

Lady Click Services Limited

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Inspection report

55 Stephens Road
Stratford E15 3JJ
Tel: 02035839338
Website: www.ladyclickservices.com

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 26 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service first became operational in August 2014. It has been registered at its current location since May 2014. This was the first inspection of the service.

The service is registered to provide support to adults and children living in their own homes with personal care. At the time of our inspection five people were using the service, four of whom received support with the regulated activity of personal care. The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

Risks assessments with people's care did not give staff information about how to manage or prevent the identified risks. Risk assessments were not individualized for people and did not contain sufficient information to enable staff to manage risks to people safely. Care plans

Summary of findings

were not reviewed in line with the provider's policy. The service did not have in place systems for financial records to be checked. Care was not planned and assessed in a personalised manner

designed to meet the needs of individuals. The service did not have effective quality assurance and monitoring systems in place. Records were not always complete and up to date.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there were enough staff working to support people in a safe way in line with their assessed level of need. The registered

manager and staff members told us they did not administer medicines. The service had a medicines policy. It covered guidance on administration, safe disposal and storage of medicines.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff knew the people they were supporting and provided a personalised service.

The registered manager was open and supportive. Staff, people and relatives felt able to speak with the manager.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

Summary of findings

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. Risk assessments were often poorly completed, containing incorrect or insufficient information. The service did not have in place systems for financial records to be checked.

Staff had a good understanding of their responsibilities with regard to safeguarding adults.

There were enough staff to meet people's assessed needs in a safe manner. Recruitment checks were carried out on staff to help ensure they were safe to work with people. The service did not administer medicines. The service had a medicines policy. It covered guidance on administration, safe disposal and storage of medicines.

Requires improvement



Is the service effective?

The service was effective. Staff had received the appropriate training and support to carry out their roles.

People were able to consent to their care and make choices in line with the Mental capacity Act 2005. This included making choices about what they ate and drank.

People were supported to eat or drink enough to maintain their health.

Good



Is the service caring?

The service was caring. Relatives and the people that used the service told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was not always responsive. Care plans did not provide information about how to meet people's individual needs in a personalised manner.

The service had a complaints procedure and people told us they knew how to make a complaint.

Requires improvement



Is the service well-led?

The service was not always well-led. Records were not always complete and up to date. Various quality assurance and monitoring systems were in place but these were not always effective.

There was an established registered manager that ran the service. Staff felt the registered manager was open and supportive.

Requires improvement



Lady Click Services 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 inspection took place on 26 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information, and we looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at people's records and a variety of documents. These included four care files, four staff recruitment files, the staff induction, training and supervision records, policies and procedures and quality assurance documents. During the inspection we spoke with the registered manager and one member of staff. After the inspection we spoke with one person who used the service, two relatives and two members of staff who provided care to people.

Is the service safe?

Our findings

Risk assessments were being completed for all people who used the service however these did not give staff information about how to manage or prevent the identified risks. Risk assessments were not individualized for people and did not contain sufficient information to enable staff to manage risks to people safely. Risk assessments contained no information on people's health conditions. For example, one person had been assessed at risk for personal hygiene. There was no guidance for staff about how to support the person in relation to this area. Another example, a staff member told us the person they supported was unable to use their bathroom as it was in need of repair. The staff member told us because of this they had to give the person a hand wash. The risk assessments and care plans did not reflect this information and gave the staff member no guidance on how to support the person with personal care. People were at risk of not having their personal care needs met effectively or safely.

The above issues were a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager, people who used the service and staff told us that the service spent money on behalf of people to do their shopping. The staff member responsible for spending the money kept records of what they spent the money on and this was checked by the person receiving the service however the service did not have in place systems for financial records to be checked. The registered manager told us the service does not have a policy and procedure on staff handling people's finances. This is poor practice and increases the risk of potential financial abuse.

The above issues were a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People and relatives told us they felt safe using the service. One person when asked if they felt safe using the service said, "Yes I do."

The registered manager told us there had not been any allegations of abuse since the service had started in August 2014. Staff knew the different types of abuse and were able

to explain the procedure they would follow in the event of any concerns about people's safety. One staff member told us, "I would call the manager and write everything down." The same staff member said, "I would whistle blow if the manager did nothing and report to the CQC." We saw records that safeguarding training had been delivered to staff. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

The service had a safeguarding policy. However, the procedure did not have the relevant local authority contact details and the most up to date information on Care Quality Commission. The registered manager was able to describe the actions they would take if incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service and the registered manager knew how to report safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

Staff files showed there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people using the service. Staff confirmed the employment checks had been carried out before they started working with people. One staff member told us, "I had an interview. They did checks before I started job."

