

L&F Care Services Limited

L & F Care Services

Inspection report

Bedford Heights
Brickhill Drive
Bedford
MK41 7PH

Tel: 07869151400

Date of inspection visit:
21 September 2022
03 October 2022

Date of publication:
17 October 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

L&F Care Services is a domiciliary care agency providing personal care to people in their own homes. The service provides support to mostly older people, some of whom were living with dementia.

Not everyone who used the service received 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. At the time of our inspection there were eight people using the service who received personal care.

People's experience of using this service and what we found

The registered manager's inconsistent understanding of regulations and systems used in the service meant that the assessment of the quality of care delivered was not always as effective as it could be. This was an area the registered manager and senior team were reflecting on and improving.

People and their relatives were happy with the care and felt safe with the way staff supported them, which they said was kind, caring and respectful.

Risks to people's health and wellbeing were assessed and staff understood what they were doing and how to identify and report any concerns. People told us they were reassured and felt safe from the risks of infection and COVID-19.

People felt listened to and were happy to speak to the registered manager or staff team if they had a complaint. They told us staff were approachable and any concerns got quickly resolved.

People's care was planned to be personalised and they told us they were fully involved in the planning and review of their care. The staff team were flexible when anything changed and regularly sought people's views about this. People told us their medicines, meals and drinks were all provided correctly in ways they preferred.

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.

The registered manager ensured all staff had been checked prior to employment to make sure they were suitable for their role and people would be safe. Staff also received full training and induction and took time shadowing more experienced staff members. This was so they could get to know people well and how they liked things to be done before providing their care.

We have made a recommendation about updating knowledge of the regulations and reviewing the

effectiveness of the care planning and quality assurance systems.

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 28 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

L & F Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment 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.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out 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 and specialist housing.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people available in the office to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We reviewed four people's care records and two staff files to review recruitment documentation. We spoke with one person and three relatives. We also received written feedback from a further three relatives. We used both the verbal and written feedback to help us understand the experience of people who could not talk with us. We spoke with three staff members including the registered manager, care-coordinator and care staff. We two professionals who regularly worked with the service.

Inspection activity started on 21 September 2022 where we spoke to the registered manager and began to review documents. We continued to review documents using secure file transfer systems. We spoke to people, their relatives, staff and external professionals using a mixture of telephone and video calls. The inspection ended on 3 October 2022 when we met remotely via a video call with the registered manager to provide feedback from our findings.

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 registered manager had systems in place to identify concerns or incidents and take action to safeguard those involved. These were monitored monthly and changes made to care plans where required to reduce the risk of reoccurrence.
- People told us they felt safe and relatives also said their family members were supported safely.
- Staff had received training in safeguarding and understood how to keep people safe. Staff demonstrated an understanding of different types of abuse and what that might look like. They were confident about how to report any concerns including reporting externally to other agencies such as the CQC and the council safeguarding team.

Assessing risk, safety monitoring and management

- Risk assessments were in place in relation to people's individual needs, fire and the environment. A contingency plan was in place which enabled staff to know what to do in the event of an emergency to ensure people still received safe care. The registered manager discussed and reviewed these regularly, updating them as required. They sought the advice and assessment of specialist health professionals where needed.
- People told us they were involved in assessing risks and their care plan was updated following any changes in their health condition. One relative told us, "[Staff] were always happy to see my [family member] and they were happy to see the [staff]. If [staff] noticed a change in my [family member] it would be discussed with them and the family and if necessary, more equipment or products were ordered to keep them comfortable."
- People were also supported to take positive risks in areas that would support retention of their independence, such as self-administering medicines and their mobility. The registered manager will be further exploring these risks to ensure clearer guidance for staff is in place.

Staffing and recruitment

- There were sufficient numbers of staff for each care visit and people told us staff were never late and had never missed a care visit. People told us they were really happy they were always supported by the same staff team who they could rely on. One person said, "[Staff] arrive on time for each of the four daily visits."
- The registered manager ensured pre-employment checks such as disclosure and barring checks were carried out before staff started work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions and assure themselves that staff are suitable for the role.
- Staff told us they felt very supported and happy to work for L&F Care Services. However, the registered manager told us they had seen an impact on being able to recruit new staff. They said this was due to

factors such as the previous requirement for vaccination as a condition of employment, changes to immigration rules and staff leaving to work in other sectors. The registered manager had taken action to try and mitigate the impact of this, such as investing in staff wellbeing and training.

