

Care Legacy Ltd

Care Legacy Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care Legacy Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 33 people using the service.

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.

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

People received a good standard of care by a staff team who knew them well. Care plans were in place to help guide staff, these were updated regularly and reflected people's individual preferences.

People received their medication safely as prescribed. Staff received required medicines training and their competency was checked to ensure they continued to follow best practice.

Staff respected people's dignity and people told us they were kind and caring. One relative told us, "I would recommend them to anyone if they asked me, they are very good."

People were supported to access the community and take part in activities. The care offered could be flexible, with the registered manager working with families to ensure people could attend their desired events or appointments.

The registered manager worked hard to continually grow and improve the service, taking feedback from staff, people, and their families about how they could develop while maintaining a high standard of care.

People and their relatives gave positive feedback about the service. One person told us, "They are so nice, very kind." One relative said, "They are fantastic, we've had three other care agencies, and this is so much better than anything we have had before."

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.

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

Rating at last inspection

This service was registered with us on 13 December 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 and to provide the service with a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 well-led.

Details are in our well-led findings below.

Good ●

Care Legacy Ltd

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

One inspector and an Expert by Experience carried out the inspection. 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

Care Legacy Ltd 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because this was a remote inspection and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 March 2023 and ended on 17 March 2023.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. 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

We spoke to the registered manager during the inspection. We also spoke with four staff members, four people who used the service and seven relatives. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service. We looked at policies and procedures and quality assurance records. We continued to seek clarification from the provider to validate evidence found.

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.

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

- People were safeguarded from the risk of abuse.
- Staff were trained to recognise the signs of abuse and knew when to act if they had concerns.
- A system had been developed for the reporting of concerns. Any reports were followed up by the registered manager who made appropriate referrals to external professionals to help protect people from harm.
- People told us they felt safe. One person said, "Well it's excellent. I am safe with them."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People received assessments to determine their needs and any associated risks. Monitoring was in place by the registered manager to safely manage any risk.
- Detailed care plans were used by staff to help provide safe care and support.
- Accidents and incidents were reported by staff. These were reviewed and evaluated by the management team who used the information to help prevent recurrence of incidents as part of lessons learnt.

Staffing and recruitment

- There was enough staff to ensure safe care.
- People were safety recruited to the service, with the appropriate employment checks taking place to ensure their suitability for the role.
- Staff were appropriately trained, and quality checks had been developed to monitor staff's practice.

Using medicines safely

- Medicines were safely managed. People received their medication when needed and as prescribed.
- Protocols were in place to help guide staff when applying people's topical medicines. Staff knew when to seek additional advice from medical professionals.
- Staff understood their roles in medicine management and training was provided with regular supervisions in place to review practice.
- A system was in place to record any variable dose medicines or when a medicine was missed. This was followed up by the registered manager who ensured medication was managed safely.

Preventing and controlling infection

- People were protected from the risk of infection and staff were trained in effective infection prevention and control methods.
- An up-to-date infection prevention and control policy was available to staff when additional guidance was

needed.

- People told us that staff wore personal protective equipment (PPE) while in their homes. One person said, "They wear their PPE, they do everything they should like that."

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 had been assessed and care was delivered in line with their preferences.
- Care plans were in place to help guide staff on how to effectively care for people. These were developed together with the people and their families to help ensure all needs were understood and met.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance, and legislation.

Staff support: induction, training, skills, and experience

- Staff received appropriate training to support the people who use the service and additional training could be requested if staff felt they needed more support in a particular area.
- A training matrix was in place to record and manage staff training with the registered manager providing support to people who needed it.
- Competency checks were taking place to ensure staff had the required skills and followed best practice.
- People told us they found that staff had the training needed to be competent in their job roles. One person told us, "They are really big on training, the staff are really on top of what they need to do."

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

- Care plans were developed when needed to provide people with additional support with food and drinks. All staff received training in food hygiene and nutrition.
- Not all people required support with food and drink. People told us that staff would always ask and offer this in line with the persons preferences.

