

Lincolnshire Home Care Limited

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Inspection report

69 Cradge Bank
Spalding
Lincolnshire
PE11 3AF

Tel: 01775722887

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lincolnshire Home Care Limited in Spalding, provides care and support for people in their own homes. The service was supporting 128 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Safeguarding concerns were not always identified and escalated as appropriate to the local authority. Accident and incidents had not been effectively analysed to ensure measures were put in place to reduce reoccurrence. Medicines were not managed safely. Competency assessments were not in place to show staff were competent to administer medicines to people. Care calls were periodically late and occasionally had been missed, resulting in people not receiving the support they required. People's risks had been assessed. Staff had access to infection control equipment to reduce the risk of spread of infection. We made a recommendation about recruitment processes.

There was a lack of quality assurance systems in place to enable the management team to have full oversight of quality in the service. Quality audits undertaken had not been effective in identifying shortfalls. Some staff were not clear of their roles. Staff and people found the registered manager to be approachable and supportive. People's equality characteristics were fully considered. People's feedback was sought.

Information was available to people in different ways, so they could make informed decisions. Staff supported people's social needs and encouraged them to express themselves freely in relation to sexual orientation. Complaints were handled in line with the organisation's policy. Staff were passionate about delivering quality end of life care.

Staff had not always undertaken relevant training before delivering care. People's needs had been assessed prior to care and support being delivered. Equipment to support people was available. Staff supported people to prepare meals they enjoyed. The service worked with other agencies to provide timely care. People's capacity had been assessed. We made a recommendation about staff training.

People told us staff were caring and supported them well. Staff were passionate about protecting people's dignity. People were involved in their care planning.

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

Rating at last inspection

The last rating for the service was good (published in 4 August 2017)

Why we inspected

This was a planned inspection based on the previous rating

Enforcement

We have identified breaches in relation to medicines, accidents and incidents, care calls being missed and quality assurance systems.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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?

The service was not always well-led.

Details are in our well-led section below.

Requires Improvement ●

Lincolnshire Home Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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 houses and flats.

Notice of inspection

We gave a short period notice of the inspection because we needed to ensure that staff would be at the office in order to conduct the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from staff and people using the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eleven people who used the service and one relative about their experience of the care

provided. We spoke with nine members of staff including the provider, registered manager, manager and care workers. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- We found evidence that risks associated with people's care had been identified and risk assessments were in place, so staff could support people safely. However, people were not always supported in line with this guidance consistently when calls were late or missed.
- Records reviewed, confirmed that some calls had been over half an hour late. One person, who had a care call missed, was at risk of skin break down and required support from staff to reposition to prevent sores developing. This meant that on occasions people's needs were not met in line with their assessment and increased the risk of avoidable harm.
- Safeguarding concerns had not always been recognised and reported to the relevant authority. For example, when care calls were missed, these had not always been considered as a safeguarding concern. However, other concerns had been escalated, when the registered provider felt a person was at risk and the register manager understood their responsibilities to report missed care calls in the future.
- There was a system in place to record accidents and incidents. Records showed the management team had taken action to make contact with people where care calls had been missed. However, records did not show how the management team had identified themes and trends or what actions they had taken to reduce the risk of re-occurrence.

This contributed to a breach of Regulation 12, Health and Social Care Act, 2008 (Regulated Activities), Safe Care and Treatment.

- Staff had a good understanding how to protect people from potential harm and abuse.
- Following the inspection, the registered provider had implemented a matrix to record accident and incidents to enable them to complete trend and theme analysis and measures to reduce risk could be taken. They also, reviewed scheduling for care calls to ensure they are based around people's preferences and needs.

Using medicines safely

- Medicines were not managed safely. One person required support from staff with the administration of their medicines. Their MAR (medicine administration record) charts, for December 2019 showed there were ten occasions, where staff had not signed to confirm administration of medicines and care records did not confirm whether these had been administered in line with the medicine prescription.
- There was a lack of guidance for staff regarding how and when to administer medicines to people and MAR charts did not contain sufficient information. This included information for medicated creams. For

example, one person's MAR chart had 'blister pack' written on it and did not contain information about each medicine and when they should be administered. The medicated cream was written on the MAR chart with no guidance of what part of the body this has been prescribed for and how it should be applied.

