

Later Life Care Ltd

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Inspection report

24b New Road
Sheringham
NR26 8EB

Tel: 01263649375

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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

Later Life is a small domiciliary service providing personal care to people living in their own homes. 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 the service was providing care to 16 people.

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

Governance systems were not sufficiently in place or developed to monitor the care provided. Care records were not reviewed regularly. Risks were not identified, and plans put in place to manage them. There was a lack of detail in care plans about what care should be provided and how this should be given.

The monitoring and managing of medication was not robust to manage the errors being made which could put people at risk of harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We have made a recommendation that the provider considers the legal requirements of the Mental Capacity Act with regards to decision making and authorisations for others to act on people's behalf.

Staff understood how to protect people from harm and discrimination. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety.

When people first started receiving care the service ensured the staff were matched with similar interests and personalities to ensure good relationships were developed. This led to staff knowing people well and providing them with the care and support they needed in the way they preferred.

People who used the service and their relatives were pleased with the standard of care they received, and the support provided. One relative said, "Staff have time to sit and chat over a cup of tea and a game of scrabble. The staff keep me informed as to what is happening. It has been a very stressful time, but we are more relaxed now this company is involved. There is such good communication with the family as well as the care support given."

Staff received supervision and the support they needed and were very complimentary about the way the service was managed and how good the communication and involvement was from the registered manager.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

This service was registered with us on 15 April 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 including when the service registered with CQC.

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.

Enforcement and Recommendations

We have identified breaches in relation to management of risks to people including medication and governance systems to monitor the service 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?

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 ●

Later Life 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

The inspection was completed 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 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

We gave a short period 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 1 March 2023 and ended on 22 March 2023 when we gave feedback. We visited the location's office on 1 March 2023.

What we did before the inspection

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 reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

During and after our inspection, and visit to the office, we spoke and received feedback from 8 staff including the registered manager, compliance manager, team leader and business manager to gather their views about the quality of care provided. We also received feedback from 3 health care professionals who work with the service to provide care to the people who used the service. We requested and reviewed various records including 5 people's care records, 3 staff recruitment records, staff training, supervision and how the provider monitored the quality of care people received.

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. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Information about risks and safety was not always comprehensive or up to date. Safety concerns were not consistently identified, and plans put in place to mitigate the risk.
- People's records did not have detailed plans on how to manage their risks. This was for things such as seizures, catheter care and for smoking, which put them at increased risk of harm.
- Environmental risk assessments were in place but needed further developing to include location of utilities supplies, for example water shut off valve and electricity fuse box. Hazardous chemicals had not been identified as part of the risk assessment, but no plan had been included. One person had a pet living with them which staff helped look after. The risks to staff were not identified or the pet referred to in their care plan.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a small group of staff who provided care and support to them. The staff had a good understanding of people's needs and how they liked to be care for. However, as the service wanted to expand this would not be the case for new staff initially.

Using medicines safely

- Where the service was responsible for medicines people could be at risk as staff did not always follow procedures for safe medicines administration or people did not receive them as prescribed.
- Medication audits had taken place which identified a large number of medication record keeping and administration errors. These included gaps in the medicine administration record chart (MAR) due to codes not being written down, medication not being given and miscounts of medication. However, this had not driven improvements.
- People's care plans and risk assessments for medication did not give details of what the medication was for, frequency, side effects or any special instructions on administration. For example, if there needed to be a gap between taking medication and eating. This meant staff might not have the guidance to ensure people received their medication as prescribed.
- Medication taken on an 'when required' basis (PRN) did not have protocols in place to inform staff when this should be given and any measures to take before giving.
- The provider did not give reassurance that people were referred for medical advice if a medication error occurred. However, no impact could be identified from this.

The provider had failed to ensure there were effective systems in place to manage the administration of medication and ensure people were not put at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medication training and competencies were in place when errors had been identified with particular staff. Recently trends identified from medication audits were taken to staff meetings for discussion and to look for solutions.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and processes in place to help keep people who used the service safe.
- Staff had a good understanding of the safeguarding processes and felt comfortable to raise concerns about their own and people's safety. They knew who to approach within the service and also externally.
- People who used the service and their relatives felt they were safe with the care provided by the staff. One relative said, "Oh goodness 100% I have every faith in the staff and their caring is great."

