

Caring Lane Limited

# Caring Lane Limited

## Inspection report

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### 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

This inspection took place on 20 July 2017 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure the manager and staff would be in the office. This was the first inspection of this service.

Caring Lane Limited provides personal care support to people with a range of care needs who live in their own homes within the local community. At the time of our inspection there were three people using the service. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Assessments were in place to support people where risks to their health and welfare had been identified. There were appropriate safeguarding and whistle-blowing procedures in place. Appropriate recruitment checks took place before staff started work and there was enough staff to meet people's needs. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and received training relevant to the needs of people using the service. Care plans detailed people's nutritional and support needs. People had access to health and social care professionals when they needed them.

People were provided with appropriate information about the service. People said staff were kind, respectful and caring and their privacy and dignity was maintained. People were consulted about their care and care plans were in place that provided information for staff on how to support people safely and appropriately. People were aware of the complaints procedure.

There were systems in place to monitor the quality of the service provided to people. The provider took into account the views of people using the service through telephone monitoring calls and practice observations. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support was always available to people using the service and staff when they needed it.

## 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.

Risks to people's health and welfare were identified and assessed.

There were appropriate safeguarding procedures in place.

Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's needs.

Systems were in place to ensure medicines were managed appropriately if people required this support.

### Is the service effective?

Good ●

The service was effective.

Staff completed an induction when they started work and received appropriate training relevant to the needs of people using the service.

Staff were supported in their roles through supervision and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Care plans detailed people's nutritional and support needs.

People had access to health and social care professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People told us staff were caring, respectful and kind.

People were provided with appropriate information about the service.

People and their relatives, where appropriate, had been involved in planning for their care needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and reviewed to ensure the care provided met their needs.

Care plans held detailed information and guidance for staff about how people's needs should best be met.

People were aware of the complaints procedure and complaints were managed appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a registered manager in post.

There were systems in place to monitor the quality of the service provided to people.

The provider took into account the views of people using the service through telephone monitoring calls and practice observations.

Staff said they enjoyed working at the service and received good support from the registered manager.

# Caring Lane Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 20 July 2017 and a single inspector visited the service. We gave the provider 48 hours' notice of the inspection because we needed to be sure the manager and staff would be in the office. Before the inspection we looked at the information we held about the service including information from any notifications. A notification is information about important events that the provider is required to send us by law. We also asked the local authority for their views about the service and used this information to help inform our inspection planning.

As part of our inspection we looked at the care records of all three people using the service, staff training records, supervision and recruitment records and records relating to the management of the service. We spoke with the registered manager, two care staff and spoke with one person using the service by telephone to gain their views about the service they received.

## Is the service safe?

### Our findings

People told us they felt safe with the staff that visited them and staff treated them with kindness and respect. One person said, "The carers that visit are very caring people. They are always polite and respectful and I do feel very safe."

People's needs and risks were assessed and reviewed on a regular basis to ensure people's safety. Risk assessments identified and assessed levels of risk to people in areas such as mobility, falls, skin integrity, nutrition and risks associated with choking, medicines, environmental and fire risks and manual handling amongst others. We saw that risks to people's physical and mental health needs were documented clearly and contained detailed guidance for staff on how best to meet individual's needs. For example one risk assessment documented that the person was susceptible to redness of the skin and guidance for staff was available on the support the person required to maintain good skin integrity and on the application of topical creams. Another risk assessment documented the level of risk to the person who managed their own medicines which was carefully considered.

At the time of our inspection there was no one using the service that required support with administering their medicines. However we saw there were systems in place that ensured people's medicines would be managed safely if required. People's care plans recorded the medicines people were prescribed by health care professionals and information about any support people required, for example, from family members. Medicines risk assessments were in place to detail any risks and support people may require to take their medicines safely and to ensure that identified risks were managed safely. We noted that staff had completed medicines training and the registered manager was an experienced registered nurse.

There were safeguarding and whistleblowing policies and procedures in place to ensure people were protected from possible harm or abuse. The registered manager was the safeguarding lead for the service and they were aware of their responsibility to safeguard people from possible abuse or neglect. The registered manager and staff were knowledgeable about safeguarding and the types of abuse, the signs they would look for and action they would take if they had any concerns. One member of staff told us, "We are a small team and support each other well. We care very much about the people we support. If there were any concerns we would report them immediately." Staff training records confirmed that staff had received up to date safeguarding training to ensure they had the knowledge and skills to support people appropriately where required. We looked at the provider's safeguarding file which was very well organised and noted there had been no safeguarding concerns raised. We saw policies, reporting forms and contact information for local authorities were in place to appropriately manage any concerns if required.

