

Daima Global Limited

# Lanark Care Ealing

## Inspection report

G18 Regent Studios  
1 Thane Villas  
London  
N7 7PH

Tel: 02034639183  
Website: [www.lanarkcare.co.uk](http://www.lanarkcare.co.uk)

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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

Lanark Care Ealing is a domiciliary care service. It provides personal care to people living in their own homes in the community. The service supports people with a range of needs such as physical disability, frailty due to older age and dementia. At the time of this inspection there were four people using the service.

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

People and their relatives liked their care workers and said they received good support with their personal care, taking their medicines and with their meals. They said care workers were reliable, kind and communicated well with them.

Staff told us they were happy working for the service. They said the registered manager was supportive and helpful. The registered manager and staff told us that they found the training helpful. There were good systems in place to supervise and monitor staff.

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.

The management team carried out regular audits and contacted people using the service regularly to seek their feedback.

### Why we inspected

This service was registered with us on 31 January 2020 and this is the first inspection.

### Recommendations

We have made one recommendation to ensure that records are audited more thoroughly to ensure safe and high quality care is consistently provided.

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

### 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.

# Lanark Care Ealing

## Detailed findings

## Background to this inspection

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#### 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

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 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

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

Inspection activity started on 7 April 2022 and ended on 8 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also met with the registered manager. We spoke with the three care workers currently providing care on the telephone. We also spoke with one person who used the service and the relatives of the other three people who used the service.

We looked at the care records for three of the four people who used the service. This included initial needs assessments, risk assessments, care plans, and medicines records. We also looked at staff training records, recruitment records for three staff, supervision records, staff meeting minutes, complaints records, policies and procedures and records related to the management and quality monitoring of the service. We contacted local authorities for feedback on the service but we did not receive any feedback as all four people using the service were private customers and the local authorities were not involved with the service.

# 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.

### Staffing and recruitment

- At the time of this inspection the service had two full time and one part time care worker providing the care to four people. They had another care worker employed and ready to take on work. The registered manager also provided care on the fulltime workers' days off. The nominated individual and registered manager said they had enough staff employed to meet people's current needs.
- An electronic call monitoring system was in place. This was used to monitor people's care calls in real time and ensure that care staff arrived at their calls on time and that calls were not missed.
- People were satisfied their care was provided on time. One person said, "Every day she comes on time." They said they were kept informed if a care worker was running late.
- Staff were recruited following safe practices to minimise the risk of unsuitable people being employed.
- The recruitment process included an application form, criminal record checks, medical declaration of fitness to work, evidence of conduct in previous employment, right to work in the UK and proof of identity and an interview.
- Staff completed an induction of mandatory training and did a shift "shadowing" a more experienced care worker where they were assessed for competence to work alone.

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

- Risks associated with people's health and care needs were assessed and guidance provided to staff to minimise the risks.
- Risks identified in people's files included risks associated with falls, nutrition, choking and their home environment.
- The service had a system in place for recording accidents and incidents and reviewing them to check if there were any lessons to learn to prevent a similar incident occurring.
- The nominated individual told us about a safeguarding concern two years ago where they had learned lessons on how to communicate better with people and be clear about their expectations.

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

- The provider had systems in place to help protect people from the risk of abuse.
- The service had a procedure in place for dealing with any safeguarding concerns. There were separate procedures as required for safeguarding children and adults.
- Staff had completed safeguarding training and told us they would report any concerns to the manager without delay.

### Using medicines safely

- People received their medicines safely and as prescribed.
- People's support needs in relation to medicine administration were documented in their care plan, but the information lacked detail to enable care workers to ensure they supported people correctly. For example one person's care plan advised staff on how to record the medicines taken but gave no detail on how the person liked to be supported to take their medicines, e.g. one tablet at a time, all tablets at once, on a spoon or in a small cup ,with water etc. In practice care workers knew people's needs very well and so were able to tell us how they supported the person with their medicines safely. The registered manager updated the medicines support care plans immediately after the inspection.
- The nominated individual told us medicines administration records were audited monthly to ensure care workers were giving people their medicines as prescribed and recording this correctly. We saw evidence of these audits. There had been no recent concerns about the administration or recording of medicines.
- Care workers completed medicines training and their competence was assessed by the registered manager to ensure they had understood their training and were able to administer medicines safely. Staff told us they were happy with the training they received to support people with medicines.

