

LAM Services Limited

LAM Care 24 - Derby

Inspection report

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19 October 2020
20 October 2020
21 October 2020
16 November 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

LAM Care 24 – Derby provides support to people in their own homes within Derby and Derbyshire. The service caters for older people and younger adults with needs relating to dementia, learning disabilities, physical disabilities, and sensory impairment. 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. At the time of our inspection 21 people were receiving personal care and support. LAM Care 24 – Derby also provides supported living service. At the time of the inspection the supported living service was providing support to two people only one person was receiving personal care.

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

The quality monitoring systems in place had not always identified when improvements were needed. At this inspection we found improvements were required in recruitment practices, to ensure all the required pre-employment checks were in place prior to new staff commencing employment. The management of medicines was not consistently effective. Care records contained inconsistent, and at times contradictory information, this posed a risk to the safety and quality of care provided.

People and relatives told us they liked the staff, they felt safe with the care and support delivered and received support from a regular team of staff. There were systems to monitor whether calls took place on time and as planned. Staff had received training and understood the procedure to follow to protect people from abuse.

People and their relatives were involved in agreeing and reviewing their care plans.

Care workers were positive about the registered manager and stated that they received the required training and support to carry out their role.

People and relatives spoke positively about the way in which the service was managed. People's views were sought on the service they received, to enable the provider to make improvements if required.

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 this service was Good (published 10 October 2018).

Why we inspected

The provider had put themselves forward to be part of the DCA virtual inspection pilot being carried out by CQC. However, during the pilot inspection, we identified concerns around medicines management and reverted to a focused inspection. We undertook a focused inspection to review the key questions of safe and

well-led only.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. During the writing up of the report the provider submitted an action plan to address the issues identified at this inspection.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

LAM Care 24 - Derby

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 two inspectors, a medicines inspector, assistant 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 homes. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was needed to be sure that the registered manager was able to support the inspection.

Inspection activity started on 19 October 2020 and ended on 26 November 2020. Calls to people, their relatives and staff were undertaken 19 and 20 October 2020. Due to the restrictions of COVID-19, we reviewed most records electronically off site and visited the office on 16 November 2020 for a short period of time to check recruitment information and care plans.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the clinical commissioning group and local authority who commission people's care at the service. We used this information to inform our inspection.

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 two people who used the service, seven people's family members and six members of staff. We also spoke with the registered manager.

We reviewed a range of records. This included five people's care records and their medication records. We looked at four staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which included recruitment and medicines information. We requested the final piece of evidence on 26 November 2020.

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.

Staffing and recruitment

- The provider's recruitment practices were not always robust ensuring only staff suitable for their role where employed at the service.
- At the time of writing this report the provider was not able to demonstrate a person on a UK visa was legally entitled to work as a care worker. They had been removed from the rota whilst the registered manager was awaiting confirmation on their right to work as a care worker. The registered manager confirmed they would improve recruitment practice. To ensure sponsors would be contacted prior to employment commencing.
- Other recruitment checks had been completed which included Disclosure Barring & Service (DBS) checks.
- People told us they were supported by regular care workers, who stayed for the allotted time and completed all the required tasks. The registered manager stated that there were sufficient staff employed to cover all the calls.
- Call monitoring records showed calls were covered and care workers stayed for the agreed time, which ensured people's needs were being met.
- The majority of people confirmed their calls were provided within the agreed time frame.

Using medicines safely

- The provider was piloting the use of an electronic medicines (eMAR) system at the start of inspection. There were inconsistencies between the electronic system and a paper based system that was running alongside this. This placed people at risk of incorrect medicines administration. Part way through the inspection the provider carried out a review of the eMAR trial and decided not to progress with wider role out.
- The provider's policy lacked detail to guide staff in handwritten MAR charts and patch application records. From records we looked at we found staff were not always following the policy. For example, we found records were not in place to record patch rotation in line with manufacturer's instructions and handwritten MAR records were not always signed. The registered manager told us body maps were used to record this. Records during the inspection were not provided when requested to demonstrate patch rotation in line with manufacturers instructions. However, following the inspection these records were provided by the service.
- Information to support staff in the safe administration of medicines was not always consistent. Protocols used for medicines on a when required basis were not always in place. In addition, records to support staff in the safe application of topical medicines were not in place for all of the people we looked at. This did not ensure people would receive their medicines as prescribed.
- Information supporting the safe use of thickeners was inconsistent. Thickeners are used to thicken foods

and fluids to various consistencies to help prevent aspiration. Care records contained conflicting information and records of administration were not in line with the providers policy. This inconsistency posed a risk to people's safety.

