

Lav Care Services Ltd

Lav Care Services - St Neots

Inspection report

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lav Care Services - St Neots is a domiciliary care service providing personal care to people living in their own houses or flats. It provides a live-in care service for people with more complex care needs. It provides a service to older adults, some of whom are living with dementia, people with mental health needs, people with a sensory impairment, younger people and people with a physical disability. At the time of the inspection 18 people were supported by the service. The provider had recently moved its office from St Neots to a Suffolk based address.

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

There were systems and processes in place to help ensure that safeguards were effective in keeping people safe.

Risks were identified and managed including for infection prevention and control (IPC). One person told us, "I need help in the shower and staff do this very carefully, so I don't fall." Trained and competent staff administered and managed people's medicines.

Enough staff with the necessary skills were safely recruited; these staff knew how to effectively meet people's needs. Staff received effective training that supported them in their role.

There were policies and procedures in place which supported good IPC practices, and this minimised infection risk. An open and learning culture was in place and this helped lessons' to be learned and shared amongst the staff team.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. One person said "[Staff] consider what I say then do as I ask them. They always respect my choices and without rushing me."

Staff supported people to communicate effectively without discrimination, by treating people equally well, and upholding their confidentiality. Staff provided people with care that was kind and centred on the person by being respectful, and promoting independence wherever possible.

Concerns were acted on before they became a complaint, and compliments were used to identify what worked well; this helped ensure good practise was sustained. Skilled and compassionate staff ensured people's end of life care was dignified.

The registered manager understood their responsibilities. Staff were supported in their role to be open and honest by promoting the provider's values. People had a say in how the service was run and managed.

Quality assurance procedure and oversight of the service was effective in driving sustained improvements. The provider worked well with others involved in people's care to help ensure their care was joined up.

Rating at last inspection

This service was registered with us on 19 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe 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.

Lav Care Services - St Neots

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

This 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 and specialist housing.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service four days' 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. This was as well as ensuring people and relatives could consent to us speaking with them.

Inspection activity started on 15 September 2021 and ended on 21 September 2021. We visited the office location on 21 September 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. This included events reported to us such as deaths. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four people's relatives. We spoke with six staff including the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a local authority complex case manager. We received feedback from a community healthcare professional.

We reviewed a range of records. We looked at two people's care records and two staff files in relation to recruitment and supervision. We also looked at a variety of records relating to the management of the service, including quality monitoring audits, compliments, incidents, staff training and supervision planning records and medicines administration records.

After the inspection

We sought further information and confirmation about people's care and support needs.

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 understood what safeguarding meant to each person they supported, and this helped keep people safe without discrimination.
- Staff knew how to implement safeguards for people, what to do if they had any concerns, and to whom they would report them. For example, the registered manager. One staff member told us of the different types of abuse, and that they would report any concerns about these to the safeguarding authority or the Care Quality Commission (CQC).
- Staff supported people to be safe and explained to them how to do this such as, eating and drinking enough and keeping their homes clutter free. Equipment for people's safety was put in place such as, a lifeline pendent to call for assistance.

Assessing risk, safety monitoring and management

- Risks to people including for health conditions, falls, equipment and their home environment were identified and well managed.
- Risks assessments provided staff with detailed guidance how to manage risk. Examples of this guidance included any changes to the equipment used for assistance with mobility, the safe use of equipment, and support with eating and drinking. One person said, "[Staff] make sure I don't fall by putting my walking aid within reach and walking with me nice and slowly."
- Staff understood when to involve external health professionals to help mitigate risks to people including diabetes nurses, occupational therapists, or a GP.

