

# London Borough of Lewisham

## Ladywell Centre

### Inspection report

148 Dressington Avenue  
London  
SE4 1JF

Tel: 02083149194

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

Ladywell Centre is a domiciliary care agency. The service provides reablement and rehabilitation as well as personal care for people in their own homes. People are referred to the service from local authority representatives and health care professionals. The service aims to maximise people's ability to continue living independently following discharge from hospital, following an accident or illness. At the time of the inspection the service was supporting 75 people.

### People's experience of using this service

People's care needs and rehabilitation goals were identified by health and social care professionals and discussed with people, their relatives and other relevant representatives before plans were put in place to meet these needs.

Staff assessed risks to people's health and wellbeing and developed plans to manage these. However, we saw no evidence of people's care and support needs being regularly reviewed to ensure they received the appropriate level of support at all times.

Staff were required to support people to take their medicines as prescribed where this formed part of their care plan. However, records used in the administration of medicines were not always in place where required and medicines audits were not being completed accurately or reviewed to ensure they were of a good standard.

We were not assured the provider was following safe recruitment processes as staff records lacked important information. Despite requests, the provider/registered manager was unable to provide further evidence in relation to staff work histories and appropriate employment references.

Staff training data showed some gaps in learning. Spot checks to monitor staff performance were not taking place on a regular basis and feedback forms were not being routinely completed by people using the service. Although the registered manager acknowledged that quality monitoring systems had been hampered by the COVID-19 pandemic, operational systems had failed to mitigate and adapt to current circumstances.

Staff had a good understanding of the provider's safeguarding processes and knew what action to take to keep people safe. People and their relatives told us they felt safe with the staff supporting them. Comments included, "[Staff] are very supportive", "I feel I get the right support" and "[Staff] have kept me safe."

There were suitable measures in place to protect people from COVID-19, including the use of protective personal equipment (PPE).

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.

People using the service, relatives, staff and most of the healthcare professionals we heard from, praised the management team for their helpful and professional attitude.

#### Rating at last inspection

This service was registered with us on 20 July 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we had about this service. This indicated a need to prioritise the service for an inspection to review the quality of care provided.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, good governance and fit and proper persons. We made a recommendation in relation to care review and recording processes. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may plan further inspection activity.

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

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

Not all aspects of the service were well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Ladywell Centre

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector who visited the office premises on 28 September 2021. A second inspector gathered evidence and information about the service remotely and spoke with staff members. Following the site inspection, an expert by experience contacted people using the service and their relatives for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and rehabilitation services to people living in their own homes.

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

This inspection was announced. We gave the provider 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we hold about the service such as notifications. Notifications are information about incidents and events the provider must tell us about by law, such as abuse. 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 of this information to plan our inspection.

#### During the inspection

We looked at a range of records including care records and risk assessments for nine people using the service. We reviewed a sample of the provider's working policies and procedures, looked at service audits and information related to staff recruitment, training and supervision. We spoke with two enablement planners and the registered manager.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three members of care staff and received written feedback from four health and social care professionals with a good knowledge of the service and staff. An expert by experience spoke with seven people using the service and one relative.



# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines administration records (MAR) were not always in place where this was required. For example, there was no MAR in place for a person who was unable to take their medicines without support, meaning we were unable to confirm whether this person was taking their medicines as prescribed.
- The provider had systems in place for auditing medicines where people required support with this task. Despite this, we noted delays and discrepancies in relation to the auditing processes of people's medicines. For example, a weekly medicines audit stated, 'all medicines in date'. However, on the same date of the audit, staff had recorded 'eye drops out of date' for one person. Another person's medicines had run out yet there was no clear indication of how this situation would be addressed and rectified.
- Staff had access to comprehensive policies and procedures in relation to safe medicine management and were provided with training in safe medicine practices. However, staff training data showed that mandatory medicine's refresher courses had yet to be completed by the majority of staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The provider was not always following safe recruitment processes. We looked at recruitment records for five members of staff. Full employment histories and employment references were missing for three of these staff members. On 02 December 2021, we requested further evidence from the registered manager in relation to these matters. We have not received this information. Therefore, we can not be assured that staff are being recruited safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that staff recruitment systems were safe. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and barring checks had taken place before staff were employed by the service. The Disclosure and Barring Service (DBS) provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- People received sufficient information about the service before their care needs were assessed.
- People's care plans contained adequate information about the support they required and we saw that staff had completed individual risk assessments in relation to people's home environments, mobility status and equipment requirements.
- Staff told us care plans and risk assessments were usually in place when they arrived to provide people's care and if not, this information could be accessed via a mobile phone app.

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

- People we spoke with told us they felt safe and were happy with the care and support they received from staff. Comments included, "[Staff] are supportive", "[Staff] have been very good so far in keeping me safe" and "I felt safe with the care I got."
- The provider had comprehensive safeguarding and whistleblowing policies and procedures in place. Staff completed appropriate safeguarding training, knew how to keep people safe and when to report any concerns they may have.

