

First Care Lodge Limited

First Care Lodge Limited (Supported Living)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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.

About the service

First Care Lodge Ltd (supported Living) is a service that provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. 4 people were using personal care at the time of our visit and some of the people a learning disability and/or autism.

Right Support

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. Care plans were designed with the involvement of relatives ensuring that people's support needs were identified. Changes in people's needs were regularly reviewed and care plans updated so people received the right support that met their needs. Risk assessments were completed, and staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

The provider failed to undertake proper checks when employing new staff to ensure they were safe to provide personal care. However, relatives told us staff knew people well and were caring. Staff understood people's cultural needs and provided culturally appropriate care. They understood and responded to people's individual needs. Staff knew how to effectively communicate with people to deliver safe care.

Right Culture

The provider's auditing systems were not effective as they did not identify and address shortfalls in staff recruitment and deployment. This meant people were supported by staff who were not always recruited or deployed properly. We have made recommendations about staff deployment and quality assurance. Relatives felt staff were friendly and easy to talk with. Staff told us the provider supported and provided them with training. The provider worked with other professionals, so people were able to receive specialist

care when they needed it. The provider sought feedback, carried out spot checks and reviewed incidents and accidents ensure continuous improvement.

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

Rating at last inspection

The last rating for the service was Good (published on 21 December 2022)

Why we inspected

The inspection was prompted in part due to concerns received about <add here areas of concern such as medicines, infection control, staffing etc>. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for First Care Lodge Limited (Supported Living) on our website at www.cqc.org.uk.

Enforcement

We have identified breach in relation to staff recruitment. You can see what action we have asked the provider to take at the end of this full 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

First Care Lodge Limited (Supported Living)

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 carried out by one inspector.

Service and service type

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

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 not a registered manager in post.

Notice of inspection

We announced the inspection 72 hours prior to the inspection. This was because we wanted to make sure someone would be available to support us with the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection.

We spoke with 2 managing directors, the provider and an administrator. We reviewed a range of records. This included 2 people's care files, 5 staff files, and a variety of records relating to the management of the service, including training records, policies and procedures of the service.

We spoke with 2 relatives and 2 care workers.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider's staff recruitment processes were not robust. They did not ensure staff were properly checked before they started work at the service. We noted in some staff files the provider had not received verifiable written references. This meant people were supported by staff who were not checked to ensure they were safe and suitable to their roles.
- We noted that the provider allowed two new staff to begin their induction before they had undergone a criminal record check. This put people's health and safety at risk because the provider was not confident new staff had clear criminal records.

The above concerns meant that staff recruitment processes were not robust to ensure staff were fit and suitable to their roles to provide safe care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The provider confirmed during the inspection that they had suspended induction for the two new staff until their criminal record checks were received. They also confirmed that they would obtain verifiable written references for those staff who did not have satisfactory references in their files.

- Systems were in place to minimise risks of late or missed calls. The service had a system to monitor staff timekeeping. Relatives told us staff were always punctual.
- The provider had enough staff to work at the service. However, before the inspection we had received information that some staff worked long hours. We checked the staff rota and noted, for example, one member of staff was scheduled to work a long day and waking night with no break in between. The provider assured us that they would review the staff rota system to ensure staff did not work excessive hours.

We recommend the provider consider current employment legislation and guidance on staff deployment.

- Relatives were happy with staff. One relative said, "I am happy with staff. They are good hearted and caring."

Systems and processes to safeguard people from risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One relative told us, "My [relative] is safe in the service. I am reassured because all staff have information about how to work with my [my relative]."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff

said, "I will report any form of abuse or incident to my manager."

- The provider's adult safeguarding policy was up to date and contained information on the procedures to follow to manage safeguarding concerns.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept complete, accurate and updated records, and stored them securely. Copies of risk assessments were kept at people's homes and staff told us they found this helpful.
- Risk assessments were detailed and covered areas such as people's physical health, psychological needs, social activities and self-neglect. The risk assessments were reviewed to ensure any new risks were identified and managed by staff.

Using medicines safely

- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines. A relative said, "I am happy with the way support [my relative] with [their] medication."
- Staff audited medicines regularly and there were no gaps in the medicine administration records we reviewed.
- People's medicine records included information about any allergies they had and PRN (medicines to be taken when required) protocols. This ensured staff knew people's allergies and how to take appropriate action when administering PRN medicines.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had received training on infection prevention and control.
- Staff competency was checked on using Personal Protective Equipment (PPE) safely and a COVID-19 risk assessment had been completed to ensure staff were safe when supporting people.
- Staff confirmed they had access to PPE such as gloves, aprons, shoe covers and used these when supporting people with personal care.

Learning lessons when things go wrong

- The service had systems in place for staff to report and record accidents and incidents.
- The provider investigated accidents and incidents and took action to ensure they were not reoccurred.
- Lessons learnt from accidents and incidents were shared with staff to help them improve the quality of the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems were not effective in identifying shortfalls in their staff recruitment processes. This could put people's health and safety at risk because they were supported by staff who were not recruited properly.
- The staff deployment process was ineffective and unsafe. Despite there being enough staff, the provider did not always follow national guidance on working patterns for employees. This could put the health and safety of people and staff at risk.

We recommend that the provider review their quality assurance systems to ensure these are more effective in monitoring, assessing and improving the quality and safety of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider and senior staff were alert to the culture within the service and spent time with people, staff and family discussing behaviours and values.
- People's beliefs, preferences and backgrounds were recorded and staff understood how to support people considering their equality characteristics.
- The provider sought feedback from people, staff and relatives through regular telephone calls, spot checks, and reviewing accidents, incidents and complaints.
- The provider had embarked on further training related to their management role and shared latest care policies and practices with other providers through meetings.

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

- Care plans were person-centred and detailed the support people needed to achieve good outcomes.
- The provider worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A member of staff said, "I am happy with the manager, we can talk everything. The manager is available anytime I need to talk and is supportive."

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 provider understood their duty of candour. They told us they would be open, honest and apologise if things went wrong. They said, "We don't hide anything."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to put a robust and effective management process in place to ensure gaps in pre-employment checks were identified before staff staff started work.</p> <p>Regulation 19 (1) (2) (3)</p>