Staffing and recruitment

- The registered manager recruited suitable staff with a robust recruitment process. Checks for staff members suitability included for any criminal records (DBS), a full employment history and recent photographic identity. One staff member said, "I had to provide my previous employment references, a full employment history, proof of a right to work in the UK, DBS check, my passport, and I had a video type interview."
- People told us they always had enough staff who undertook their care and support without rushing. One person told us, "Staff arrive between 10am and 11am which is the time I prefer. If they are running late, they let me know. I don't mind eating a little later."
- Staff were deployed in a way which meant they had enough time for travel, to take breaks, and were able to do tasks with patience. A relative said, "The staff are very good at time keeping. The new staff are shown exactly how to care for [family member]. We have never had a late or missed care visit."

Using medicines safely

- People's prescribed medicines were administered and managed safely by trained and competent staff.
- Staff were kept up to date with guidance about administering medicines in the community. This included any side effects of a medicine, and when to administer medicines prescribed to be given "when required", such as for pain relief or an emergency such as a seizure. One staff member told us about safe medicines storage arrangements.
- People also told us they were supported to administer and manage their own medicines. One person said, "[Staff] get me a glass of water and ask me if I have taken all my tablets. They help apply some [topical skin] cream to my legs. They wear gloves whilst doing this."

Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including staff participating in the COVID-19 testing programme.
- Staff were trained how to prevent infections, how to wear personal protective equipment (PPE) correctly and how to dispose of it safely. One person said, "[Staff] put their PPE on before coming into my house. They wash their hands and sanitise mine. They dispose of the PPE outside in my bin."
- Staff ensured they maintained good standards of hygiene including for food preparation and personal care. One staff said, "We always have enough PPE. The management team check we are wearing it."

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred, and took action to help prevent recurrences.
- The registered manager told us about how open staff were in reporting incidents, such as risks to people. These risks included hoarding items and other incidents which had the potential to cause harm.
- Staff told us they were kept informed about incidents, changes following these, and how learning was to be shared amongst the staff team. The registered manager told us how following investigations, they implemented changes and monitored this to help ensure incidents didn't reoccur. This showed that there was an open learning culture.

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

- A comprehensive assessment of people's needs was undertaken based on national standards, such as for different types of nutrition, dementia care, epilepsy or support with diabetes.
- One relative told us how the staff had assessed their family member's needs, and involved the person and staff who would be caring for them. The relative said, "I was able to ask them all sorts of questions about aspects of the care and support." Another relative told us their family member's house was full of laughter and how well the person got on with staff.
- Staff knew people well and how to ensure they were treated equally well without discrimination. One staff member told us how they used their knowledge about diabetes to ensure these people's needs were safely met.

Staff support: induction, training, skills and experience

- Staff received a range of training based on people's assessed needs, and were supported to further develop their skills. Staff told us that during their induction they gained skills from experienced staff and were supported to learn new skills. One staff member said how supportive the registered manager was as a qualified nurse, meaning they knew about various health conditions and what staff needed to be aware of.
- Staff also undertook training on specialist subjects including diabetes care and epilepsy.
- Staff spoke highly of the support the registered manager provided, including regular supervision. This support was based on staff's individual needs. One staff member told us the support included face to face meetings and daily handovers. These were used to share good practice and changes to people's needs and promoting independence.

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

- People were supported to eat and drink independently and to make healthy choices. One person told us, "I like staff to help me shop as I get out and about. They sometimes need to help me choose what to eat."
- The registered manager told us about how they had supported a person who previously struggled to eat healthily, and were now able to do shopping with just some prompts from staff. A relative said staff ensured food was stored in a safe way so it was fresh to eat later in the day.
- Systems were in place to ensure people ate and drank enough. Support was in place for people who needed a diet specific to their health condition, such as a low sugar, or high fibre, diet.

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

- The registered manager and staff team took prompt action to support people, by ensuring people had the

right equipment, access to a GP, community nurses or chiropodists.

