

Lets Care All LTD.

Fairlawn First Floor Office

Inspection report

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Date of inspection visit:
26 April 2022

Date of publication:
06 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fairlawn First Floor Office is the only location for Lets Care All LTD, a privately owned domiciliary care agency providing personal care and support to people in their own homes.

At the time of the inspection, there were two people using the service. Both people received support with 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

People using the service were happy with the care and support they received. They told us they liked their care workers and they received personalised care which met their needs. They said care workers were kind, offered them choices and respected them. People's cultural needs were planned for and met.

The staff felt well supported and enjoyed working for the agency. They told us they were offered a range of training and had the information they needed for their roles.

People's needs were assessed and planned for. Care plans included information about preferences and the things people could do for themselves. Risks to their safety and wellbeing were assessed and monitored.

The service was appropriately managed, and people told us they regularly spoke with the owner of the company and registered manager. There were systems for dealing with complaints, safeguarding concerns, accidents and incidents. These systems helped ensure these would be investigated. Although there had not been any such events at the time of the inspection.

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.

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 4 December 2019 and this is the first inspection.

Why we inspected

The service was inspected based on the date they were registered with us.

Follow up

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fairlawn First Floor Office

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 conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 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 22 April 2022 and ended on 26 April 2022. We visited the location's office on 26 April 2022.

What we did before the inspection

We looked at the information we held about the provider, which included information we reviewed when the service was registered with us.

During the inspection

We spoke with both of the people who used the service and two care workers by telephone. We met the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The nominated individual at this service was also the owner of the company.

We looked at the care records for both people, three staff recruitment records. We also looked at other records used by the provider for managing the service. These included, records of staff training, the provider's systems for dealing with complaints, safeguarding alerts and accidents and quality monitoring reports.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures for safeguarding and whistle blowing. The staff had training about these and the information they needed to recognise and report abuse. The provider had created easy to understand information about abuse and reporting this, which they shared with people using the service and their relatives.
- People told us they felt safe with the agency and care workers.
- There had not been any safeguarding concerns since the service started operating. However, we saw systems were in place to deal with these appropriately if needed.
- The provider had suitable systems for when staff supported people with shopping or handling their money. One person confirmed they were supported with this and felt this was well managed, telling us the care workers always purchased the right items and brought back the correct change and receipts. There were records to show this and the management team checked and audited these.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and planned for. The management team met with people using the service and assessed their needs. Where there were identified risks, they had created plans to manage these.
- Risks within people's environments had been assessed. Where the provider had identified risks, we saw they had worked with the person being cared for to address these. For example, they had liaised with the housing association for one person to help ensure their home was made safe when they identified concerns.
- There was information about the equipment people used and staff received training to understand about this and good health and safety practices.

Staffing and recruitment

- There were enough staff to meet people's needs. At the time of the inspection, the service was small and only three care workers were employed to provide care. People were supported by the same familiar workers, they arrived on time and stayed for the agreed length of time. People confirmed this. They were sent a rota in advance so they knew which care workers would be supporting them.
- The provider had recruited and started to train other staff who were available to work once they started to provide care to more people.
- The systems for recruiting staff helped to make sure they were suitable. These included checks on their identity, eligibility to work in the United Kingdom, any criminal records and references from previous employers. Staff completed an application form, took part in an interview and had an induction to the service, which included checks on their knowledge and competencies.

Using medicines safely

- At the time of our inspection, no one was being supported to take their medicines. However, the provider had suitable systems in place if this support was needed in the future. These included a policy, procedure, templates for assessing risks and charts for recording medicines administration.
- The provider had arranged for all staff to undertake training in the safe handling of medicines.

Preventing and controlling infection

- There were systems for preventing and controlling infection. These included procedures for staff to follow, training for staff and regular checks by the management team to make sure systems were followed.
- People told us the staff had good hand hygiene and wore personal protective equipment (PPE) such as gloves and masks. The staff told us they had enough PPE and could ask for more when they needed this.
- The provider had systems for helping to reduce the risks of people and staff catching COVID-19. They had provided people using the service and staff with information and staff undertook regular testing in line with government guidance.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. These included clear procedures for investigating and responding to complaints, accidents, incidents and safeguarding alerts. There had not been any such events at the time of our inspection.
- The management team regularly met with and spoke with care workers to make sure they were informed about any concerns and kept up to date with good practice guidance.

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's needs and choices were assessed before the agency started to provide care. The management team met with people and asked them about these and how they wanted to be cared for. Assessments included information about people's preferences and personal background.
- People told us they had been involved in these assessments. Care plans were developed based on these and were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff received the support they needed. The owner of the care agency also owned a training organisation who provided training and support within the care sector. This meant they were able to provide a range of relevant training to staff. They told us they sourced external trainers for specific areas of expertise. They used appropriate resources and good practice guidance to plan and deliver training.
- Staff told us they felt well supported and the training was useful for their roles. They regularly met with the management team to discuss their work and plan their learning needs.
- The registered manager carried out "spot checks" to observe staff and make sure they were providing good care.

