

Lav Care Services Ltd

Lav Care Services - St Neots

Inspection report

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07 June 2023
15 June 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Lav Care Services - St Neots is a domiciliary care service providing care and support to people living in their own homes in the Cambridge, Peterborough and Wisbech areas. The service provides support to younger and older adults some of whom may be living with dementia, a physical disability, or a mental health issue. At the time of our inspection there were 16 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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

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.

The service was involved with sourcing accommodation for people, but the registration requirements were not fully understood by the provider. They told us they had sourced a consultant to assist with this and during the inspection contacted CQC to change their registration to include supported living. This is being reviewed by CQC.

People told us the service provided care that met their needs. They told us care was delivered with kindness and respect. People had been involved in the planning of their care as were their relatives as appropriate. 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.

People told us they felt safe, and systems were in place to help protect people from the risk of harm, abuse, and improper treatment.

Risks had been identified to people who used the service, and staff. Care plans were detailed and individual to each person. People told us they received a flexible and responsive service.

Staff told us they felt supported, and we saw they had been safely recruited. References and other checks were completed to review the suitability of staff for their role. Staff received an induction and completed training. Their competency to perform key aspects of their role such as medicine administration was assessed. People told us they had confidence in the staff's abilities.

Systems were in place to oversee and assess the quality of the service.

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

Rating at last inspection

The rating for this inspection was good at the last inspection on 21 September 2021 (published 5 October 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe and Well-led. 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 remained good.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lav Care Services - St Neots

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Inspection team

The inspection was completed by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be available.

Inspection activity started on 6 June 2023 and ended 15 June 2023.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from the local authorities who used the service. The provider completed a Provider Information Return (PIR). 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 3 people who used the service and 9 relatives. We spoke with 3 staff including the registered manager/provider and care workers. We received feedback from an additional 16 staff. We assessed the care plans, risk assessments and medicine administration records for 3 people. Several governance records were also assessed including staff recruitment records for 3 staff, and quality assurance audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives were positive about how care was delivered. There were systems in place to safeguard people.
- The provider had a policy in place and staff received training in safeguarding.
- Staff were able to tell us how they would manage and report allegations of abuse and this was in line with best practice. One told us, "I've received training in staying vigilant and reporting any suspicious activity which might point to abuse. The procedure for whistleblowing has been well explained to me."

Assessing risk, safety monitoring and management

- The risks to people had been identified, recorded, and actions taken to mitigate ongoing risks. Moving and handling assessments were in place to guide staff on assisting people to mobilise. Where people had been identified as being at risk of skin damage, repositioning charts were in place which had been completed in line with the care plan. Referrals had been made to allied health professionals when people's needs changed.
- People told us staff had the skills to meet their needs and help keep them safe. One person told us, "Carers are up to standard. They know what they are doing." A relative said, "They are the right team for my (relative). It's a perfect fit."
- A business continuity plan was in place to help manage any adverse incidents such as staff shortages or infectious disease outbreaks.

Staffing and recruitment

- Staff had been safely recruited and people told us they consistently saw the same staff. One person told us, "My permanent carer came to introduce themselves the night before. I can't fault them, really." A relative said, "(My relative) gets on well with the team they have in. There are a regular 4 carers who come in."
- People told us staff generally came on time but where this was not possible, one said, "They do ring me to let me know if they are held up." People told us that there had been no missed visits.
- Staff told us they supported the same group of people and had enough time to deliver person-centred care.
- Potential staff had been assessed for good character to ensure they were appropriate to provide support to vulnerable people. This included seeking references from previous employers and the completion of Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- New staff were provided with training as part of their induction. Staff understanding of what they learnt was checked in spot checks and competency assessments. One relative told us, "Generally, they shadow someone before they come. Only once the carer turned up who didn't know what they were supposed to be doing."

Using medicines safely

- People confirmed their medicines were given as prescribed. A relative described how their family member was prescribed their medicines shortly before eating and the staff followed this guidance.
- The provider told us covert medicines were not used, but a relative referred to asking staff to administer crushed medicines as their family member was at risk of choking. The provider agreed to follow this up to ensure that all risks were being managed appropriately.
- Staff confirmed they received regular training in medicines administration and regular audits were undertaken to check for any discrepancies.
- Staff competency to administer medicines was checked at regular intervals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when supporting them and that infection prevention and control was taken seriously.
- Staff had received training in infection prevention and control and told us that they were provided with PPE.

Learning lessons when things go wrong

- The service had records for recording accidents incidents and safeguarding concerns. The systems were not however well developed and would benefit from further development as the service expands to allow for further analysis.
- People told us that when things had not gone as planned, the service had acted to ensure their concerns were taken seriously.

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 our last inspection we rated this key question 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; Continuous learning and improving care

- Prior to the inspection we received some concerns about the provider's understanding of their registration and the regulatory requirements regarding the provision of housing with care. We identified that the provider had been involved in the sourcing of accommodation for people as well as providing support and the arrangements were not always as clear as they could have been.
- The provider had already identified this as an issue and was obtaining assistance from an external consultant. During the course of the inspection, we received a notification request to add supported living to their registration which will be reviewed by CQC.
- We identified some shortfalls during inspection that the provider responded positively to. For example, we found that the safeguarding policy did not have the local safeguarding areas contact details and people told us that they would like to receive their rota in advance, so they knew which staff would be supporting them.
- There were processes in place to oversee and assess the quality and safety of the service provided. Audits were completed on areas such as medicines, infection control and financial records, where staff assisted with people's shopping. Spot checks were undertaken to review staff performance.
- Relatives were positive about the management of the service and knew how to contact the provider. One told us, "I think it's well managed. They are a really good team."

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

- People consistently told us the service met their person-centred needs, was responsive, and achieved positive outcomes for them. Relatives agreed and told us staff supported their family members to remain independent and be in control of the care they received. One described how staff went the extra mile for their loved one, saying, "This is the best care company we have ever had."
- The registered manager demonstrated, and people told us, that they were committed to offering a service that was empowering for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour requirement such as providing an apology when things went wrong and being as supportive as possible when this occurred.
- Relatives told us that the service was proactive when issues arose. One told us, "I complained to the agency, the response was very quick. The carer never worked with my relative again. The company listened."

Another said, "There was once a misunderstanding over my relative's care... they dealt with it straight away."

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

- The service was relatively small, and the registered manager knew all service users. Relatives and people using the service were very positive about the service and the support provided.
- Surveys were sent to a small number of people each month and while the feedback was positive the response rate was low. The registered manager told us they would review the process to increase accessibility and feedback.
- Staff told us they felt supported and engaged. They told us there were regular video calls and staff meetings where they were able to raise concerns. One told us, "We do hold staff meetings, which I enjoy and find very beneficial for exchanging ideas and discussing the difficult situations that we face as employees. We receive expert advice on various matters, we also do receive guidance and supervision."