### Preventing and controlling infection

- There were systems and procedures in place to prevent and control the spread of infection. A relative told us, "The hygiene standards are very good." A social worker confirmed, 'I have observed that enablement officers adhere to COVID regulations by making sure that they wear personal protective equipment (PPE) prior to entering the client's home'.
- Staff were provided with personal protective equipment, including gloves, masks and disposable aprons. A member of staff told us, "There's plenty of PPE. We can go to the office and collect it at any time." Another member of staff told us, "We get constant reminders on our phones about the importance of full PPE."

### Learning lessons when things go wrong

- The provider had systems in place to learn lessons and make improvements to the service when things went wrong.
- Records indicated that learning took place following accidents and incidents. Any reported concerns were discussed during staff team meetings ensuring staff remained up to date with guidance and information relevant to the needs of the people they were supporting.
- The registered manager understood her responsibilities to ensure the local authority and other relevant agencies were informed of any safeguarding incidents and that these were investigated appropriately.



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

- Rehabilitation support plans and therapy goals were reviewed by a multidisciplinary therapy team. However, daily log entries often lacked information about these aspects of the support provided. The registered manager told us that any changes were communicated via work planners. However, we saw no evidence that people's individual care needs were being reviewed by the service. This lack of information may have meant that staff were unable to appropriately adapt or alter the level of support provided when this was indicated.

We recommend the provider seeks appropriate guidance in relation to recording and reviewing all aspects of the care and support provided to people using the service.

- Staff supported people with the tasks that were important to them such as meal preparation, support with personal care and safety in the home. People told us, "[Staff] often check I'm getting enough to eat", "[Staff] get me lunch and supervise me when I get my breakfast", "[Staff] help with personal care" and "[Staff] always sign the book and make sure the house is secure when they leave." Staff completed daily logs with information about the care provided. However, entries often lacked detailed information about the rehabilitation aspect of the support provided.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of the need's assessment process carried out by social workers and senior staff.

Staff support: induction, training, skills and experience

- Staff completed a full induction prior to working with people in their homes. People using the service and their relatives told us staff were capable and confident in their roles. Comments included, "I'm confident the staff have enough knowledge to carry out my care", "[Staff] have helped me safely in my enablement", "[Staff] are pretty good and well trained", and "Staff know what they are doing and work in a professional way."
- A staff training matrix showed some learning and refresher courses were overdue. The registered manager explained that some face to face training such as medicines and moving and positioning courses had been delayed due to the pandemic but would re-commence in the near future. Despite this, staff members told us they had been able to keep some of their learning up to date by completing on-line training, attending meetings and by accessing information via provider phone app updates.

- Staff had access to supervision and support from the management team. Staff told us they felt well supported in their job roles and had access to appropriate training when needed. One staff member told us, "It's all about reassuring [people using the service]; that things will get better. Respect is a big thing for me. I treat people like my parents would want to be treated. The whole ethos is about promoting people's confidence, ensuring people are safe at home, respecting the elderly."
- There were enough staff to meet people's needs and to provide a consistent service. People told us, "I'm happy with the service I have so far and the staff I get have proved effective", "Staff aren't rushed" and "Sometimes the staff change that visit me but they work to the same level of commitment." A relative told us, "On the whole [my family member] gets the same staff except on a few occasions."

#### 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.

- The provider was meeting the requirements of the MCA and we saw evidence that best interest discussions and meetings were taking place.
- Staff understood the need to ask people for consent before providing personal care. One person told us, "Staff are patient with me and provide me with the right care." A relative told us, "As [my family member's] [relative], I am the first point of contact and was able to consent to the care." However, we noted that consent forms filed in people's care records had not always been signed in agreement to the care provided.
- Care records stated what level of support people required and staff offered people choices in all aspects of their daily lives. A relative told us, "The staff are friendly and always ask if [my family member] is ok before they go ahead and do anything."

# 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.

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

- Where possible, people were provided with information about the service before their packages of care were arranged. People told us, "I've used the service for about four weeks and I got the underpinning knowledge about the service when I started" and "I was made aware of the care I needed when I came out of hospital."

- Quality monitoring forms were available to people using the service but were not being routinely completed. However, some people had sent cards and letters to the provider to thank them for the care they had received. People using the service told us they would recommend the service to others and a relative commented, "It's a good service. Staff are kind, helpful and very professional."

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

- The service and staff delivered person-centred care and promoted people's health and well-being. One person explained, "The staff that visit seem very chirpy and friendly to me. At least it helps me from any depression."

- People and their relatives were complimentary about the support they received and told us, "[Staff] are caring and can sit and talk", "Staff are very nice and friendly and will do what you ask of them" and "Staff have a good caring manner."

- Staff promoted people's independence and respected their personal preferences, views and different abilities. People commented, "I feel the staff encourage my independence during rehab and help me get back on my feet", "[Staff] try and let me do as much as I can in their presence in case I have a fall" and "I do rehabilitation exercise and the staff are very accommodating with that and understand when I struggle."

