

Lindcare Ltd

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Inspection report

Oasis Resource Centre
29 St. Johns Road
Huddersfield
HD1 5DX

Tel: 07957404395

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Lindcare is a domiciliary care service providing personal care to people in their own houses and flats in the community. At the time of inspection, the service was providing personal care to nine people. Not everyone who used the service received personal care. Care Quality Commission (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

We found the process for recruiting staff was not robust. Recruitment checks were not carried out in full. The registered manager did not keep full records of staff information.

People were kept safe from risk and harm and staff had a good understanding of safeguarding processes. Risk assessments were robust and relevant. Medicines were managed safely. Infection prevention and control (IPC) systems were in place to reduce people's risk of infection.

People were supported to have choice and control of their lives. Staff were trained to deliver support specific to the needs of people. People told us staff were polite and always asked before providing support. People were involved in decisions about their support needs.

Support records provided detailed information about people's needs and preferences. People's health care and nutritional needs were well managed. Staff were kind, compassionate and caring; they treated people with respect and maintained their privacy and dignity.

People's support needs were assessed and reviewed on a regular basis. People had access to healthcare professionals. People and their relatives told us they were involved in the support planning process to ensure it met their needs.

Auditing and quality assurance processes were not always in place to enable the service to identify where improvement was needed. People told us the registered manager was approachable and responsive to feedback. The service worked well in partnership with others to ensure the best outcomes for people.

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

Rating at last inspection and update

This service was registered with us on 17 May 2021 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to recruitment and retention of staff at this inspection. 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lindcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. 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 to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 16 August 2022 and ended on 18 August 2022. We visited the location's office on 16 and 17 August 2022.

What we did before the inspection

We sought feedback from the local authority and professionals who worked with the service. 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 spoke with the registered manager and three staff. We spoke with one person receiving support and four relatives. We reviewed three people's support records. We reviewed records and audits relating to the management of the service. We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

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 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.

Staffing and recruitment

- Recruitment checks were not robust; the registered manager had a lack of oversight of staff providing the regulated activity (personal care).
- Employment application forms were sometimes missing or incomplete. The registered manager did not carry out checks in relation to gaps in employment history.
- References from previous employers were missing, incomplete or lacked basic details such as the name of the person providing the reference. References were not dated or signed.
- Disclosure and Barring Service (DBS) checks, and right to work checks were not available on inspection. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Safe staffing and recruitment procedures were not established and operated effectively to ensure that persons employed were of good character. We found no evidence of harm; however, this placed people at risk of harm. This was a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to protect people from the risk of abuse.
- Staff received safeguarding training and knew how to recognise and respond to signs of abuse.
- Safeguarding incidents were recorded, investigated and outcomes were shared with staff to reduce future risk.

Assessing risk, safety monitoring and management

- The registered manager assessed individual risk and implemented controls to mitigate concerns.
- Environmental risk factors had been identified and procedures introduced to keep people safe.
- Staff had completed the appropriate mandatory training.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed.
- People's medicines support needs were recorded and audited. Records showed medicines were given as prescribed.
- Staff received training and competency checks to ensure they could safely support people with their medicines.

Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The registered manager had plans in place to alert other agencies to concerns affecting people's health and wellbeing.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager ensured systems were in place to identify issues which might affect people's safety.
- Accident and incidents reports were reviewed by the registered manager; they took appropriate action to reduce risks and share lessons learned with staff to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs before support was agreed.
- Support plans and risk assessments were developed when people started to receive support.
- Staff said they were made aware when people's support needs changed. One staff member told us, "The registered manager keeps us up-to-date with changing needs; there are a few [information technology] systems we use so everything is current."

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role.
- Staff induction was based on the Care Certificate programme; 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.
- Relatives told us they felt staff were well trained. One relative said, "We have had no concerns at all about the support staff give; we feel [our relative] is safe. The staff are everything you would expect them to be."

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

- The provider had systems in place to detail people's eating and drinking needs within support plans.
- Staff supported people to eat and drink where appropriate to meet their health and nutritional needs.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.

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

- The provider supported people to access other health care professionals to effectively meet their support needs.
- Oral health needs were met where this was identified as a need; this was recorded in support plans.
- Relatives said staff worked well with other health professionals. One relative told us, "Staff are kind, caring, patient and professional; they contact the district nurses whenever needed and let me know, which gives me great confidence."
- Relatives told us staff supported people to maintain their personal appearance and to live healthier lives. One relative said, "Staff help with all aspects of support including supporting [my relative] cleaning their teeth and arranging dental appointments."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The provider consulted people about their support needs and sort consent before offering support.
- People told us they were able to live their lives without restrictions. One person said, "I don't feel restricted in any way; I choose what to do each day and staff support me to be quite independent. The [staff] visits don't interrupt my day or inconvenience me."
- Relatives said staff were respectful and polite. One relative told us, "Staff always ask for consent before supporting [my relative]; they talk to [the person being supported] and tell them what they are about to do and ask if it is alright."