Using medicines safely

- Medicines were safely managed. The staff did not support everyone with medicines but those who were, told us their medicines were always correctly administered on time. One professional told us, "Joint working is excellent. I discussed with the [registered] manager the need to re-organise the medication into a dosset box and they supported this by liaising with me, the patient and the chemist. The situation was quickly resolved."
- Staff had received training in medicine administration and were observed by senior staff to check their practice was of a good standard. People's care plans all contained information about medicines they were prescribed and any relevant information such as additional risks, even if staff were not responsible for administering them. This meant staff could identify if people had an adverse reaction to their medicines and were able to pass on this information to emergency health professionals when required.
- Electronic recording of medicines administration meant that staff were unable to complete the care visit without ensuring medicines had been correctly administered. This could also be reviewed remotely by the registered manager and senior staff team.

Preventing and controlling infection

- The registered manager provided staff with training and Personal Protective Equipment (PPE) such as gloves, aprons, masks and sanitiser to ensure the risk of infection was minimised. Staff told us they had plenty of supplies of PPE and could always ask for more. Each person had a risk assessment in place for the management of the risks of COVID-19.
- People said staff routinely washed their hands and wore the correct PPE and they felt reassured by this.
- There were up to date policies in place about what to do in the event of any concern in relation to IPC or the COVID-19 pandemic. The registered manager had contingency plans in place for staff absence or other emergencies in the event of an infection outbreak.

Learning lessons when things go wrong

- L&F Care Services was a small service and so far, had not experienced many incidents or accidents. However, the registered manager had systems in place for staff to record these should they occur. Staff confirmed they were shown how to complete these records and knew about reporting procedures.
- The registered manager and staff told us they regularly had the opportunity to discuss people's care and learn from accidents. Staff told us they were supported to reflect and learn how to work in other ways or introduce other measures to reduce future risks and improve safety. This enabled the staff team to increase their understanding of how to identify and reduce the risks.

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 were assessed using a combination of social workers assessments and L&F Care Services staff reviews of people's needs and preferences. This information contained people's mental and physical health needs, personal history, likes and dislikes and was used to inform their care plans and risk assessments. A health professional told us, "I found L&F Care Services as very competent on the re-enablement care packages and they made positive outcomes for clients who had come out of the hospital."
- The person themselves, their relatives and various professionals were involved in this process to ensure a full understanding of what care was required. One person said, "The [staff] are always very pleasant. The agency is responsive to changing needs."
- People's likes, dislikes and choices were clearly documented throughout their support plan in line with their assessed needs. There was a good level of detail that enabled staff to know all about the person, their background, current needs and interests.

Staff support: induction, training, skills and experience

- The registered manager provided staff with access to all training required for their role. This included training on various health conditions such as dementia and Parkinson's disease. All staff had been supported to complete the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and relatives told us they were impressed with the staff's knowledge and skills. One person wrote written feedback saying, "Still very happy with the service, all needs are met, even things I haven't thought of are done, if the [staff] need to stay a little longer, they do. All new staff are trained and provide a good service quickly."
- Staff also had the opportunity to shadow more experienced staff when they first started and spent time getting to know people and how to provide their care. A senior member of staff observed staff's practice on a regular basis to assess their competency in practice. Staff members received supervision and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs. One staff member told us, "We familiarised ourselves with everything and how the systems worked. We use [an electronic care planning system] and we were taught how to use it. We did shadow shifts and were taught how to look after [people]. We also did our training."

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

- Staff understood what people's needs and preferences were in relation to eating and drinking. Not

everyone required staff to help with meals and drinks. People who did need help, had this documented in their care plan and told us they were happy with the food prepared and were always given choices. One person said, "[Staff member] always presents my sandwiches beautifully which makes them very appetising."

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

- The registered manager and staff team made referrals to and worked with a variety of health and social care professionals such as district nurses, GP's, paramedics and social workers. This ensured people received the right care at the right time. They had good systems of communication so that staff were aware of any changes to needs or medicines and the person's care plan was updated. One professional told us, "[Staff] are able to manage and administer medication. Also, they work well with pharmacies and GP's. Staff respond very well to advice and instruction. They work well in partnership with the local authority."
- People were happy with the support and told us they were supported to access all of the healthcare professionals and resources they needed.

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.

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 MCA.

