

LA's Community Care Ltd

# LA's Community Care Ltd

## Inspection report

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Date of inspection visit:  
06 June 2023

Date of publication:  
11 July 2023

### 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

LA's Community Care Ltd is a domiciliary care agency providing person care. The service provides support to adults, older people and people who may be living with dementia. At the time of our inspection there were 13 people using the service who received a regulated activity. 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

Systems and process to monitor the quality of the service needed improvement. The auditing systems had not identified the areas we found at this inspection.

Risk assessments were not always in place or were not sufficiently robust. When people's needs had changed care plans and risk assessments had not been reviewed in a prompt manner. Medicines were administered but records were not always sufficiently robust. We have made a recommendation about this.

People felt safe with the staff who supported them and there was systems in place to monitor attendance at care calls.

New staff received an induction and felt supported in their roles. Where people required support with their nutrition this was provided, and care plans contained people's food preferences. 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.

Staff were kind and caring. They treated people with respect and protected their privacy and dignity.

People were happy with the care and support they received and felt fully involved and promoted to make choices.

People and staff felt involved in the service. There was good staff morale and they felt well supported. The provider held events to engage with the local community and to support registered charities.

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

### Rating at last inspection

This service was registered with us on 15 March 2022 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 have identified breaches in relation to risk management and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made recommendations in relation to medicines records.

## 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# LA's Community Care 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

One inspector carried out this inspection. An Expert by Experience supported the inspection making telephone calls to people and their relatives. 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 48 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 6 June 2023 and ended on 15 June 2023. We visited the location's office on 6 June 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work 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 five people and one relative to gather their feedback on care provided. We spoke with seven members of staff. This included the nominated individual, the registered manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed three people's care plans and multiple medicines records. We reviewed 3 staff files and a variety of records in relation to the governance of the service.

After the visit to the office, we used technology such as and electronic file sharing to enable us to review further documentation.



# 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.

### Assessing risk, safety monitoring and management

- Risk assessments were not always in place or were not always sufficiently robust to reduce risks to people.
- Assessments had not been carried out to identify the level of risk to people, so appropriate control measures could be put in place.
- When people's needs had changed, care plans and risk assessments were not updated in a timely manner.

Failing to respond to risk was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual sent evidence they were reviewing risk assessments. In addition, they were exploring training in relation to risk management.
- Environmental risk assessments were in place.

### Using medicines safely

- People were receiving their medicines; however, records were not sufficiently robust. For example, staff were not always recording where people's patches were applied, and one person's prescribed cream had been applied but was not on the medication administration record.
- When people were prescribed 'when required' medicines guidance was not always in place for staff to follow to ensure they were given correctly.
- Staff had receiving medicines training and competency assessments.

We recommend the provider reviews their systems and processes to ensure effective recording keeping in relation to medicines.

### Staffing and recruitment

- Recruitment checks had been carried out. However, records were not always sufficiently robust. For example, gaps in employment had not always been explored. The nominated individual took action to address this during the inspection.
- The provider had a system to monitor calls. This ensured they were alerted if staff did not attend visits. They could then take action, which prevented visits from being missed.
- There were sufficient staff employed to attend care calls.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were confident to report any suspected abuse.
- People told us they felt safe receiving support from the care staff. One person told us, "They are pretty good, and we always feel safe with the carers because we have got to know them and they are introduced to us when they shadow shifts."

#### Preventing and controlling infection

- Staff had received infection control training. They knew when they should wear Personal Protective Equipment (PPE) to reduce the risk of spread of infection.
- People we spoke with confirmed staff always wore PPE when supporting them.

#### Learning lessons when things go wrong

- There had been minimal accidents. The nominated individual told us if they identified an increase in accidents, they would monitor the situation.
- The provider had a tracker to record any concerns and record lessons learnt.



# 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.

Staff support: induction, training, skills and experience

- Staff completed shadowing shifts where they worked alongside more experienced care workers and completed the care certificate as part of their induction. 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.
- Staff had received some additional training such as learning disability training. The nominated individual confirmed additional training would be carried out to help staff understand the importance of helping people with their oral hygiene.
- The management team had a programme of staff support which involved meeting with staff every 3 months for supervision, direction observations or team meetings.

