

# Learning and Support Services Limited

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## Inspection report

8 Haddesley Road  
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Essex  
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Tel: 01371502018

Date of inspection visit:

15 March 2019

29 March 2019

03 April 2019

12 April 2019

Date of publication:

30 May 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults and older people, covering a range of needs: learning disabilities or autistic spectrum disorder, mental health, physical disability and sensory impairment. At the time of our inspection there were supporting eight people.

### People's experience of using this service:

People and their relatives consistently spoke about the exceptionally kind, caring, and thoughtful management and staff. Staff went over and above their usual care duties and formed trusting and caring relationships with people and their relatives.

One relative described the management and staff as, "Lovely, genuine people, everyone says how did I get such good carers...so pleased they have started the business."

Staff supported people to keep safe and acted when necessary to prevent any harm or discrimination.

People received a reliable, flexible service. One person said, "They have never missed a call."

Staff were highly motivated, enjoyed their job and have the skills, training and support to provide safe, person centred care.

Staff knew people well. They had developed good relationships with people.

People were consulted over their care and support needs and actively encouraged to make decisions for themselves.

Care plans were person centred. Staff were responsive in identifying and reviewing changes to support good physical and mental health.

The service was well run and committed to providing a quality service.

### Rating at last inspection:

This was the first inspection following the provider registered with the CQC on 7 November 2017

### Why we inspected:

This was a planned inspection following their registration.

### Follow up:

We will re-inspect this service within the published time frame for services rated good. We will continue to

monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Outstanding ☆

The service was exceptionally 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.

# Learning and Support Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The 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 homes. It provides a service to younger adults and older people.

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 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We looked at the Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections.

Inspection site visit activity started on 15 March 2019 and ended on 12 April 2019. During this time, we spent two days at the location office and contacted people using the service and staff to hear their views. We looked at records relating to three people's care, incident reports, policies and procedures, recruitment procedures, and training records. We also looked at audits and systems in place to check on the quality of the service provided.

We spoke with the registered manager and the nominated individual (which we referred to as the provider), and three support workers. We also spoke with one person using the service and four people's relatives.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were receiving safe care. A relative told us, "I totally trust them [staff] so reliable, so caring...first time I could feel I could take a break," as they knew their family member would be safely cared for.
- Staff had received training on safeguarding of adults and knew how to recognise and protect people from the risk of abuse.
- A staff member spoke of the importance of standing, "Up for what's right, if they [the person] can't do it, they need a voice for them," to raise any concerns.
- Staff knew how to report any safeguarding concerns, within the company, and externally. A staff member told us, "I've got the direct line to safeguarding on my phone," if needed.
- One staff member told us, "If I go and say I have a concern, they [management] will listen too," and act on any concerns.
- The registered manager and provider were aware of their responsibility in reporting any concerns and knew how to contact the local safeguarding authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Personalised risks assessments demonstrated a good awareness of the risks associated with people's lifestyle, diversity, physical and mental health needs. This included risk associated with using oxygen.
- A relative provided examples of how staff constantly monitored for any risks linked to their family member's individual needs and taking action to pre-empt / minimise them; "Risk assessments are done very regularly."
- Relatives and staff told us a blank incident form was kept in people's care plans, so they were easily accessible.
- Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. Appropriate action was taken promptly to deal with any incidents.
- Staff were aware of the approaches to use to reduce any anxiety or behaviour that impacted on a person's wellbeing; based on what the person had told them worked best.
- Staff had received first aid training and were issued with first aid kits.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people.
- People told us they were supported by the same group of staff, who they knew well. This helped them build trusting relationships with staff and receive continuity of care.
- There were sufficient numbers of skilled staff to support people safely according to their needs.
- Arrangements were in place to cover absences by their own staff, to ensure it did not impact on people's continuity of care. A staff member told us the, "Owners make sure shifts are covered and staff are not burnt

out," by covering some visits themselves.

- One person told us staff had, "Never missed a call," and staff were flexible in changing times, when needed.
- A relative said the service, "Never let [family member] down." If a staff member went on sick leave, the management were aware that it could trigger the person to become anxious, so they would contact them and let them know who was covering. The relative said, "Won't cover with somebody [family member] doesn't know."

#### Using medicines safely

- The registered manager told us only the medicine the staff administered was buccal medicines used in the management of seizures, which they had received training to safely administer.
- A relative confirmed this was the only medicine administered by staff, and they had, "Confidence," in staff's abilities.
- The registered manager said they would keep medicines training under review, and put in extra training as required, to support people's needs.

#### Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Management ensured that staff had use of personal protective equipment for use, when needed. This included disposable gloves and aprons.