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

- People were supported to live healthy lives and access healthcare services in a timely manner.
- Staff provided support when people had medical appointments ensuring they could attend when needed.
- Advice from other healthcare professionals was followed and actions implemented to ensure people had effective care.
- The registered manager was working on developing their relationship with the local district nurse team to ensure communication was quick if people's care needs changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- At the time of the inspection there was no body receiving a service with restrictive practices in place. However, the registered manager understood the need to ensure any restrictions under the MCA were legally authorised.
- Staff understood the principles of the MCA and care records reflected people's capacity to make their own decisions.

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

- People were treated well and supported by staff who respected them.
- Staff knew the people they cared for and understood their individual their needs, looking for ways to improve the care they provided while keeping the person at the centre of what they do.
- Relative's and people, we spoke with were happy with the care received and told us staff treated them well. One person said, "They [staff] are so nice, very kind." A relative told us, "[Person] likes them a lot, they have taken great pains to understand [person's] needs."

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

- People were encouraged to express their views and be involved in making decisions about their care.
- The management team were in regular contact with people and their families to seek feedback about the service including their views on how to improve the care they provide.
- Staff and people told us that people make their own decisions about how they spend their time. Staff listened to them and supported their choices. One relative told us, "Staff are very nice and so kind, always asking [person] what they want to do."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence was respected. Staff had a positive and caring attitude to the people in their care.
- People told us that staff always maintained their dignity and privacy when providing care and could openly speak to staff about their care preferences.
- People were able to talk to their care team and worked together to tailor the care required to meet their needs, promoting 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

- People's care was person centred, meeting their needs and preferences.
- Care plans were in place to help guide staff on how to meet people's needs. The service was currently implementing a new care planning system which would give people and their relatives more access to review their care.
- People's preferences had been recorded and staff were responsive to people's needs as they changed. Managers worked with people to ensure changes were made quickly, keeping staff updated.

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

- People were supported to maintain relationships and take part in activities.
- Care was flexible to suit the needs of people with care times changed to accommodate any social activities.
- Staff supported people to independently access the community. People could choose how they wanted to spend their day and staff would facilitate this.

Improving care quality in response to complaints or concerns

- The provider responded to any complaints or concerns quickly, developing action plans to help improve care when needed.
- People and relatives felt confident in the registered managers ability to deal with any concerns. One person told us, "If I need to ring them, they answer right away and whatever it is they deal with it."
- Staff know how to raise a concern and had access to a suitable complaints policy if needed.

End of life care and support

- People were asked to record their preferences for end-of-life support within the care plans.
- People did not need end of life support at the time of the inspection. However, care plans could be developed, and care offered to support people when needed.

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.

- The communication needs of people had been met. Care plans detailed each persons preferred communication method to help inform staff.
- The provider had made additional efforts to ensure people understood the information given to them, meeting face to face to discuss care and learning the unique communication styles of the people in their care.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Managers and staff were clear about their roles, understanding their responsibility to review quality and risk in the service.
- Audits were in place to review the standard of care and were completed on a regular basis. Action plans were in place to manage any improvements and were overseen by the management team.
- Lessons had been learnt when things went wrong, and staff were confident in reporting any concerns. Team meetings were held to review good practice and implement change within the service.
- The management team was proactive in the support it offered to the service, sharing lessons learnt across the organisation, striving to improve care and practice.

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

- There was evidence of an open and transparent culture in the team. Safety concerns were reported, people were kept informed about any changes and staff reported being able to contact the management team at any time for support.
- People and relatives reported they were happy with the care and that they could discuss the service provided at any time with the management team. One relative told us, "You can talk to the office at any time. It is nice as nothing is hidden, it's all open and checkable."
- The management team led by example, assisting with care calls when needed and reviewing the care people received. Staff appreciated this input and felt supported in their roles.

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 responsibilities to be open, honest and to apologise if things went wrong and understood their regulatory requirements.

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

- The service engaged with people and staff, regularly completing quality assurance calls to the people so they could feedback about their care.
- People told us that they knew how to contact the service if they needed and would not hesitate to raise concerns.

- Team meetings were held giving the opportunity for staff to give feedback on any concerns and to have input in the planned developments in the service.
- There was an equality and diversity policy in place to promote equality and staff received training in this area.

Working in partnership with others

- The service worked well with other professionals. Care plans included updates from external professionals and staff acted on their instruction.
- The registered manager was working on increasing communication with the local district nurse team to help improve care.