

Legacy Private Limited

The Place Care

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

The Place Care is a home care agency providing personal care to people who misuse drugs or alcohol, children, people with a learning disability or autism, and people living with dementia. At the time of our inspection there were 2 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People and relatives told us the service was safe. Staff understood their responsibilities about safeguarding and keeping people safe from harm as much as possible. Staff were recruited safely. Medicines were managed safely. Risks of harm to people were assessed and reduced as much as possible. The provider had a clear process in place to prevent the spread of infection. 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.

Right Care:

Staff were inducted and had been provided training for their role. People's health needs were met, and any referrals needed were done in a timely manner. Staff asked people's permission before providing care and support. People's care and support needs were assessed by the provider this meant their needs could be met.

Relatives told us staff were caring and kind. Families were fully involved in people's care and could express their views regularly. Relatives told us staff respected people's dignity and privacy. Care plans reflected people's needs, likes and preferences. People had meaningful activities and maintained relationships with families and were involved in the local community.

Right Culture:

Relatives, staff, and professionals told us the service was well managed. Staff received regular support and training. The managerial team had a clear oversight of service delivery and worked well with key organisations such as the local authority.

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

Rating at last inspection

This service was registered with us on 01 November 2021, and this is the first inspection.

Why we inspected

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

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.

The Place Care

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 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. 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.

What we did before the 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. We used information held about the service to plan our inspection.

During the inspection

We spoke with 1 care coordinator, the local authority, 4 care workers, 2 relatives and 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 reviewed records such as care plans, medicine records, audits, recruitment files and health records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- Relatives told us care was provided in a safe way. One relative said, "Yes the care is done safely, if it was not I would say so."
- Staff understood how to protect people from the risk of harm or abuse, one staff member said, "If there was a bruise on a person, you should report it immediately, write it down in an incident book, speak to the relative and employer."
- The staff we spoke with were able to tell us about keeping people safe for example, looking out for hazards in the home when providing personal care.
 - At the time of our visit there were no safeguarding incidents recorded. A safeguarding policy was in place. This meant staff had guidance in place should they need it.

Assessing risk, safety monitoring and management

- The provider had assessed and monitored risks of harm to people. Risks were recorded and reduced as much as possible.
- Staff we spoke with were able to explain different risk plans and how they provided safe care. One staff member said, "Risk assessments are for example, a person may need barriers around their bed to ensure they do not fall out, these help to protect them from harm. They are recorded and in the file."
- Care plans reviewed showed detailed risk management plans. This meant staff had enough information to provide safe care.

Staffing and recruitment

- Staff were recruited safely. There was enough staff to meet people's needs.
- The provider had a well-planned rota which was tailored for each person. Staff cover arrangements were planned. Everyone we spoke with told us there was no concerns with staffing levels.
- The provider recruited staff in a safe way. Staff provided ID documents and background checks were carried out, including previous employment references, criminal checks, and full job histories.
- This meant people could be assured that staff had been fully vetted before taking up employment.

Using medicines safely

- Medicines was managed safely.
- The provider had a clear process in place for administering medicines, staff had training in this area and a competency check was carried out to ensure they had the relevant skills to administer medicines safely.
- Audits of medicine's was done regularly this meant any concerns or errors could be picked up and

addressed without delay.

Preventing and controlling infection

- The provider had a procedure in place for preventing and controlling the spread of infections.
- Staff had training in infection prevention and control, this meant people could be protected from the risk of infections as much as possible. One staff member told us, "When I arrive at [person's home] I change my shoes, wash my hands, use an apron, face mask, gloves, change gloves regularly, use sanitiser, make sure [person's] room is clean, at night clean the hoist and machine, use sanitiser to clean the equipment."
- Audits including infection control, were carried out by the provider, this meant any concerns could be picked up and addressed without delay.

Learning lessons when things go wrong

- The provider had a system in place to learn lessons when things went wrong.
- Staff had regular team meetings and 1:1 meeting to discuss all aspects of care delivery. At the time of our visit there were no recorded accidents, incidents or complaints.