- Staff also knew when to call emergency services. One staff said, "I have had training about recognising a stroke. I told the [registered] manager when an ambulance had arrived and about changes to the person's medicines." This meant people's treatment was not delayed which helped minimise risks to their health.
- Staff and people's representatives, such as family members, supported people to access healthcare services, and also to have support from specialist nurses, such as for diabetes.
- People who had ongoing healthcare support were able to continue living at home. One person said, "I was in hospital for a while, but [staff] know exactly how to support me to stay as healthy as I can."
- A health professional told us, "I have been impressed with the level of care people get. Staff are quick to request support for [person]. Following my guidance the person's behaviours which were challenging to some, have now moderated and in some situations gone completely."

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.

- Staff were confident applying the MCA and its five key principles in always assuming people could make decisions. One staff member said, "I assume [people have the] mental capacity to make choices. I offer two choices one or the other, such as trousers, but not the same colour. We also use pictures so people can point to their choice."
- Staff were skilled in offering people a choice where people could not always make decisions for themselves. A health professional told us how well the service and staff had responded to a change in a person's mental capacity. They told us, "Staff knowing how this affects the person's decision making and how then to offer choices means a lot to the person."
- Decisions were made for people who lacked mental capacity in their best interest. This was with a legal document known as a lasting power of attorney (LPA) or by others involved in people's care, such as a GP. This allows people to give individuals they trust the authority to manage their affairs now and in the future. One relative told us, "Staff give [family member] time to think about decisions without rushing. I help manage finances and ensure there is enough food."

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

- Staff had a shared passion to support people to live a life they wanted at home. They did this by listening to what people said, taking account of people who had a hearing or visual impairment and making adjustments. For instance, speaking slowly and clearly, or writing information down. Staff did this respectfully and with compassion.
- One person told us how careful staff were in listening and ensuring everything they wanted was acted on. A relative told us, "Staff have been absolutely wonderful. They help [family member] prepare meals. The lovely thing is staff encourage them to do things independently, but with care and kindness. It is nice to have regular care staff. They are ever so careful applying [topical skin] creams to help prevent sores."
- Staff provided people's care at a pace people felt comfortable with. A staff member said, "For one person, I need to be careful as they have a [physical disability]. I help them to stand using a stand aid. I know what they can and can't do. It is about doing it together."

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

- Staff provided people with every opportunity to be involved in their care, and ensured people's preferences were acted on without discrimination.
- People were also supported by relatives, LPA or other advocate to determine how best to support and care for the person.
- One relative told us how staff always listened to whatever their family member was saying to them. A staff member said, "We give people every possible chance to tell us what they want, and how we should respond. Just because a person has a disability does not stop us treating them equally well."

Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported with dignity, with respect for their confidentiality, and in a way which promoted independence. One relative told us how staff always respected dignity and provided care with privacy and compassion. They said how well staff knew the person in being able to share a laugh and a joke.
- One person said, "The nicest thing is staff are always so pleasant and listen to me. They treat me as any human being should be treated. They listen to what I have to say, and they are always so pleasant and understanding."
- Staff were consistent in their approach to people's care by promoting independence as much as possible. One staff member told us, "I help one person with their mobility. I help place their hands on the equipment. I explain clearly what I am going to do and what the person does."

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's care plans were developed with the person or their representative, and gave a detailed record of what individualised care meant to the person.
- Records and guidance for staff included what made a difference to people's lives, and how best staff could support people. One example included the continuous care and support provided, resulting in the person no longer being scared to go outside. They were able to walk unaided and go out when they wanted.
- Staff took account of people's interests, pastimes and hobbies. One staff member told us they supported a person to buy some furniture. The person was now able to use this for meals and drinks, whilst promoting good habits to keep their house tidy and clean, and to live a better life free of clutter.

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 carers.

- Staff had a good understanding about each person's communication needs, and how best to support people to be listened to. One person told us how well staff knew them and how they would always let them finish what they were saying no matter how long this took.
- The registered manager showed us several examples where staff had been successful in enabling people to have a voice. One person preferred to be given information in small amounts, and this was always respected.
- Another person living with dementia had benefitted from staff who shared similar interests, such as swimming and nursing. The person loved to explain things to staff in medical terms. This meant the person was able to reminisce about their life knowing staff understood what they said.