The registered manager and staff members told us they did not administer medicines. The service had a medicines policy. It covered guidance on administration, safe disposal and storage of medicines. All staff had medicines administration as part of their induction training.

Is the service effective?

Our findings

People and relatives felt their needs were being met by staff who knew what they were doing. One relative said, "I'm happy with the service. My [relative] has dementia and the carer has been trained on dementia." Another relative said, "Both staff and managers are helpful and dedicated to their work." One person told us, "I have no complaints."

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. New staff received five day classroom based induction training when they started in the role. Induction included topics on principals of care, health and safety, fire safety, infection control, medicines, communication, record keeping, moving and handling and safeguarding. One staff member told us, "I had induction for one week and I shadowed for two weeks."

Staff members told us that they had regular one to one supervisions which was confirmed by records we looked at. Staff files showed us that staff had received mandatory training. The registered manager told us they used an external trainer who provided mandatory training over a six week period once a year. Topics for the mandatory training included safeguarding, lone working, managing violence and aggression, conflict resolution, complaint handling, incident reporting, health and safety and first aid. One care worker told us, "Enough training. We are taught so many modules. Everything about care." Another care worker said, "The training helps me do what I need to do." Staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

The service had policies on the Mental Capacity Act 2005 (MCA). The registered manager and staff had an understanding of the Mental Capacity Act 2005 and how the

act should be applied to people living in their home which included applying to the Court of Protection if people lacked capacity. The service did not have any applications under the Court of Protection.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. One person told us, "I cook my own meals." One staff member said, "I show [person using the service] how to heat up meals in the microwave. I show him how to make tea and where the sugar is."

Relatives told us that most of people's health care appointments and health care needs were co-ordinated by themselves. However, staff were available to support people to access healthcare appointments, if needed, and liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, "They [staff member] escorted me to medical appointments for blood tests." One staff member told us that the person they were caring for was having eye problems. The staff member described how they told the registered manager and relative. The staff member supported the person to an eye appointment that was then arranged.

Where staff had more immediate concerns about a person's health than they called for an ambulance to support the person. One staff member told us, "If they were not feeling well I would support them to the GP and hospital." Another staff member said, "If someone is not feeling well we need to call the GP." People's care records did not always include the contact details of their GP so staff could contact them if they had concerns about a person's health. The registered manager told us some people and their relatives were not willing to share personal details such as contact details for their GP.

Is the service caring?

Our findings

People and their relatives told us they were treated with dignity and respect by staff. One person said of their carers, “I certainly expect respect and dignity and they give it.” The same person told us, “They [staff] respect my privacy.” A relative told us, “I can say categorically that the service is caring. I am impressed in the meanwhile and hopefully the service rendered will remain so.” Another relative said, “The services they provide are very good.”

Staff members told us they enjoyed working with the people they provided care to. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One staff member told us, “When I go to their place for the first time I will ask them what they want me to do. I will study what they like and dislike.” Another staff member said, “We are a visitor. We need to respect their space.”

People and their relatives told us the staff were punctual and spent the allocated time providing care and support. One person said, “Only occasionally late but they will text me if they are late.” The same person told us, “I do get a warning if they are a few minutes late.”

The service had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they regularly met with staff to ensure they were happy with their proposed care plans. One person told us, “The manager has come a couple of times

to find out what my needs would be.” The same person told us that they requested the time to be changed for a morning visit and this was arranged after a review had been completed. One relative told us, “We requested a review and then the manager assessed my [relative].”

Staff members told us how they promoted people’s privacy. For example, they made sure doors and curtains were closed while providing support with personal care. Another staff member described how they provided support with personal care in a caring and sensitive manner, telling us, “I make sure everything is right before they have a bath including checking the water temperature.” The same staff member described how they promoted people’s independence. They said, “She picks her choice of clothes.” One person told us, “I have an adapted bath. I will ask the staff to help when it is difficult.”

Staff told us that as they worked with the same people so they were able to build up good relations with them and to gain their trust. People we spoke with confirmed that this was very important to them and told us they valued having the same regular carers. One person said of their regular care staff, “They are caring. When I am low they will notice and sit and chat with me.”

People’s cultural needs were respected when planning and delivering care. For example, a staff member told us and records confirmed that the person they cared for liked a culturally specific food and they would prepare this each day.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. One person told us, “The manager reviewed my care last month.” People said they were involved in planning their care and that they felt listened to. “One person said, “They [staff] definitely listen to me.”