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

- The provider carried out care needs assessments, prior to people using the service. These were comprehensive covering all aspects of care and support.
- One relative told us they were involved in the care planning, they said, "I have done the care plan with them, but not updated for a while, I make suggestions and they [staff] listen."
- Care plans reviewed showed a detailed description of needs and how to meet them. All aspects of support were covered. This meant people could be confident the provider was able to meet their needs.

Staff support: induction, training, skills and experience

- Staff were well trained and supported in their role. All care workers had previous experience working in care.
- Staff records showed they had regular supervision and team meetings. This meant they had the opportunity to seek guidance and discuss concerns or issues.
- Staff were inducted into the service; part of the induction was carried out by the families. Staff shadowed an experienced member of staff to learn the role. Once this period of shadowing was complete the registered manager would check their competence before they could work independently.
- Staff training records showed staff had training in a range of subjects considered mandatory by the provider. This included, first aid, moving and handling, safeguarding and medicine. There were many others in addition to these 4.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have a balanced diet, access health care professionals and the provider worked with other agencies to provide effective and timely care.
- Multi-disciplinary team professionals were involved in and made aware of support plans to improve people's care.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- The provider had copies of legal authorisations where people were being deprived of their liberty.
- Staff told us they would seek people's permission before providing care and support. Staff received training in the application of the Mental Capacity Act. This meant people could be assured that their support and care was provided according to their wishes.

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 were well treated and supported. Staff respected people's diverse needs.
- Relatives told us, "The staff are caring and good." Another relative said, "Yes [my relative] is treated well, staff understand their needs and follow the plan."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.

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

- People and their relatives were able to express their views through meetings and regular contact with staff.
- A relative told us, "No I have not had a survey, but we [staff] talk all the time, they communicate with me and if I have any concerns I will say so, I am happy with the care and no complaints."
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- For some people decisions were made in their best interests. Relatives told us they were involved in the care planning process and were able to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff promoted independence where possible.
- Staff told us they protected people's dignity and privacy, one staff member said, "Let [person] know what is going on, ask their permission, don't just do things, make sure no one sees them but me, draw the curtains and tell them we are going to support them now."
- Records reviewed showed people had access to leisure activities which enabled people to be as independent as possible. People's needs assessment included goals and ways to achieve these.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff understood the principles of person-centred care. Staff knew people well and were able to describe people's likes and preferences.
- Care plans reviewed reflected people's preferences and how they liked to be supported.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

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.

- People's communication needs were assessed and met by the provider. One relative told us, "I show them [staff] everything to do, yes they communicate well, [my relative] can't speak so the staff look for facial expressions, yes they would know if [my relative] is in pain, they understand communication well."
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff understood how to communicate with people, one staff member said, "You need to speak to [person] close to their ear so they know you are there, and rub your hands together near to their ear so they can feel your presence."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships and participate in the community.
- People were supported to participate in their chosen social and leisure interests on a regular basis. There was a weekly activity timetable in place which had input from families.

Improving care quality in response to complaints or concerns

- The provider had a clear process for managing complaints. At the time of the inspection there were no complaints received by the provider.

- Everyone we spoke with told us they had not complaints, but if they did, they would know who to speak to if needed.

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; Continuous learning and improving care

- The provider promoted a positive culture. Staff were open and honest and understood the need to be transparent.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Audits reviewed showed there was an emphasis on learning and improving the service for example, staff were reminded to write more details when completing their daily logs. This meant the support provided could be aligned with what was recorded in the person's care plan.

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 understood the duty of candour and the need to be open and honest when things go wrong. The registered manager told us they would apologise to people or relatives if care standards were below expectations.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The provider carried out several audits of the quality of care, this meant any concerns could be picked up and addressed in a timely manner. The provider understood what to notify CQC or the local authority about if needed.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Working in partnership with others

- The provider worked in partnership with health care professionals including the specialist learning disability teams. This meant people could be assured that care was delivered according to people particular needs.