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

- Whilst the agency was not responsible for planning people's diets (at the time of the inspection), the care workers sometimes helped prepare food people had chosen themselves. People told us meals were well prepared and their choices were respected.
- The initial assessment of people's needs included an assessment of any nutritional and hydration needs, so these could be planned for if needed.

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

- The provider recorded information about people's healthcare needs and any support they would need regarding these.
- There was information about key healthcare professionals, such as people's GPs and who to contact if staff were concerned about people's health. The registered manager had liaised with the nursing team and GP for one person when the care workers had identified a specific need. This enabled the person to get professional support and help from the relevant healthcare team.

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.

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.

- People using the service had consented to their care. They confirmed this and we saw signed agreements.
- The provider had supplied written information about consent and who could be involved in making decisions in the form of a guide for people using the service and their families. This helped them to understand about the MCA and people's legal rights.

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 using the service were well treated. They told us they had good relationships with the care workers and management team, who treated them respectfully. They said staff were kind and polite, and that they enjoyed spending time with them.
- There was information about people's ethnicity, culture and religion. Care plans included details about what was important for the person in relation to these. For example, preparing meals in a certain way. People told us staff respected this and understood their cultural needs with regards to meal preparation, personal care and hygiene.

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

- People were able to express their views and make choices. They told us this, and said that care workers always respected their choices, involved them and asked their opinions.
- People's choices and preferences about how they wanted to be cared for were recorded in their care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People told us the care workers were respectful when providing care and helped make sure their privacy was maintained.
- People's skills and what they were able to do for themselves were recorded in care plans. The registered manager told us they supported people to maintain their independence and be involved where possible. People confirmed this.

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 met their needs and reflected their preferences. They told us they were happy with this; they were involved in planning their care and care workers followed the plans.
- Care plans were personalised and explained what care workers needed to do and the outcome the person wanted to achieve.
- Records of care showed that care plans had been followed and people's needs were being met.
- The provider regularly reviewed people's care to make sure any changes in their needs or requirements were planned for.

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 met. Both people using the service were able to communicate their needs and understand others without extra support. The initial assessments included looking at people's communication needs. This meant, the provider was able to plan for any specific needs they had in this area.
- The provider was able to produce information in a range of different formats if required. People were given copies of their care plan, a handbook and various procedures to keep in their homes.

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 with different social activities. Care plans included information about these. One person's care plan included companionship time, when the care workers supported them with activities of their choice. They told us this worked well for them. The other person was supported to access the community and visit shops.

End of life care and support

- No one was being supported at the end of their lives at the time of our inspection. The assessment included asking people about any specific needs or wishes they had about this, so this could be included in care plans if people wanted.

- Care plans included contact numbers of relatives and important healthcare professionals so that the provider would know who to contact if someone's health deteriorated or they died.
- Staff had undertaken training about end of life care to help them understand how to provide good care at this time.

Improving care quality in response to complaints or concerns

- There were suitable systems for dealing with complaints. People told us they were aware of the complaints procedure and knew who to speak with if they had any concerns.
- There had not been any complaints since the service started operating but there were systems which showed how the provider would investigate and learn from these.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive person-centred culture. The management team knew people being cared for and staff well. They supported them to improve the quality of their lives, helping people with companionship and addressing problems within their environment as well as meeting planned personal care needs.
- People told us they liked the agency and had a good experience. They told us they would recommend the agency to others.
- The staff felt well supported and enjoyed their work.

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

- There were procedures relating to duty of candour and the management team understood their responsibilities about this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was suitably managed. The registered manager and nominated individual (owner of the company) were appropriately experienced and qualified. They kept themselves up to date with changes in legislation and guidance and shared this information with staff.
- Both people using the service and the staff told us they found the management team approachable and friendly. They had regular contact with them.
- There were a range of suitable policies and procedures which were regularly reviewed. Staff were able to access these using a mobile phone application.

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

- The provider engaged with people and asked for their views. People using the service and staff were asked to complete satisfaction surveys and had regular contact from managers asking about their experiences. Feedback from these showed they were happy and felt involved.
- People's individual needs, including cultural and religious needs were recorded and planned for. People told us the staff respected these.
- There were regular meetings with the staff to help keep them informed and involved.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included asking people and staff for their feedback, auditing care records and other records, such as financial transactions and reviewing systems and processes.
- The provider carried out "spot checks" where they observed the care workers during care visits. They assessed how they performed in line with the agency's values. Where concerns were identified they had a plan to make improvements.

Working in partnership with others

- The provider worked in partnership with others. There were examples of when they had contacted healthcare professionals and others, such as housing associations, to make sure people received the right care from all services.
- The provider worked with local community centres and religious groups to provide information to others. They were developing a programme of training which they were planning to make available to family carers to help them understand about people's changing needs, dementia, access to services and mental wellbeing.