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

- Although risk assessments had not always been carried out, people felt fully involved in their support and their choices were listened to.
- Pre assessments were carried out prior to people receiving care and support from the service. This ensured the provider could meet their needs.

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

- Where people required support with their nutrition, staff supported this. People were happy with their support. One person told us, "They do our meals and it's always top notch."
- People's care plans contained information regarding their nutrition, such as their likes and dislikes.

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

- Staff supported people to access healthcare.
- Staff recognised when people needed support. People told us, "If I need a doctor or something they will organise it for me, no problem it's just like having family." and "They do notice if one of us is not right and they will call for the nurse to see to us."

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.

- Records showed people had consented to their care plans and the storage of their personal information.
- Care plans included detail of when people had nominated someone to make decisions on their behalf.
- Staff gained consent prior to providing people with care.

# 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 were treated well, by kind and caring staff. Feedback from people included, "They [staff] are so cheerful and brighten up the place when they arrive with their chatter." and "They are all very good girls, all so kind and really do care."
- Positive relationships had been formed between people and staff.
- People's beliefs and diverse needs were recorded in their care plans and any support they required with these.

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

- People were supported to express their views. People were involved in the pre assessments of care and in the development of their care plans.
- People felt supported to make decisions for themselves. One person told us, "I am always involved and central to any decision making."
- Reviews were carried out to ensure people were happy with the support they received or any changes they wanted in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One person told us, "They are always polite and so careful not to embarrass or make us feel uncomfortable."
- People told us they felt care was delivered in a respectful manner.
- People's independence was encouraged. Where people were able to do things from themselves, this was recorded in their care plans.

# 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 were happy with the care and support they received. People told us, "I feel that I have total control over my routine and my care and we talk about it as a group." and "They always listen to me and listen to what I actually want not what they want to do."
- Although care plans were not always reflective of people's current needs, staff knew people well.
- People felt fully involved in their care and they had regular reviews to ensure they were happy with the support they received.

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.

- People's communication needs were assessed and recorded in their care plan.
- The provider had an accessible information policy and assured us if anybody required information in different formats these would be provided.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. The provider had a system in place to record any minor verbal concerns and any lessons learnt.
- People and their relatives were confident if they complained action would be taken.

End of life care and support

- Nobody was receiving end of life care or support at the time of inspection. The management told us they would work with the appropriate health professionals should this occur.
- People's advanced decisions had been recorded in their care plan. However, people's end of life care had not always been explored. The registered manager updated this as part of their pre assessment following our inspection.

# 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; Continuous learning and improving care

- Governance systems in place were not effective. They had not identified the concerns we found at this inspection. This included concerns with recruitment checks, medicines, risk management and care planning.
- When audits were in place, they were not always effective. For example, medicines audits did not identify when people were receiving prescribed creams that were not on any medication administration record and that body maps were not in place for topical creams and transdermal patches.
- The provider had not maintained accurate, up to date records. Care plans were not always reflective of people's needs and they had not always been updated promptly.

Governance systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 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

- Work was required to ensure care plans and risk assessments were person centred and promoted good outcomes for people.
- People were happy with the support they received and felt well supported by the care staff and management.
- Staff were passionate about working at the service and providing people with good care. One staff member told us, "Every time I leave a service user's home, I feel like I have done something good and improved someone's quality of life. I always think what I would need or my loved ones need and how I would want them to be treated or cared for. It is a very rewarding job."

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 management team understood their responsibilities under the duty of candour.
- The management team were open and honest.

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

- The provider had regular reviews with people to ensure they were engaged in the service. People felt listened to. Feedback included, "The office do always listen" and "They always ask what I think and ask for my opinion."
- Satisfaction surveys had been carried out to gather people's views and opinions.
- Staff felt engaged in the service through communication channels. The provider planned more regular formal meetings with staff.

#### Working in partnership with others

- The provider had done work to support charities. For example, they had gifted them items of their wish list.
- The management team had held events such a bingo event and a fundraising event and encouraged engagement with the local community.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure risks to people were mitigated. 12 (1)(2)(a)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to assess monitor any mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records. 17 2 (a)(b)(c)