#### Preventing and controlling infection

- Systems and processes were in place to ensure people and staff were protected from the spread of infection.
- Care workers told us the service always kept them well supplied with personal protective equipment (PPE) which included gloves, masks, aprons and hand sanitiser.
- Staff followed the current required testing regime for COVID-19. The management team had also ensured all staff were vaccinated against COVID-19.
- Care workers completed training on COVID-19, infection control and the correct use of PPE in 2020 and 2021. Senior staff carried out spot checks in people's homes which included a check on staff following safe infection control procedures.
- Care plans included guidance to staff to put on new PPE and how to dispose of PPE safely.

# 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.

Supporting people to live healthier lives, access healthcare services and support

- Care plans did not contain a section on people's health needs though this information was present in other documents such as their initial assessment and their local authority care plan. The registered manager showed us the previous care plans which did have this information. When updating the care plans the health section had been omitted as an oversight. They said they would immediately update the care plans to ensure important health information was included as some people had health conditions that needed to be monitored by their care worker.
- The registered manager sent us evidence that they updated the care plan with physical health needs after the inspection. This was comprehensive.
- We noted the guidance in the care plan about diabetes was not clear for a care worker to recognise the signs and respond appropriately if a person was having symptoms of high or low blood sugar levels. The registered manager agreed to review and update this immediately.
- Care workers knew the needs of the person they supported well as they provided consistent care to them.

Staff support: induction, training, skills and experience

- Staff did not complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. However, they did attend training on the 15 standards over a 2-3-day period.
- We noted that although staff had certificates of training in mandatory topics, sometimes several topics were included in one day. We asked staff their views on the quality of the training and they said they found the training to be good. One care worker said the training was "really good." Another said it was "very helpful." The registered manager said they had attended the training with the care workers and thought it was of good quality.
- All staff had previous experience working in care. Staff had regular supervision meetings with the registered manager and "spot checks" where they were visited unannounced whilst providing care so that their competence could be assessed.
- A relative of one person using the service told us they thought their care worker had the skills and competence to work with the person and said the person "really liked" the care worker.
- A person using the service told us they were also happy that staff had the skills needed to meet their needs. They said, "She is really good, she does everything I need and she does it well."

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



- People received support to meet their nutrition and hydration needs.
- People's care plans contained detailed information about their nutrition needs. The plans included detail on the types of food and drinks the person preferred. People's different cultural food preferences were documented as well as religious requirements such as halal food. There was enough information to help the care worker prepare food for the person even if they were unable to tell the care worker what they liked.
- Care plans also included information about people's support needs for example that one person needed time as they sometimes retained food in their mouth and this was something for their care worker to monitor.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and nominated individual told us they had not yet worked with other professionals but they had approached a local authority social worker asking to be involved in reviewing a person's care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. None of the people using the service were deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent was sought and documented for example to having their photograph taken, to the service sharing information about them with their GP and to having care workers support them with personal care.
- We saw in one file where a person was unable to sign and give consent to their care, there had been a mental capacity assessment. Their next of kin had signed the consent documents in their best interest.
- Care plan templates included information about whether people had a lasting power of attorney (where a person has legal authority to make decisions about another person's health and care on their behalf) or other legal process to authorise another person to consent on their behalf. This was good practice as staff could see at a glance who should be consulted for any decision making.

# 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 received good support with consideration given to their individual needs.
- People and their relatives said care workers were kind and treated them well. Care workers spoke about the people using the service in a caring respectful way
- A relative of one person told us their care worker was, "a really good girl" and "very good." They said the care worker had built a good relationship with the person who "liked her very much."
- A care worker said, "I am here to help him, to make him happy. We get along well."
- People's cultural, religious and language were documented. The registered manager showed a good understanding of people's different religions and the languages they spoke.
- One relative told us they were happy that the person had been given a care worker from the same cultural and religious background as this meant they understood the person's needs. The person did not speak English and the care worker providing their care spoke the same language as them which was very important to them and their family.

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

- We saw that people or their representatives, had been involved in their care plan. We spoke with one person who said they were very happy with their care worker and felt involved in all decisions affecting their care. The care worker and the registered manager both told us how the person made all their own decisions.
- A relative told us they were fully involved in care planning and that the care worker followed their guidance at all times.
- The management team called or visited people to ensure they were happy and fully involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff showed a good understanding of the importance of respecting people's privacy.
- We discussed independence with one care worker who said they promoted the person's independence. They said, "When I show him once he likes to do it by himself. I push him to do things by himself. If he gets frustrated I help."
- Another person said, "I do what I want and she helps me when I need help."
- The registered manager confirmed they promoted independence and autonomy in the service.