- The provider was unable to evidence staff had been assessed as competent to administer medicines to people. This is best practice under NICE (National Institute of Clinical Excellence) guidelines. We discussed this with the registered manager and a plan was put in place to immediately assess staff competency.

This contributed to a breach of Regulation 12, Health and Social Care Act, 2008 (Regulated Activities), Safe Care and Treatment.

- Following the inspection the registered provider confirmed they had taken immediate action to address concerns around medicines and had implemented an online process which detailed medicine prescription detail, times of administration and how the medicine should be administered. This also enabled the management team to see if medicines had been administered and to address shortfalls in a timely way.

Staffing and recruitment

- There were not always enough staff to meet people's needs. However, to address short falls in staffing this the registered manager had used agency staff to cover shifts, whilst the management team covered other shifts themselves.
- The registered provider had carried out pre-employment checks on staff. However, some staff had started their employment before their criminal record check had been completed. There were no risk assessments in place to detail protection in place to people using the service.

We recommend that registered provider seeks advice and guidance from a reputable source to ensure there are robust policies and protocols in relation to staff recruitment.

- We discussed concerns with the registered provider and they told us they had implemented a new starter checklist to record and when pre-employment checks for staff had been received. They had also introduced a protocol where staff will not be under taking care calls until their pre-employment checks had been received.

Preventing and controlling infection

- Staff received training around infection control and understood the importance of reducing the risk of infection for the people they support.
- Personal Protective Equipment (PPE) was available to staff from the main office. Staff told us they wore this whilst delivering personal care and people we spoke with confirmed this.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always receive training relevant to their role before attending to care calls. Records showed 11 members of staff had not received their training in safeguarding; nine members of staff had not received training in manual handling and five members of staff had not received medicines training. This meant the registered provider could not be assured people would receive effective and safe care.

We recommend the registered provider review's their induction and training programme for new staff.

- As part of the induction process new staff shadowed experienced staff to learn about people and their needs.
- Staff told us they were able to complete nationally recognised qualifications with the registered provider and were encouraged to do so.
- Following the inspection, the registered manager informed us more online training modules will be rolled out to all staff, covering the care certificate. They also informed us that before staff attended shadow care calls, new staff would be expected to complete all of their online training related to their roles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to care calls being given. This was to ensure staff could meet the needs of the individual and calls could be scheduled.
- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example people's religious and cultural needs and lifestyle preferences.
- Equipment was available in people's homes to enhance their care and promote their independence. For example; mobility aids, specialist beds and pressure relieving equipment.

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

- People told us staff supported them to prepare meals they enjoyed where needed.
- When staff attended care calls, before leaving they would ensure fluids and snacks were available to people. People we spoke with confirmed this.

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

- Staff worked with other agencies to provide timely care and support for people.
- During inspection, staff called the office as they were concerned about a person's welfare as they were not

answering the door. Managers advised staff to contact local police and request a welfare check to ensure the person was safe.

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.

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.

- People's capacity had been assessed by a social worker where there was reason to believe they lacked capacity. However, the management team understood their responsibilities around assessing capacity and knew how they could do this if required.
- Where some people lacked capacity, they had legal representatives who would support them with decisions relating to their care. For people who did not have a legal representative, the management team knew how to access services to enable people to receive support with their decision's.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they felt the staff were caring and supported them well. One person described the staff as 'wonderful' and another, 'fabulous'.
- Staff cared about people and told us that staff always asked if they needed anything before leaving. One person commented, "They even do little things for me which they aren't here to do. If I am struggling, they will always help."
- People enjoyed spending time with staff and told us they had regular members of staff who supported them. The registered manager told us compatibility of the person who required support and staff is reviewed to ensure people will have a better experience.
- Over the festive period, staff took some people a Christmas dinner, where they don't have family. Staff also spent time with people during this period so they were not alone.

