always provide information about how to meet people's individual needs in a personalised manner with care records. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

Care records contained detailed guidance for staff about how to meet people's needs. Care records included the person's life history which covered their previous work history, social interests and country of origin. There was a wide variety of guidelines regarding how people wished to receive care and support including finances, personal care, nutrition, accessing the community, social interests, and daily living skills. The care plans were written in a person centred way that reflected people's individual preferences. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. One staff member told us, "I read the care plan. [Registered manager] told me what [person who used the service] likes."

The registered manager told us that they met with prospective people who wanted to use the service to carry out an assessment of their need after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The registered manager told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them.

Care plans were written and reviewed regularly with the input of the person, their relatives, and the registered manager. The provider had a policy that stated care plans would be reviewed every six months. Records confirmed this. The registered manager told us care plans were reviewed regularly. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. The registered manager told us there had been no formal complaints since the last inspection.

Is the service well-led?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how well-led the service was based on the care provision to one person.

During our previous inspection in August 2015, we found that records were not always up to date and various quality assurances and monitoring were not always effective. During this inspection we checked to determine whether the required improvements had been made.

We found that since the last inspection that care records were up to date. Support plans and risk assessments had been reviewed in line with the provider's policy on support plans and risk assessments. Previously the service did not have a system for daily logs from people's home to be returned to the office. Records showed that daily logs were now being returned to the office in a timely way.

The service had various quality assurance and monitoring systems in place. However, these were not always effective. People and their relatives were given a survey to complete. At time of our inspection only one person was receiving personal care. Records showed that a survey had been completed however it was not clear who completed the form and it was not dated. The registered manager told us it was completed by a relative. The service had a quality assurance policy however the policy did not give guidance on how the service would be assessed and monitored. For example, the policy did not cover what the registered manager told us which included annual surveys and spot checks on people.

The registered manager and records confirmed the service did spot checks on people. Spot checks were completed regularly. The spot checks looked at observing care provided and feedback from people. However spot checks did not look at the quality of records in people's home such as daily logs and financial transactions. The registered manager told us she did look at these records however did not document this on the spot check proforma.

During our inspection we acknowledged that, although improvements had been made, there were some areas that still required improvement. The above issues were a continuing breach of Regulation 17 HSCA (RA) Regulations 2014.

Staff told us they found the registered manager to be helpful and supportive. One staff member said, "She is very good because she showed me everything." Another staff member said, "[Registered manager] knows what she is doing. If you need help she is always there no matter what the time."

Staff told us the service had regular staff meetings. One staff member said, "We discuss updating files, complaints, updating your care certificate and training we need to do." Records confirmed that staff meetings took place regularly. Agenda items at staff meetings included training, discussion on people who used the service, spot checks, and health and safety.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not protected against the risk of abuse because staff were not aware of their individual responsibilities to identify abuse when providing care. Regulation 13 (1) (2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have effective quality assurance and monitoring systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity. Regulation 17 (2) (a)</p>