Assessing risk, safety monitoring and management

- We were not assured people's catheter care was managed safely. The guidance provided to staff about how to provide care did not include the signs and symptoms of a blockage and or infection. This put the person at increased risk. This was fed back to the registered manager who explained an information leaflet with guidance on catheter management was kept in the person's folder and care workers were trained in catheter management.
- Three care workers were not clear what action to take in an event of an incident or emergency. One care worker stated, if the policy allowed, they would call 999. We fed this back to the registered manager who explained all care staff had been told in the first instance they should contact the appropriate emergency service. The registered manager confirmed they would be reiterating this.
- The registered manager confirmed individual COVID-19 risk assessments were in place for each person. These provided details regarding the person's health conditions and measures to minimise the risk of the virus.
- Environmental risks in people's homes were assessed to help ensure people received safe care.
- People stated care workers supported them in a safe manner which included ensuring the premises were secure upon leaving.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the support they received. One person said, "I feel safe, I am very pleased with them, they are helpful and always checking on me." A relative stated, "My family member is safe because they have regular carers. They tell us if someone new or in training is coming and always come with a regular carer so that my family member knows that face and feels safe."
- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs that a person may be at risk of harm or abuse.
- The registered manager understood their responsibilities to protect people from the risk of abuse and reported concerns to the relevant agencies.

Preventing and controlling infection

- The provider's infection, prevention and control procedures and practices had been updated to include COVID-19 safe working procedures.
- The provider was promoting safety through the layout and hygiene practices within the office. We observed office staff following social distancing guidance and they had personal protective equipment (PPE).
- Care workers confirmed they had received training on PPE use and infection prevention and control measures.
- The registered manager told us they had sufficient PPE levels, which care workers verified. The majority of the people were happy with the infection control measures by care workers. A person said, "The PPE is at the front door, carers wash their hands when they come in and then put on masks etc and wear it while they are here."
- However, one relative told us two care workers were not wearing their PPE correctly. We informed the registered manager who agreed to take immediate action.

Learning lessons when things go wrong

- The registered manager monitored incident and accidents to look for any trends or patterns. Records showed these had been investigated and reviewed to help identify any lessons learnt and action was taken to minimise the risk of reoccurrence. For example, following a safeguarding incident staff received training in end of life care and assertiveness which covered staff being confident in dealing with situations.

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

- Quality assurance systems were not always effective as they had not picked up the issues identified during this inspection. We found recruitment checks for one staff member, and the management of medicines required improvements.
- As covered under 'Safe' some care records were not always accurate or complete. These inconsistencies placed people at increased risk of not having their care needs safely and effectively managed.
- Records relating to medicines training were conflicting. For example, two records to show care workers had been trained in percutaneous endoscopic gastric (PEG) medicine administration were different. We found for one person we looked at that medicines had been administered by a care worker where it was recorded they had received no medicines training.
- Medicine audits provided had not identified all the issues we found at this inspection.

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

- We saw evidence as part of the supervision process medication administration competency was assessed, whilst care workers supported people in their homes.
- An action plan was submitted by the registered manager regarding action's to be taken to address the shortfalls identified at this inspection.
- They also submitted thickener protocols for two people, which now provided staff guidance on the amount of thickener to be used.
- Following the inspection, the registered manager confirmed they had made progress in the service since the last inspection. For example, Inhouse training had been developed in areas such as personalised care, safeguarding, pain management and nutrition.

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

- People were provided with information on how to make a complaint. We looked at the complaints record which showed when complaints were received, they had been reviewed in line with the provider's procedure.
- People and relatives told us issues were dealt with effectively and the registered manager was responsive

to requests.

- The provider's vision and values was to have people's well-being at the centre of what they did, which care workers told us they understood. One care worker, said "It's about looking after people making sure they are well cared for."
- Care workers confirmed the registered manager was supportive and approachable.

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

- Care workers told us they felt able to raise concerns with the registered manager and were provided with any updates or guidance that were required.
- A business continuity plan was in place, to ensure people would continue to receive care in the event of an emergency.

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

- People and their relatives were involved in the development and quality of the service they received.
- Surveys were sent out quarterly and continued to be sent out over the pandemic. Records showed responses were collated and analysed to drive improvement. Comments from recent surveys included how the service had maintained a high level of care during the pandemic and staff having a positive attitude.
- Following the inspection, the registered manager told us they had a staff incentive program, 'employee of the month' which recognised staff for their outstanding work.

Continuous learning and improving care

- People and or their relatives were consulted on the care they received through the initial assessment and involved in care planning which had been kept under review.
- The registered manager confirmed all people were initially contacted during the first week of receiving their care package. This was to ensure things were going well or if any tweaks were required, which they were happy to facilitate these.
- Spot checks and supervision were completed, ensuring staff had the required support.

Working in partnership with others

- The service worked in partnership with other agencies which included commissioners and health care professionals to provide support and care to people. For example, when the service took on a new package the person did not have continence pads, they chased this up with the district nurse, which were then provided.
- During the pandemic the registered manager had developed links with a local network for registered managers. Meetings were held virtually which provided them with the opportunity to discuss matters relating to service delivery.
- The registered manager following the inspection told us they had worked closely throughout the pandemic with health care professionals, ensuring people continued to receive the required care. For example, staff were trained by district nurses to support enema administration.

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 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes were not always effective in assessing, monitoring and mitigating risks. Regulation 17 (1) Good Governance