There were arrangements in place to deal with emergencies and people told us they were aware of who to contact in an emergency. One person said, "I have a file in my home and I know all the contact numbers for the office should I need to call them." The provider had a business contingency plan in place to deal with a variety of emergencies and which provided contact details for staff to manage a range of emergency situations, if needed. There was an 'out of hours' on call system in place to support people using the service and staff if required outside of office hours. Staff told us that the registered manager was available to

support them when required and the support they received was good.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Records included application forms, proof of identification, references and history of experience or qualifications. Staff told us they were issued with an employee handbook. They were also provided with identity name badges and uniforms to enable people using the service to identify them safely before allowing them to enter their homes.

At the time of our inspection we saw there was enough staff employed to support people using the service promptly and appropriately. The provider had an electronic call monitoring system in place to enable checks to be conducted on staff working within the community. This monitored whether staff arrived on time for people's allocated calls and whether people's calls were completed for the correct duration they were contracted for.

## Is the service effective?

### Our findings

People told us that staff knew them well and understood how best to support them. One person said, "They [staff] are very good and always come on time. They know what I need support with and are very good at helping me."

There were systems in place which ensured staff new to the service were provided with an induction to help them understand their role. This included a period of shadowing experienced members of staff and completing training the provider considered mandatory. Staff who had recently joined the service told us they had been supported through the induction process by working with other staff and completing the provider's training programme. One member of staff said, "I had a good formal induction into the service and was also provided with a uniform and badge. I have done lots of training and feel very much supported." The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records confirmed that staff had completed an induction programme when they started work to ensure they could meet people's needs effectively.

Staff told us they received training appropriate to their needs and the needs of the people they supported. One member of staff told us, "The training we have is good. Some of the training we do is in the office and some of it is computer based." Another member of staff said, "The training I have had has been good. I recently completed safeguarding training and know exactly what to do if I have any concerns." Staff records we looked at confirmed that training was provided on a regular basis and included topics such as safeguarding, The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, first aid, manual handling, dementia awareness, nutrition and hydration and equality and diversity amongst many others. Specialist training to meet people's individual needs was also provided and included areas such as diabetes, end of life care and epilepsy. Staff told us they felt supported within their roles and received supervision on a regular basis. One member of staff said, "I have had supervision which I found helpful. It provided me with the opportunity to talk about the people I support and also about on-going training." Staff records we looked at confirmed that staff received supervision on a regular basis.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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 Act 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service were able to make decisions about their day-to-day care needs but mental capacity assessments were completed where required for people whose capacity was variable. They told us if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best

interests' in line with the Mental Capacity Act 2005.

There were systems in place to ensure people were supported to have enough to eat and drink where this was part of their care plan. One person using the service told us, "They [staff] visit me in the mornings and help get me some breakfast. They know what I like to eat." Care plans allowed for people's nutrition and hydration needs and risk to be documented and provided guidance for staff on the preparation of meals to meet individual's dietary needs effectively.

People had access to health and social care professionals when they needed them and staff monitored people's general health and wellbeing when they visited ensuring that when there were concerns people were referred to health care professionals as appropriate.

## Is the service caring?

### Our findings

People using the service told us staff were caring and polite. One person commented, "They [staff] are excellent. They are all very caring people and are always respectful." People told us they were provided with appropriate information about the service when they started using it and were involved in decision making and planning for their care. One person said, "They gave me information and a letter before I started using the service and I have a care plan at home. They always involve me and ask me if I am happy with the service."

The registered manager told us there was a matching process in place that aimed to ensure people were supported by staff that had the right experience and skills to meet their needs. We noted that for one person whose first language was not English, a care worker was allocated to support the person who could speak the person's first language and could communicate effectively with them. We saw that the member of staff also supported the person to communicate their needs to the local authority who commissioned the service. There were also systems in place to ensure people were supported by a consistent team of staff. The registered manager told us that although at present the service was small and people had a regular team of staff that visited them, they understood the value and importance of continuity of care for people and would ensure systems were effective when the service grew to enable this to continue.

People told us staff treated them with dignity and respect and their privacy and dignity was maintained at all times. One person using the service provided us with examples of how staff did this by completing tasks and supporting them in an unhurried manner and by supporting them with personal care respectfully. They told us, "Staff are very caring, very respectful. They always spend their time with me and support me well." Staff told us how they maintained people's privacy and dignity for example, by closing doors and drawing curtains when providing personal care and by knocking on people's doors and seeking permission before entering.