Improving care quality in response to complaints or concerns

- Concerns were acted on before they became a complaint, and compliments were used to identify what worked well. Themes of compliments included the quality of staff and satisfaction with the quality of care.
- People told us that good communications with the registered manager meant that actions were taken to mitigate any future risk of recurrence of incidents. One person told us they had never had to complain but knew who to call if needed. A relative said, "The difference staff make is incredible. [Family] member is doing really well."
- The provider followed their processes to resolve complaints to the complainant's satisfaction. The

registered manager worked jointly with others involved in people's care to resolves issues as far as practicable.

End of life care and support

- Policies and procedures were in place, and skilled and competent staff were able to support people with their end of life care.
- Staff also had nursing qualifications around palliative care medicines, related health professionals and any religious matters. This meant people's end of life care and resuscitation decisions would be upheld.
- One relative had been grateful to staff for all the support staff had given their family member Another relative had complimented staff for giving their family member dignity and care in their final days.

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

- The registered manager told us how they supported people to live a full and meaningful lives. Examples included help to overcome lifelong unhealthy habits, and enabling people to overcome their fears.
- There was an open and honest staff team culture, and staff felt at ease reporting any issues. This open and learning culture placed people first and foremost.
- People and their relatives praised the provider for helping people to take part in their favourite pastimes, such as to go to a favourite park. This enabled people to achieve things they may have not thought possible. One person was overcome with emotions knowing they could now go to a park without always having to have staff with them.

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

- Staff were unanimous in telling us how they were supported to be honest, open and report any concerns. One staff member said, "We get excellent support from all the management team. I can contact them at any time. We have an on-line system to share learning, such as when we report safeguarding concerns."
- Records showed where the provider had responded to concerns raised with an apology, and putting actions in place to prevent similar occurrences.
- The registered manager monitored the culture of the service and staff team, such as unannounced observations of staff providing care. One staff member said, "I had a supervision, I was observed to see how I cared for the person. [Senior staff] also calls the relative or person for feedback about how we did."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager set a high standard of care and supported staff to have the same standards and values.
- Actions had been taken following incidents and accidents, such as contacting the local safeguarding authority, and enabling access to emergency healthcare and support. However, we had not always been notified about these incidents. The registered manager told us they now knew not to wait for safeguarding outcomes before deciding if we needed to be notified.
- Staff were reminded of their responsibilities, as well as being praised when things went well. For instance, the actions to be taken if people experienced a fall, and training on the use of any new equipment used by people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives or advocate were involved in how their care and support was provided, by whom, and how and when this occurred.
- A range of options were available for people to influence the quality of their care. These included face to face meetings, e-mails, and staff interactions with people during the provision of care. One person told us, "I had a telephone call to make sure staff are doing everything to a high standard. I would certainly say staff are."
- Another person told us, "The [registered] manager checks staff, and if anything needs changing. They ask me if staff are doing everything as they should do. I've never had any issues and don't anticipate this changing."

Continuous learning and improving care

- Audits, monitoring systems and governance of the service were effective in driving and sustaining improvements.
- Areas monitored included medicines management, incidents, compliments, and themes such as falls. The provider analysed these areas so they could take the most appropriate actions. They also ensured care records were person centred and reflected what needed to be in each person's care plan.
- The registered manager responded to issues as far as practicable where this was under their control. People told us that the systems in place for monitoring the quality of care were accessible. One person said, "I would highly recommend the service and their staff to anybody. I can't fault them with anything."

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care. These included occupational therapists, commissioners, health professionals, and complex care teams.
- The success of this joined up working meant people could remain living safely at home. The registered manager told us the key to joint working was being open and honest, as well as knowing when support or professional guidance was needed.
- A health professional had complimented the provider for the way they adhered to guidance and advice and seeking support promptly.