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 currently being supported had the mental capacity to make their own decisions. One person had completed a lasting power of attorney agreement to nominate who they would like to make their decisions on their behalf if they were unable to do so for themselves. Copies of this document was recorded in their care plan so staff knew their wishes.
- The registered manager had systems in place to assess people's mental capacity for specific decisions and this was conducted at the initial assessment and when anything changed.
- People were supported by staff who were trained and understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

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

- Staff treated people with kindness and respect. People told us staff were caring and patient and never made them feel rushed. One person said, "The care has been excellent with very very caring, friendly staff." A relative told us, "We could not have asked for nicer [staff] or anything more than they provided. We were so lucky to have them on board to help us care for the person we loved most in this world."
- Staff were proud of the quality of care they delivered and understood the importance of treating people equally and with consideration of people's preferences. One staff member told us how they always ensure the first thing they do is introduce themselves and say hello and have a chat.

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

- The registered manager gave people and their relative's regular opportunity to input into their care and how it was delivered. People and relatives told us they had reviews of their care monthly in addition to regular surveys and face to face chats. One person told us, "I received good information and was happy with how it was presented to me with the care plan." A relative said, "[Staff] are so nice and lovely. We asked some questions and they had all the answers for us. They gave us confidence in what we were doing for our [family member]."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people to maintain their privacy and independence. One person said they received, "Excellent care with dignity and respect." A staff member told us, "The first thing I do is ask the person if they want me to help them or if they want to do things themselves. Most people want to be independent and so if he or she wants to use the bathroom you can let them lead but stay close. This is to make sure they are okay and have everything they need." A relative told us, "Our [family member] was a very private person who didn't accept care easily. However, [staff] treated them with the utmost dignity and would try each day to make their experience a pleasurable one."
- Care plans showed how risks were assessed to enable flexibility for people whose health conditions meant that their ability to do things for themselves varied daily. Staff understood to always check with them what level of support they required each care visit to promote their independence and dignity.

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

- The registered manager ensured they promoted a person focused culture of care. People's preferences and interests were included in their care plans. Staff were able to demonstrate a good understanding of people's needs, likes and dislikes. People and relatives told us how happy they were with how staff supported them and their choices were always respected.
- One person told us, "I am given choices about my care, I decide what to eat and when to go to bed. Staff respect my choices." A relative said, "[Staff] discuss all tasks they undertake and how they do them and why they do it. We also have input into this and include [family member's] wishes in this discussion. We trust them to do the right thing."
- Care visit times and approaches were flexible to meet people's changing needs and abilities. People and relatives said that staff were well trained and knew what they were doing. One relative explained how staff sometimes went "above and beyond" without being asked. They told us, "I was very pleased with what [staff member] did for my [family member] last night. They were very patient and stayed with [my family member] until nurses arrived. This was especially appreciated because I was not in a position to come down myself. It makes me feel reassured that my [family member] is well looked after. Another relative said, "Excellent care and communication. All needs have been met beyond expectation."

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 assessed prior to using the service. People were able to communicate verbally and did not require any adjustments. However, the registered manager was aware of the need to provide information in ways people could understand in the future.
- It was noted in people's care plans where people wore hearing aids and needed staff to speak a bit louder and clearer.

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

- The registered manager had identified in people's care plans where people had stated they wished to be supported to develop other interests, increase their exercise or build or maintain relationships.

- Relatives told us that communication from staff about the care of their family member was, "Excellent". One relative told us how, with the consent of their family member, they had been given access to all of their care records including daily notes so that they could check remotely what support had been given and ensure the care plan was accurate. Another relative told us, "[Staff] go out of their way to think of ideas which will help my [family member's] life including comfort and food options."

Improving care quality in response to complaints or concerns

- The registered manager had a system in place that recorded all complaints. Detailed information was written down about the complaint along with all actions, outcomes and lessons to be learnt. The senior staff team reviewed this.
- People told us they had not had any complaints but knew how to raise a concern if needed and were confident they would be listened to and the concern acted upon by the registered manager. One person said, "I don't have any complaints at the moment, if I did, I am able to express them myself. I can always talk to the staff or the [registered] manager." A relative said when they had raised minor concerns the registered manager had acted quickly to resolve them and the problems never reoccurred.

End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, they had systems in place such as policies and care plans to support people if required. All staff had received training in end of life care and understood the importance of respecting people's wishes and supporting relatives at a difficult time in their lives.
- People were asked about their wishes for illness and end of life at the point of initial assessment and this was revisited during reviews. Where people had not wished to discuss this or did not yet know what they wanted, this was recorded in the care plan.
- The CQC had received a number of compliments about the service. This included some comments about care received from relatives whose family members had previously been supported with end of life care. One relative told us, "The whole team were absolutely amazing whilst caring for our [family member] who was in their last few weeks of life with terminal cancer. From day one they explained what to expect in the service that they provided. They were always polite, on time and professional."