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

- The provider ensured people's equality and diversity needs were met through policies to help ensure people were treated fairly.
- Staff received equality training and were able to support people's religious and cultural beliefs.
- Relatives said staff understood how to engage people's interests. One relative told us, "Staff are polite, kind and caring, we can't fault them. They listen to [my relative] and chat about the things they are interested in; it has helped as now they send staff of the gender they prefer."

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

- The registered manager worked with people and, where appropriate, their families, to ensure support plans were person-centred and reflected their needs.
- People were given opportunity to feedback about the support they received; they made suggestions on how support could be improved to meet their needs.
- Relatives told us people were involved in planning their support. One relative said, "We have all been involved in decisions regarding what support is provided. My [relative] and I discussed what we wanted in the support package. Before support started, we met staff so we could get to know them."

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people's needs and aspirations were understood by recording them in their support plans; they checked staff were meeting them by carrying out regular observations and speaking with people.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible in their own home.
- People we spoke with told us staff were respectful of their wishes. One person said, "The staff cannot be faulted. They provide excellent support and they are everything they should be; kind, caring, compassionate and professional."

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's support plans described their support needs, were reviewed regularly, and were person-centred, containing people's likes, dislikes and preferences.
- Staff had a good understanding of people's needs and told us the registered manager kept them informed of any changes to people's support.
- People told us staff listened to what they wanted and respected their decisions. One person said, "Staff are really good and do exactly what I've asked for in my support plan. I was very pleased recently when I phoned the [registered] manager and asked for [something] to change; it was put in place straight away."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager ensured people's communication needs were assessed and these were recorded in their support plans.
- The provider made people aware of advocacy services and support available for people whose first language was not English.

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

- People were supported to maintain and develop relationships, and to follow their own interests and social activities.
- Relatives told us staff visits were not rushed and staff had time to support social needs. One relative said, "Staff are never rushed. When I have been there, I have seen how support is offered at [my relative's] pace. Staff know them well and they enjoy a chat."

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints easily.
- The registered manager dealt with concerns promptly and shared lessons learned with staff to improve the quality of support.
- Relatives told us they knew how to make a complaint and felt confident any issues raised would be dealt

with appropriately.

End of life care and support

- Processes were in place to support people with end of life decisions.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.
- At the time of our inspection there was no one receiving support who were at the end of their life.

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 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

- The registered manager had a lack of oversight of staffing records including recruitment, training and employment levels.
- Staff were deployed without the registered manager being assured of their competence to carry out the role. Training records were not available.
- The registered manager was unclear how many staff were employed and what role they were contracted to do.
- There was no staffing structure made available during the inspection. Staff were unclear about who their line manager was or their role within the service.

Systems and processes were not in place to ensure staffing records were maintained in relation to persons employed in the carrying on of regulated activities. We found no evidence of harm; however, this placed people at risk of harm. This was a breach of regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider worked closely with people to ensure staff understood their support needs and could deliver quality outcomes.
- The registered manager was visible in the service and made regular visits to observe staff interacting with people who received support.
- People told us they knew the registered manager well. One person said, "I have met [the registered manager] several times. When I first got the support package, the [registered] manager visited almost every day for the first few weeks to make sure everything was running smoothly."

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 registered manager understood their responsibility to be open and honest when something went wrong.
- The provider used audits, investigations, feedback sessions and surveys to improve the quality of support people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.
- People said the registered manager regularly engaged with them. One person told us, "The [registered] manager is very helpful and supportive. They manage the service well and employ very good staff. They go out of their way to support me."
- Relatives told us they were regularly asked for feedback. One relative said, "I receive questionnaires to gather my views, but I also speak to the [registered] manager a lot and tell them how well the service works; I often praise the staff for the work they do."

Working in partnership with others

- The registered manager worked in partnership with other agencies to ensure people's support needs were met.
- People's support records showed involvement and guidance from other agencies, for example, the district nursing team and GP.
- Relatives told us they were supported to contact other health professionals. One person said, "The registered manager contacts other agencies for us, such as the incontinence team. We have also discussed end of life provision."

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 17 HSCA RA Regulations 2014 Good governance</p> <ul style="list-style-type: none">● The registered manager had a lack of oversight of staffing records including recruitment, training and employment levels.
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <ul style="list-style-type: none">● Recruitment checks were not robust; the registered manager had a lack of oversight of staff providing the regulated activity (personal care).● Employment application forms were sometimes missing or incomplete.● References from previous employers were missing, incomplete, or lacked basic details