Staffing and recruitment

- Recruitment systems were not robust as not all the appropriate checks had taken place. We found gaps in employment history, inconsistencies in interview records and no right to work documents.
- A human resource audit had taken place recently by the newly appointed compliance manager who had identified these shortfalls. They implemented an action plan and had started to address the shortfalls.
- People and staff told us visits were consistently carried out by the same group of staff. They stayed for the allocated time and there were few late calls. A relative said, "there is a small team and they arrive on time and stop as long as they should. They never miss [person]. The agency stick to the same care staff."
- The registered manager ensured she matched staff as far as possible to people, so they had similar interests. If the match did not work, then they would change staff. Staff said having the same people to visit meant they got to know their background and gave them things to talk about. This was especially important for those people living with dementia staff could help bring back memories.

Preventing and controlling infection

- There was an infection prevention and control policy in place which covered COVID-19.
- The provider made sure an adequate supply of personal protective equipment (PPE) was available to staff.
- People and relatives confirmed staff wore PPE whilst supporting them with their care needs.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents. This needed further development to say what preventative measures were taken to ensure the incident would not happen in future. For example, risk assessments and care plans being updated, referrals made to health care professionals.
- There was an overview of lessons learnt log which lacked detail of where lessons were learnt from but gave details of action to be taken. Improvements had been made from lessons learnt including an alert from the electronic system if staff had not logged in at a care call within a cut off time, for example 15 minutes after call start time.

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

- People were assessed prior to receiving care from the service. This helped to identify their needs for care calls and required support and used to start writing their care plan.
- The registered manager worked with the person, their relative and staff to ensure care was in line with all their needs. A relative said, "At the start the staff asked if we would be at [their] home so they could ask us information, and we could observe and suggest ideas."

Staff support: induction, training, skills and experience

- The service was providing face to face training as well as online. As the registered manager was concerned about the standard of the online training, for which a new supplier was being sourced, topics were discussed at staff meetings for areas such as safeguarding and medication. This usually involved a quiz with prizes which helped encourage staff.
- Staff said they had undergone an interview process before they started work. They said they had an induction including training and shadowing shifts which meant they felt confident about starting their role.
- Staff felt supported in their roles with regular contact from the registered and other managers. They felt if they had any concerns they would be listened to. They said they had the training they required to do their roles and could ask if they required anything further.
- A relative said, "The staff are all consistent and their training is good."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's dietary needs and people who required specialised diets were supported appropriately.
- People were given choice on what they would like to eat. One relative said, "The staff always ask what [person] would like for breakfast, and it is not always the same, staff say, 'what do you fancy today'. One carer phones me and asks for various items of shopping. It is always fresh vegetables and salad."
- The registered manager ensured referrals were made to health care professionals and liaised with them about care needed. However, the details of the involvement with professionals needed to be clearer in the records, to ensure staff had the guidance required to provide all care needs.
- Feedback from health care professionals was positive. They said they found the agency to be helpful and the manager to be efficient. Another professional said they found the majority of the carers to have a very good level of knowledge and skills and they followed instructions well. They found them good at communicating.

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

- Staff were aware of the principles within the MCA and the importance of asking for consent from people before giving care.
- The care records were not detailed to include information on authorisations for people who had appointed others to make decisions on their behalf under the MCA. The records did not meet the requirements for the MCA regarding people lacking capacity to make specific decisions and these decisions being made in their best interests.

We recommend the provider consider the legal requirements of the MCA and ensure they implement capacity assessments and best interest decisions where required, and the records reflect this and all legal authorisations in place for others to act on people's behalf.

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, and their individual rights were respected and promoted.
- Staff knew the people they cared for and understood their individual needs, looking for ways to improve the care they provided while keeping the person at the centre of what they did.
- People and their relatives felt they were treated with respect. A relative said, "The staff are very caring and supportive. [Person] gets anxious about who will be calling the next day. The staff always ensure they know who is on rota for the next day. This helps [person]. The staff always ask me if I am ok and what they can do to support me."

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

- People were encouraged to express their views and the management team were in regular contact with them and their families.
- People and their relatives were involved with the writing of their care plans and signed to say they agreed with them.
- People and their relatives felt they had a good relationship with the registered manager and staff so would discuss any changing needs they felt they had.