Respecting and promoting people's privacy, dignity and independence

- People told us they were cared for with dignity and respect. One person told us, "I feel I'm treated with respect and dignity and confidentially in all aspects of my care."

- Staff treated people with kindness and compassion One person told us, "The staff really listen to any specific needs [I have] and respond well. They always ask if there's anything further they can do." Another person told us, "[Staff] talk and learn what they can about me."

# 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; End of life care and support

- People received care and support that was bespoke to their individual needs and preferences. People told us, "I have a care plan in place to aid me getting back to better mobility" and "I don't know how long I will need to use the service but I don't feel pressurised by staff in my need to get better quickly."
- The service was not primarily designed to provide people with end of life care. However, the registered manager told us that appropriate training and support would be made available to staff in this event. A member of staff we spoke with was able to tell us how they had provided good end of life care with the support of a local hospice and community nurses.

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.

- The registered manager and staff understood the Accessible Information Standard. People's individual communication needs were identified and recorded in their care plans, for example where people were hard of hearing or had a visual impairment. One person told us, "I'm very hard of hearing but staff are very patient with me."
- The registered manager told us that staff used internet translation services and images as well as improvised gestures and signs to communicate with people using the service when this was required. Translators were deployed from the local authority to assist in assessments where English was not people's first language.

Improving care quality in response to complaints or concerns

- The provider had arrangements in place for recording, investigating and resolving complaints. Where complaints had been made, there was a process in place to review and respond to people's concerns in a timely manner.
- People told us, "I never made any complaints in the few weeks I've used [the service]", and "I have no reason to complain about anything."

# 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 requires improvement. This meant that aspects of service delivery were not always consistently managed.

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

- The provider had processes for auditing and monitoring the quality and safety of the service. However, these were not robust enough to identify the issues we found during this inspection in relation to recruitment records, information sharing and recording processes. Furthermore, medicines audits were irregular, and some had not been carried out for several months due to staff absence.
- People using the service, relatives and stakeholders provided mixed feedback about the way in which the service communicated with them. People told us, "I met one of the management team and [they] were really helpful and called [me] back to see if everything was going ok" and "I think the management is good and the service well organised." However, a health and social care professional stated, 'Communication can be challenging and often, unless there is a problem, we may not know how clients are managing during their calls.' A relative commented, "The service is ok, but could be improved a little with more communication with the office."
- The provider's care planning processes did not always involve regular reviews of people's care.
- The registered manager acknowledged that governance and quality assurance systems required improvement and told us there were plans to review the way in which the service operated. However, at the time of our inspection, operational systems did not provide a detailed overview of the care and support people were receiving. Opportunities to capture robust feedback from people using the service, healthcare professionals and others and to use this to bring about improvements in a timely manner, were being missed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that effective arrangements were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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: Leaders and the culture they created promoted high-quality, person-centred care.

- The registered manager understood their responsibilities regarding the duty of candour and promoted and encouraged candour through openness. Feedback received from a health and social care representative stated 'I've worked closely with the enablement care team and their service manager over the past two years, and have always found them to be approachable, professional and diligent in their dealings with me and the people I work with'.

- The registered manager investigated accidents and incidents, discussed and shared these with staff during meetings and during one to one staff supervision and appraisals.
- Systems were in place to protect people in the event of an emergency and the provider had notified CQC as and when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a positive culture which had achieved good outcomes for people. Staff and healthcare professionals described the registered manager as "committed and hardworking", "supportive", "the best manager", "very understanding and very helpful."
- People and relatives told us the support received was appropriate to their needs. Staff confirmed people were appropriately supported and were knowledgeable about people's individual needs and preferences.

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

- People were provided with opportunities to feedback about the service. However, feedback forms were not always being completed before care and support came to an end. Only two forms were available to review in the care records we looked at, both of which rated the service 'high'.
- The registered manager and provider worked with a range of health professionals and external agencies to share knowledge and to keep up with the latest guidance and information.
- We saw positive examples of where the provider had advocated on people's behalf and liaised with professionals and other organisations to ensure people were referred promptly to other support services when needed.

Working in partnership with others

- The registered manager and staff worked closely with social care professionals as well as other organisations to ensure people received a coordinated service. This included people's GP's, occupational therapists, physiotherapists and district nursing teams. A health and social care professional provided written feedback as follows, 'I've worked closely with the enablement care team and their service manager over the past two years, and have always found them to be approachable, professional and diligent in their dealings with me and the people I work with. I feel that the service is on the whole a valuable resource to the people it serves in the borough'.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not always ensure the proper and safe management of medicines.  Regulation 12 (1) (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective arrangements in place to assess, monitor and improve the quality of the service.  Regulation 17 (1)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not always ensure the safe recruitment of staff.  Regulation 19 (1) (2) (3)