People's individual needs with regard to their disability, race, sexual orientation, religion and gender were identified and addressed to ensure their needs and wishes were met. Staff we spoke with understood their role in ensuring people's needs were appropriately met in this area and we saw that staff had received training in equality and diversity and person centred care.

## Is the service responsive?

### Our findings

People using the service told us staff were responsive to their needs and they had a plan of their assessed needs in place available within their homes. One person said, "I have a copy of my care plan at home in a folder. Staff always look at it and write in it every time they visit."

Assessments were undertaken by the provider to identify and assess people's physical and mental health needs before they started using the service. The registered manager told us that assessments were also completed by funding authorities where appropriate and this information helped them in assessing people's on going care needs.

Care plans were developed from information gathered from people and were personalised to reflect their individual needs and preferences. Care plans included information about people's needs and preferences in relation to their physical and mental health, medicines, mobility, safety within their home environment and nutrition and hydration needs. Care plans were detailed, organised and provided guidance to staff to ensure they met people's needs appropriately. We saw that care plans were kept up to date and reviewed on a regular basis with people and their relatives where appropriate to ensure they met people's changing needs. The registered manager told us care plans were reviewed on a quarterly basis or when required and reviews that were conducted were either by telephone or in person. They told us that all care records were also checked within people's homes when they conducted staff shadowing visits and staff spot checks to ensure records were current.

Staff we spoke with confirmed that any changes to people's needs and care were discussed with the registered manager and regularly at staff meetings and at reviews of people's care to ensure they were responding to people's current care and support needs. We saw daily communication records were also available for each person using the service to provide staff with the opportunity to record details of the support provided to people, actions taken to meet people's needs or comments made for other visiting staff and professionals. The registered manager told us that if staff had any concerns whilst supporting people within the community, staff would contact the office for support or if out of office hours they would contact the out of hours number for the on call worker for support, advice or guidance.

Staff were knowledgeable about the people they supported and were able to tell us about people's specific health conditions, the support they provided and other health and social care professionals they worked with to ensure they were responsive in meeting people's needs. Care plans contained guidance for staff on how best to meet individuals specialised needs. For example one care plan detailed the support staff provided during personal care and in meeting the person's cultural and religious needs.

People told us they were aware of the provider's complaints procedure and they would raise any concerns if they needed to. One person said, "I have information about how to make a complaint in my folder. However the service is excellent and I have no concerns at all." The service had a complaints policy and procedure in place. The registered manager showed us a complaints file which included a copy of the provider's complaints procedure and records from complaints made to the service. We saw that the service had

received one complaint since registering with the CQC. Complaints records showed that actions were taken to address any reported concerns.

## Is the service well-led?

### Our findings

People told us they were happy with the service they received and spoke positively about the staff and registered manager. One person said, "I am very happy with the service I get. The staff are very kind and caring; I think the service is excellent."

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of being a registered manager and their legal responsibilities with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they enjoyed their work and felt very much supported by the registered manager to enable them to do their job well. One member of staff said, "The manager is very approachable and I feel very much supported. I am very happy in my job and like working for the service." Another member of staff commented, "I am very happy working here and get lots of support and training." Records showed that staff meetings were held on a regular basis to provide staff with the opportunity to meet, communicate and share good practice or to discuss issues of concern.

There were systems in place to regularly monitor the quality of the service provided to people. The registered manager showed us audits which were conducted on average on a monthly or quarterly basis to check on and maintain the quality of the service provided. Areas covered as part of the auditing process included the complaints procedure and complaints monitoring, health and safety, policies and procedure updates, care plans and records, incidents and accidents, medicines, staff files and records, safeguarding, staff training and the electronic call monitoring system to ensure people received support when requested. As well as office based monitoring and audits there were also other systems in place to check in person or by telephone on the quality of service delivery. These included staff spot checks within the community, staff practice observations, staff performance monitoring and service user telephone reviews and monitoring calls. We saw that where minor issues were identified as part of the provider's audits and checks, action plans were implemented to address them and record actions taken.

There were systems in place which ensured the provider took account of the views of people using the service through on location staff practice observations and service user telephone reviews and monitoring calls. The registered manager told us, and, records confirmed that the provider was also in the process of implementing a new annual service user satisfaction survey which would provide people with further opportunity to give feedback about the service they received. The registered manager told us they were in the process of developing the survey which would be sent to people using the service in November 2017. We will check on the progress of this at our next inspection of the service. There were also systems in place which provided staff with the opportunity to give feedback about the service and organisation on a six monthly basis and the registered manager told us this would be sent to staff shortly to complete. We will check on this at our next inspection of the service.