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

- Staff gave people choices in their daily care. For example, meal choices, clothes to wear and how they wanted to be supported. People we spoke to confirmed this.
- Individual care plans had been signed by the person receiving care and support to give their consent. Where people were unable to do this, their legal representative signed on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People said they felt staff respected their dignity. One person said, "They always knock on the door and shout hello it's [name of staff member] before coming in."
- Staff told us they protect people's dignity. One staff member said, "We use a towel to cover parts of their body when supporting them with personal care." Another staff member described, "We maintain dignity at all times, we don't expose them to anything unnecessary."
- Care plans detailed people's abilities and informed staff of how they should allow them to do these things themselves. People we spoke with confirmed that staff promoted their independence.
- Where people were at risk of malnourishment, staff worked with them to support them to cook for themselves, which has resulted in people gaining weight and reenabling them to have daily living skills.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were always met.

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

- Some people required support to avoid social isolation and staff ensured people received this. For example, Staff took people out and some people enjoyed going to a café.
- Staff supported people's sexual orientation and promoted them to express themselves in their preferred way.

End of life care and support

- Staff received training in end of life care and were passionate about the quality of care they provided. One staff member told us, "In my role, I am able to give good end of life care to people and make sure their last days are dignified and comfortable. What an honour to be able to do that for a job."
- Staff worked closely with nurses who specialised in end of life care support by informing them if people had become more unwell and required further medicines to keep them comfortable and free from pain.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in their care. One person we spoke with told us, "They treat me well, they give me a choice and I have a voice in my care."
- However, some people did not always feel they received personalised care. We spoke with people, who told us when staff were late for their call they did not always receive communication to inform them of this.
- Staff supported people to attend hospital appointments as required, if they did not have family to go with them.
- Following the inspection, the registered manager told us they had organised time to review the call scheduling to ensure that call times were in line with people's needs and preferences.

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.

- Information was available to people in different ways to enable them to make a decision.
- The providers welcome pad was available in large print and had pictures enclosed.
- Information relating to people's care could be sought in different languages and in braille, to assist people with a visual impairment.

Improving care quality in response to complaints or concerns

- The registered manager was in the process of investigating and responding to a complaint during the inspection. They had made sure they kept in regular contact with the complainant and followed their complaints policy.
- The management team felt it was important to apologise if people were unhappy about an element of the service and told us, "We always say sorry and try and put it right,"
- People told us they knew who they would go to if they had a complaint, most knew the registered manager by name. One person said, "Oh I can ring [name of registered manager] anytime. I know they would sort it."

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a lack of robust and effective quality assurance processes in place to monitor quality of the service. Quality audits carried out did not always identify shortfalls and action plans were not always created to ensure timely action was taken.
- There was a lack of oversight of quality performance in the service as some staff were unclear of their roles. For example, staff who had undertaken quality audits did not always report and escalate concerns to the registered manager.
- Accidents and incidents were not analysed to identify themes and trends. This meant that measures had not always been identified and put in place to reduce re-occurrences.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered provider had appointed two care field supervisors to take the lead on quality for two different geographical areas. The registered provider had also implemented a monthly quality assurance schedule to ensure oversight of quality of the service.
- The registered provider had openly discussed recent challenges with us during the inspection and was passionate about addressing the concerns we identified. They created a detailed action plan and elements were implemented during the inspection process.

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

- Staff told us they felt the management team were approachable and supportive. One member of staff said, "Yes, they are very supportive of us, they make sure that if we are in need of anything they are always there for us." Another member of staff described the management team to be 'kind hearted.'
- Management and staff were passionate about providing quality care for people in their own homes.
- The registered manager understood their legal responsibility to be open and honest when things had gone wrong. When care calls had been missed (which is detailed in the safe and responsive findings of the report), the management team had contacted people to apologise.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with other agencies, such as, doctors, district nurses, palliative care specialists, local police and social workers.
- There was a culture of equality in the service and people's equality characteristics were fully considered with both staff and people.
- People were asked for their feedback through surveys and reviews. When the management team received this, action plans had been put in place to show action taken to address negative feedback.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure that staff were safely given out medicine to people. Accidents and incidents were not effectively analysed to identify trends and themes.</p> <p>Care calls had been late and occasionally missed which resulted in some people being at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of effective quality monitoring systems and processes to enable the registered provider to have full oversight of quality of the service. Quality audits did not always identify shortfalls and effective actions plans were not in place to address this.</p>