# 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

Good: 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; Staff support: induction, training, skills and experience

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. This enabled the management to check if they were able to meet the person's needs and expectations.
- The registered manager said when assessing a person, they ensured the staff had the required skills to meet their needs, before accepting the care package.
- One person said, "They would not say yes," to taking on their care package until they had carried out a full assessment of their needs.
- People and their relatives felt confident in the staff's skills and abilities through the training and induction they received. One relative said staff, "Definitely," had the right training, describing the skills of the support workers as, "Absolutely brilliant."
- Staff induction procedures and ongoing training provided staff with the skills and competences to carry out their role effectively. A staff member told us, "Really up there with keeping training up to date...tailored to the service we provide, absolutely fantastic."
- A staff member said their induction included a lot of shadowing an experienced colleague to gain an insight into people's needs. They told us, "I requested another before going solo," and was told by the management they could have as many as they needed, "If you feel happy we are happy."
- Staff were supported to carry out their role effectively, through ongoing supervision and support. One staff member said the supervision sessions provided a good forum to raise any issues, as the registered manager was, "Very easy to talk to, if you bring anything up, they will touch on it at the next supervision to see if it's been resolved."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's likes and dislikes, adapting meals accordingly. One staff member described the verbal and non-verbal indicators which they used to support them in identifying if the person was enjoying their meal and had eaten enough.
- A relative described how staff supported their family member to be healthier; through motivation, exercise and involving their family member in preparation of healthy meals.
- People's care records, where applicable, provided detailed information on their food and drink preferences and level of support required with their eating and drinking.

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

- Where applicable, staff supported people to attend health care appointments and worked with specialist

health professionals to support people's individual health needs.

- People's care records showed the level of supported given, including staff following up on any advice. The advice had been received from healthcare professionals direct, or from people's relatives following attendance at hospital appointments.
- Staff knew people well and ensured that any changes in a person's condition were discussed, acted on and documented.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Staff had received training and had a good understanding of the MCA and understood how to relate it to practice.
- One staff member shared what the training had taught them, "Everyone has capacity unless proven otherwise... you shouldn't assume because a person may not be able to make a decision about part of their life, that they can't do it about another."
- The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

# 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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- Without exception, people and their relatives constantly referred to the exceptionally caring and compassionate culture of the service which exceeded their expectations. A relative commented staff, "Generally care about all the clients."
- One person described how staff were consistently, "Going above and beyond," what was expected of them, or what they had paid for. Including, in their own time and unpaid, supporting a person during an emergency admission hospital; taking them fresh clothing, feeding their pet, cleaning their home and stocking up on provisions for their return.
- Staff did fund raising to provide equipment to enhance people's lives.
- One person said, "I am overwhelmed by the level of kindness... From day one it has just been incredible, it's like having my own family coming around... never patronise or make me feel anything other than a human being... have been my advocate when I can't handle a situation, will fight for my rights, they go above and beyond."
- A staff member said, "We know people pretty well... good thing is we have really good relationships with not only them, but their families." All staff spoken with, talked about people in a very compassionate way.
- One relative described staff as "Really caring, got a good sense of humour, which is really needed... completely transformed [family member's] life, [family member] is so happy."
- Another relative, said, "I don't know of any other care team who have been so supportive and caring, [family member] looks forward to them coming in." They told us about how they had observed their family member out with staff members in the community, "See them out laughing and chatting, that says it all, normal reality life, out doing normal things [a person of that age should be doing]. They have built up a very nice rapport, make things nice for [family member]."
- People's care and daily records provided information which demonstrated how staff are encouraging people to access the community to do 'normal things'. This included supporting people to take in age related interests and have social contact with others of the same age.
- Other comments from relatives included: "They [management and staff] care about them and they have fun," and, "[Staff] go out of their way to make sure [family member] is entertained and happy."
- One person said they were aware due to personal frustrations, they could be abrupt with management and staff; which had impacted on them receiving care from other providers. "It shows a different outlook from this company." That when they went to apologise for being abrupt with the registered manager, their response had been, "Don't worry we are not upset, we rate you as a person and we do whatever we can do to support you."