Respecting and promoting people's privacy, dignity and independence

- Staff supported in ways that maintained people's dignity and privacy. Staff had a positive and caring attitude to the people in their care. A person using the service said, "I feel the staff are very respectful and I couldn't do what I do without their support."
- Staff encouraged people to become more independent by prompting and praising. Staff gave an example where a person expected them to wash them when they first started providing care but with encouragement, they now wash most of themselves on their own.
- Staff supported people to take up interests, such as scrabble and crosswords, which they had not done for a long while and had lost their confidence with. Another person was feeling isolated and so the registered manager organised them to start attending a lunch club to meet new friends and to encourage them to leave their home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which took account of their needs, wishes and preferences.
- There was consistency of staff who provided care to people which allowed staff to get to know people and their preferences well and ensured care was provided in a personalised way how the person wanted.

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 relationships and take part in activities.
- Managers and staff knew the importance of maintaining relationships and people's interests. For example, one person who was born abroad knew they would not be able to go back again so staff used an iPad to show their birth town via google maps so they could reminisce. Another couple of people the service cared for lived together. One of them was admitted to hospital and due to their health would not be going home. To ensure they could say goodbye the registered manager organised a video call so they could see each other one more time.
- Care was flexible to suit the needs of people to help accommodating them access the community.

Improving care quality in response to complaints or concerns

- The service had a complaint policy in place which staff read and people who used the service were given.
- Relatives, people and staff spoken to knew how to complain, who to and felt they would be listened to.

End of life care and support

- People who used the service did not need end of life support at the time of inspection. However, care plans could be developed, and care offered to support people when needed.
- Training had been provided by an external provider, to staff on end of life care.

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 communication needs of people were being met. The registered manager was in process of organising Makaton training for staff to enhance their skills.

- Staff told us they were aware of people's individual needs and felt they had enough information to support people effectively. They said communication between staff was excellent as information relating to people's care was effectively passed on to the next staff member.

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 the governance arrangements 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

- Governance and performance management was not always reliable and effective. Systems were not regularly reviewed. Risks were not always identified or managed.
- Not all audits were in place including care plan audits which meant care records were not reviewed to identify gaps in risk management and care plans, which were not sufficiently detailed to guide staff, and this put people at risk.
- Medication audits had taken place. However, although some errors had been identified with medication administration, not all of them had been, and there was lack of evidence that errors had all been investigated thoroughly and appropriate actions taken.
- Records for incident management and lessons learnt was not robust and clear to show what actions were taken from specific incidents and that the care records were updated to reflect this.

Systems had not been established to robustly monitor the quality and safety of care provided. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A compliance manager had recently been appointed who had started to complete action plans to make improvements. This included looking at their regulation requirements. They were also starting a programme of audits which included human resources (recruitment processes) and medication.

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

- The service has a positive culture which was person-centred, open, inclusive and empowering. Managers and staff had a well-developed understanding of equality, diversity and human rights and they prioritise high-quality, compassionate care.
- Staff felt supported by managers, especially the registered manager, who had made a difference to some in their personal as well as their work life. They felt valued and appreciated and were thanked when they had done an exceptional or good job. This made a happy working environment. Staff said, "They have been absolutely spot on. Don't feel any issue is too big or too small. [Registered manager] is fantastic. Personal or about people nothing cannot be discussed with [them]."
- The management team lead by example, assisting with care calls when needed and reviewing the care people received at the same time. Staff knew managers were always on the end of a phone if they required support or help.

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

- Staff were encouraged to give a full and diverse range of views and concerns knowing they would be listened to and acted upon.
- Staff meetings were taking place and a recent staff survey had been issued. The plan was for a survey to be sent to relatives and people who used the service shortly.
- There was an equality and diversity policy in place to promote equality.
- Relationships had been developed with the local community with links to lunch groups. There were plans to be involved in the local carnivals and events.

Continuous learning and improving care; 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 responsibilities to be open, honest and to apologise if things went wrong.
- A new electronic system had been implemented and was being developed to help monitor the service.
- People and their relatives, if appropriate, could access the electronic care records. A relative said, "I have access to the notes online, and I can see when staff arrive and leave and what care has taken place. It is reassuring."

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 provider had failed to robustly assess the risks relating to the health, safety and welfare of people and ensure effective systems were in place to manage the administration of medication.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were systems in place to robustly monitor the quality and safety of care provided.</p> <p>Regulation 17 (1)</p>