The registered manager told us after receiving an initial referral from a local authority or a self-funding person they met with the person and their relatives where appropriate. This was to carry out an initial assessment of their needs and determine if the service was able to meet those needs. The registered manager told us care plans were developed based upon the initial assessment and information provided by the commissioning local authority, people, observations and assessments.

One person told us they were aware of their care plan however the care plans did not contain any evidence that people had been involved in care plan discussions or agreed with the content of their care plan. Care plans were split into sections and each section contained a guide to supporting people in that area, including their goals, how the goal will be achieved, by when and by whom. All of the care plans we looked at contained minimal information and had no personalised information on how people’s needs would be met. Care plans set out tasks for staff to complete but gave little or no information on how this was to be done. For example, one care plan stated “to support the individual to carry out personal care daily.” There was no information for staff about what level of support the

person needed and what tasks would be involved for carrying out the personal care. Another care plan stated “to promote privacy and dignity.” Again, there was no detail about what this entailed for staff providing the care. We saw a support plan provided by the local authority that stated the person must have a culturally specific food however the care plan developed by the service did not contain this information and instead stated “to cook nutritious meals.” The poor standard of care planning meant there was a risk that staff would not be provided with sufficient information about a person’s needs to provide effective and personalised care and support to them.

The above issues were a breach of regulation 9 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

People and relatives told us they had not had to make a complaint but said they knew how to complain if required. One person told us, “I have no complaints as yet.” They told us they would speak to the registered manager.

The provider had a complaints procedure. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us that each person that used the service was provided with their own copy of the complaints procedure. The registered manager said there had not been any complaints made since the service became registered in August 2014.

Is the service well-led?

Our findings

Records were not always incomplete. Care plans and risk assessments were not all up to date and had not been reviewed in line with the provider's policy on support plans and risk assessments. The support plan and risk assessment policy stated that care plans would be reviewed six monthly. One care plan had not been reviewed for over one year. Records relating to people's allocation of support hours and time of delivery were not recorded on the care plans. The service did not have a system for returning daily logs completed by support staff in people's homes and records were not returned to the office in a timely way. This meant people could not be confident that information about them was accurate and complete.

The service had various quality assurance and monitoring systems in place. However, these were not always effective. People were given a survey to complete however there was no formal process for reviewing and collating this information. There were no systems in place to help identify themes. Where staff supported people with finances there were not additional checks provided by management to ensure monies were spent appropriately.

The registered manager told us that they were in regular contact with people who used the service but this was not always captured in care plans. For example, one person who used the service told us they had requested a different time for morning visits. The person said the manager had done a review to look at this and the time had been changed however this was not reflected in the person's care plan.

The registered manager told us they did spot checks on people. Staff members and people confirmed this. One person said, "The manager phones me if everything alright and has chat with me. She has come here in the last two months to see how things are." A staff member said, "The manager will drop in and chat with [person who uses the

service] and check the log book." Records showed that spot checks were being completed however they contained limited information so it was not clear what was checked and discussed at the visit.

The provider had failed to ensure that records were accurate and complete and the lack of effective quality assurance and monitoring systems. This increased the risk that the service would not be run effectively and that areas of poor practice will not be identified and address. The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager told us they had used an external person to do a quality assurance and service review. We were shown a copy of this report dated 16 August 2015. The report looked at safeguardings, complaints, accidents and incidents, training, supervision, care planning and risk assessments. The report had identified concerns for care plan reviews and recommended care plan audits to commence.

People and their relatives told us they were happy with the management at the service. One person said, "The manager certainly seems good. I can call her."

Staff told us they found the registered manager to be helpful and supportive. One staff member said, "She is a good boss. She knows what she is doing" Another staff member said, "If a problem with the job she will help you. If you are not doing something right she will book training for you."

Staff told us the service had regular staff meetings. One staff member said, "Staff meetings happen about once a month. We discuss service users and any difficulties we are going through We learn so many things in the meeting." Another staff member said, "We have staff meetings to discuss ideas." Records confirmed that staff meetings took place regularly. Agenda items at staff meetings infection control, people who use the service, complaints, spot checks, communication, health and safety and training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Service users were at risk because the provider had not carried out comprehensive assessments of the risks service users faced and had not taken all reasonable steps to mitigate any risks. Regulation 12 (1) (2) (a) (b)

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not carried out a personalised assessment of people's needs designed to enable staff to provide person-centred care. Regulation 9 (1) (3) (a) (b)

Regulated activity

Personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Service users were not protected against the risk of abuse because systems and processes were not established and operated effectively to prevent financial abuse of service users. Regulation 13 (2) (6) (c)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to ensure that records were accurate and complete. There were no systems and processes to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity. Regulation 17 (2) (a) (c)