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

and promoting people's privacy, dignity and independence

- We found a strong emphasis on ensuring people felt extremely respected and highly valued as individuals. Management and staff were very committed to ensuring people's rights were upheld. People and their relatives provided examples of where the registered manager had supported them to challenge decisions, which had impacted on people's rights and entitlements.
- One person told us, "You're not just a name on a rota...you're a person, not a disability [staff have] given me my dignity," by treating them with respect, "As an individual." The person added, that staff always dressed smartly, "Don't wear uniforms or tunics to remind me I'm disabled."
- There was an embedded culture amongst management and staff to ensure people were always at the centre of the service. That they took action to reduce any barriers which could impact on them getting the most out of their lives.
- The registered manager provided examples of the different types of barriers: financial, environmental, communication, isolation, travel and prejudices. Such as supporting a person to achieve their goal was to travel in an aeroplane on holiday.
- One relative said how staff, "Always listen," to what their family member had to say, and totally involved them in everything.
- Another relative, said, "Whatever [family member] wants they will do, no if, no buts," providing individual examples of how staff had supported their family member to achieve this.
- Staff's knowledge of people, their behaviours, verbal and non-verbal body language supported them in effectively adapting their approach when seeking their views, to ensure people's voices were equally heard.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support which was individualised to their personal needs and aspirations.
- A staff member said they always read the care plan prior to meeting the person, "Never go to anywhere without knowing about them."
- One person felt they were provided a, "Very joined up complete service...care plan in place since day one...the whole caboodle, so reassuring...Very much tailored to the person."
- People, and, where applicable, their relatives, said they were fully involved in saying how they wanted to be supported, which was recorded in their care plan.
- A relative said, "What they put in those folders is what they [staff] do."
- Staff were responsive in monitoring people's needs and reporting any changes to the management, who acted on the information given. Any changes were agreed with the person and recorded in their care plan.
- People and relatives told us they received a reliable service.
- The provider only took new care packages on, if they had the staff in place to ensure they could accommodate the time the person wanted.

The provision of accessible information:

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. Staff demonstrated they had read and understood this information by providing examples of the range of support they give, linked to the person's identified needs.
- Satisfaction surveys were produced in 'easy read' using face symbols to indicated different temperaments to show agreement / disagreement with the what they were being asked.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and a copy had been given to people using the service.
- People knew who to speak to if they have any concerns and had confidence that they would be dealt with.
- One person told us, "Any little issues are immediately dealt with."
- The registered manager said they used any feedback from concerns as a positive way of driving improvements in the service.

End of life care and support

- There was no one receiving end of life care at the time of our visit and seen as quite rare due to the young age group they supported. The registered manager said if the need occurred, they would liaise with the appropriate health professionals to ensure the person received the support they required.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and nominated individual, co-owned the service. They had a good oversight of what was happening in the service and demonstrated an in-depth knowledge in supporting the range of people's needs.
- People, and where applicable their relatives, and staff were unanimous that the service was being run well. A relative who described the management of the service as, "Excellent...Always get rotas in advance I know who is coming," and wouldn't hesitate to recommend to others.
- One person told us, "They [owners] are in it for the right reason," saying it wasn't to make money, but provide personalised care.
- The management team were very passionate about the care people received and had a good physical presence, promoting open communication.
- A relative said the registered manager was a good listener, "Never, never had a cross word, if I have a worry I can go to him," and it would be sorted.
- Staff felt listened to and supported by the provider. Their enjoyment of their job contributed to good morale and team working. A staff member commented, "The best people I have ever worked for, get a weekly text how has your week been, never got that from previous bosses, really care for staff as much as the service users."
- The registered manager and provider were aware that they were a new, small service and had plans in place to slowly increase the service, without it impacting on quality.

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

- Management and staff were highly motivated and shared the same values of enhancing people's lives by providing a quality service. They were proud of the work they did and the positive impact their support had on people's lives.
- There was a clear organisational structure. Staff were aware of their roles, which was set out in their job descriptions.
- The registered manager spoke of the robust selection process they had in place to ensure they recruited staff with the right values. A staff member said, "They won't just employ anyone."
- Staff felt well supported and were encouraged as part of their continual development to gain further qualifications.
- The registered manager described how they stayed up to date with good practice and how they took up

opportunities to share and learn from colleagues and other professionals.

- A staff member said the communication systems were, "Really good", which supported them to effectively carry out their role.

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

- The service benefitted from the management having a very visible presence. Not only with the people being supported, but family carers / relatives. This enabled them to keep in touch and gain people's views and experiences first hand.
- Systems were in place to gain people's views through surveys, care reviews and 'spot checks'.
- A staff member said the registered manager and provider, "Always make time," for staff and asked for their opinions.

Continuous learning and improving care; Working in partnership with others

- The register manager discussed as a new service they were constantly learning and looking at ways to improve. They used information from internal and external quality checks to improve their systems and quality of care.
- Following a recent quality check from the local council, they had acted on the feedback on how their 'Support Worker Spot Check' could be improved; by including a 'service user's, advocate or family feedback' section.
- During the inspection, where care records provided information for staff on medicines people were taking themselves or given by family members. Where we identified it could be more person centred to include, the reason why they took it, with any associated risks; during feedback they showed us this had been acted on.
- External organisations the service worked with to improve people's health and wellbeing and keep updated in best practice. This included the Epilepsy Society, and supporting a new Community College Initiative [CCI] which supported people in gaining life skills.