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 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 registered manager demonstrated a passion to provide good care. However, they were not always able to demonstrate a clear understanding of the regulations and how they impacted on their role. They were not always able to demonstrate a good understanding of the systems they had in place. This had resulted in some delays to access some records requested by the CQC and they had required support from other senior staff to understand this and access the records.

We recommended the provider consider refreshing their knowledge about the requirements of the regulations. The provider should then review the effectiveness of the current care planning and quality assurance systems in place to meet those requirements and ensure good registered manager and provider oversight of the service.

- The staff team understood their role and how their practices affected people's well-being and confidence. They had systems in place to monitor quality and used a variety of feedback tools to assess and reflect on practices and identify what could be further improved.
- The staff team had a good understanding of the legislative requirements. The registered manager subscribed to various newsletters to help them keep up to date with changes to best practice and government guidance.
- Staff performance was regularly reviewed through use of spot checks of practice and supervision.
- Audits of all aspects of the care delivery and business were undertaken monthly and outcomes reviewed by the registered manager or senior staff team. They looked at areas for improvement and one senior staff member had created a business improvement plan to record the company's goals and outcomes.
- Some objectives listed in the business improvement plan included a review of the electronic care planning system to identify aspects for further development and creating staff 'champions' in the areas of dignity and health and safety. Champions are staff who receive additional training to develop an expertise in a particular area. They are then responsible for sharing this knowledge and best practice with the whole team and monitoring the care outcomes.

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

- The registered manager promoted a personalised approach to care that meant staff understood about respecting people's choices. Their focus and aim of the business was that people felt safe and cared for, had

regular staff members who knew them well and that there were clear lines of communication.

- People and relatives were very happy with the quality of care and the way staff supported them. People told us the registered manager and staff knew them well and understood the importance of meeting their needs correctly and at the agreed time. People spoke about the positive impact this standard of care had on their lives and well-being. One relative called staff "A God Send." Another relative told us, "[Staff] have personal understanding of the challenges and issues associated with my [family member's] situation and those of the full time [relative] carer. Not only do they have concern for my [family member] but also for the [relatives]."
- Staff understood the importance of respecting people's wishes and ensuring they were in control of how their care was delivered.

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 the need to report notifiable events to the CQC and other agencies without delay. They also understood the importance of sharing outcomes with people and staff to learn from them and ensure open communication.
- Relatives told us they always received good communication and an apology if care was not to their expectations. Health professionals also told us the staff were open and honest. A health professional said, "[Staff] are effective communicators who follow up requests and action concerns via email and telephone."

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

- The registered manager used various methods to engage with people, relatives, professionals and staff. People had completed regular surveys and asked for feedback about their care. All of the responses showed positive comments about the agency with no improvements to be made.
- Some written comments from people and relatives included, "My [relatives] and I want to say how impressed we are with your services and in particular [staff member] who was absolutely fantastic." And, "There are no words that match how grateful we are for everything you have done for our [family member] and us. From the bottom of our hearts, we thank you all."
- People, staff and other professionals all spoke very highly of the registered manager and whole staff team and said the communication and support was very good. One staff member said, "Management give room for everybody to give their opinions regarding work and suggestions."
- Staff completed reviews of people's care, which provided people and relatives with the opportunity to feed back about their care. Staff told us that they attended meetings regularly both as a group and as individuals, which gave them support and information was shared quickly with them.

Continuous learning and improving care

- The registered manager promoted a cycle of continuous learning. They ensured staff had all training they needed to fulfil their roles. They also considered further qualifications and training for staff such as Champions training, and National Vocational Qualifications (NVQ).
- Staff told us they were encouraged to regularly reflect on best practice and their experiences while delivering care. They were supported to look at ways to improve their practice in a positive manner.

Working in partnership with others

- The registered manager worked with health professionals to review people's care and arrange for any equipment and medicine to be put into place.
- Professionals who worked with the service told us they had no concerns and their experience of working with L&F Care Services had been positive. One professional told us, "I work well with managers for L&F Care

Services, they have a positive attitude toward clients. The managers work well with other colleagues as well. I have found the leadership efficient and effective. It appears that staff are well trained as they are attuned to the service user's needs. They are able to work with clients who have varied needs and provide person centred care."

- The provider told us how they worked with the local authority and hoped to be able to support more people who required care at home. However, the registered manager told us they had temporarily declined acceptance of additional care packages at the moment due to workforce pressures in the sector that made recruitment very difficult.