# 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 received personalised care and support.
- Care plans detailed people's care needs and preferences. This included their religious and cultural preferences.
- People and relatives told us that they were satisfied with the care provided by their care workers. Comments included; "I am happy" and one relative described the care workers as, "respectful, compassionate, and professional."
- Care workers worked with the same person so got to know their needs and preferences. For example, one care worker worked with one person every weekend. Another worked with the same person four times a day six days a week so knew them very well.
- As the service was so small, only providing care to four people, people benefited from consistency of care. The registered manager provided care on the care workers' days off, so they also knew people's needs well. This gave relatives confidence that the person's needs and wishes were well understood.

### ● 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.

- Where people had specific communication needs and preferences this was recorded in their care plan. This included all languages spoken.
- One person did not speak English and was provided with a care worker who spoke the same language. The family told us they were happy that this had been arranged and that the care worker was responsive to the person's needs.
- Where a care worker was working with an autistic person, the service had provided them with training on autism to help them understand and communicate with the person.
- Staff were aware of people's communication needs. They were able to describe how they communicated with the person.

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

- The service supported one person with their interests as this was an assessed need.

- The person's care plan recorded what activities they liked to do which the care worker needed to support them with.
- Within their homes people received care from care workers who were familiar with their preferred individual daily routines and cultural preferences.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to respond to complaints.
- The service had a detailed complaints procedure.
- People using the service were given a service user guide which included information on how to contact the service to make a complaint.
- Relatives told us they knew who to speak with if they had any concerns.

End of life care and support

- The service had not provided any end of life care at the time of this inspection and had not asked people about their end of life care preferences.

# 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.

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

- Safeguarding concerns, complaints and accidents/incidents were audited monthly and a record made of the audit even if there had been no incidents. Other audits included medicines, care records and staff files. As mentioned in the Effective section of this report, the most recent care plans did not have a section on people's health needs. This had been deleted from the previous versions. This oversight did not have a negative impact on people as care workers knew their needs well but this important information was missing.

We recommend that thorough audits of all records are carried out regularly to ensure safe and high quality care is provided.

- The management team consisted of the nominated individual and the registered manager. They said they worked well together. They were supported by the senior care worker who worked part time in the office and carried out some spot checks on care workers when they were working in people's homes.
- The registered manager was on-call 24 hours a day to deal with any emergencies and offer advice. The nominated individual covered the on-call at times to give the registered manager a break. They said more senior staff would be employed when the service expanded.
- The service used an electronic system to monitor calls. This enabled them to check if a care worker was late or had not arrived.
- The service kept a record of any missed or late calls and any occasions where a care worker would inform them they were running late or unable to work. They recorded the action they took in response to this, for example sending another worker out or calling the person to tell them their care worker was running late.
- The policies and procedures in place were detailed and records and files were well organised.
- The nominated individual was involved in the running of the service and had managed the service when the registered manager was on leave. They had extensive experience of managing regulated care services.

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

- The service engaged with staff and people using the service effectively.

- A customer survey from October 2021 showed satisfaction with the service at that time.
- People using the service and their relatives said they were happy with the service and would speak with the registered manager if they had any concerns or information to share. They said the registered manager kept in touch with them regularly and was helpful.
- There were records showing that senior staff called people (or their relative where appropriate) every month to check if they were happy with the service. There was a list of questions asked and their answers recorded to ensure ongoing quality monitoring was taking place.
- One person using the service told us, "Sometimes the manager comes to check everything."
- There were regular staff meetings. The care workers said they liked working for this service and described it as, "good" and "really good."

Continuous learning and improving care; Working in partnership with others

- The service had not yet worked alongside other health or social care professionals but the registered manager told us how they had asked to be invited to a care review for one person and were willing to work in partnership with other professionals.
- The service had recently rented a larger office in the same building as they hoped to expand the service. The nominated individual told us of their plans to improve and expand the service after the inspection.

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

- The service promoted a person-centred culture.
- People using the service and their relatives were happy that the service understood their needs, matched them with a care worker who was able to meet their holistic needs and checked regularly that they were happy.
- We found from talking to people and looking at records that one person had become more independent since using the service and another was encouraged to be as independent as possible. At the same time the service had noted that one person was needing more help with meal preparation and had contacted the local authority to ask that the person be assessed for more support which had recently taken place. This was all evidence of working towards positive outcomes for people.

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 nominated individual and the registered manager both understood their legal responsibilities in relation to being open and honest with people when something went wrong.
- They understood their legal responsibility to make notifications to CQC when certain incidents had taken place or allegations of abuse had been made.