

LPTC Solutions Ltd

LPTC Solutions Hull

Inspection report

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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 

Summary of findings

Overall summary

About the service

LPTC Solutions Hull is a domiciliary care service providing personal care to people living in their own homes or 'supported living' settings. In supported living settings, people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

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 4 people receiving support with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People gave positive feedback about the care they received. However, their care plans and risk assessments were not always detailed and person-centred, so it was not always clear what support people needed and how their needs should be met in a safe way. This put people at increased risk of harm and meant we could not always be certain their needs would be met. We made a recommendation about good practice when recording the support with people's medicines.

Despite these concerns people felt safe with the care and support staff provided and gave positive feedback about the support they received.

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.

Right Care:

People received kind and caring support from respectful staff. Recruitment checks were completed to help make sure suitable staff were employed and enough staff were employed to safely meet people's needs.

Staff completed a wide range of training and gave positive feedback about the support and encouragement provided to enable them to provide effective care.

Right Culture:

Clear and complete records were not always available. Information about risks and how risks were managed was not always clear. Audits did not evidence a robust approach to monitoring the quality and safety of the service.

Staff felt encouraged and supported to understand and meet people's individual needs and gave consistently positive feedback about the approachable and supportive management.

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 6 September 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on when the service was registered.

Enforcement and Recommendations

We identified a breach in relation to the records and governance arrangements at this inspection. Please see the action we told the provider to take at the end of this report. We also made a recommendation about the management of medicines.

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 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 not always responsive.

Details are in our responsive 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 ●

LPTC Solutions Hull

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 completed by an inspector and an Expert 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, flats and specialist housing. This service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. In supported living, 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 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 CQC 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

This inspection was announced. We gave notice of the inspection because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 January 2023 and ended on 7 February 2023. We visited the location's office

on 31 January 2023.

What we did before the inspection

We reviewed information we had received about the service since it first registered. We used information the provider sent us in the provider information return. 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 sought feedback from Healthwatch, and the local authority 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 all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and received feedback from 3 health and social care professionals who worked with the service. We spoke with 6 members of staff including the provider's registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care and medicine administration records. We looked at 2 staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service, including audits and policies and procedures were also reviewed.

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 requires improvement. This meant some aspects of the service were not always safe or there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were mostly managed and administered safely. However, poor record keeping in some areas put people receiving medicines support at increased risk.
- People's care plans did not always contain detailed and person-centred information about the support they required with their medicines.
- One person was prescribed a medicine to be taken as and when needed, known as 'PRN'. However, detailed guidance was not in place to help make sure staff administered an appropriate dose of this medicine when needed.
- Staff had not always followed good practice guidance when completing people's medicine administration records. For example, there was not always details about people's GP practice or the full prescribing instructions for people's medicines.

We recommend the provider review good practice guidance relating to the safe management and recording of medicines.

- Staff completed training and competency checks had been completed to help make sure they had the skills and knowledge needed to safely administer people's medicines.

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

- People's needs were assessed and risks identified. However, care plans and risk assessments did not always contain enough information or guidance for staff to follow about how risks should be managed to keep people safe.
- Environmental risk assessments had not been completed to assess and manage any risks to people or staff when providing care in their homes.
- Accidents and incident reports were brief and did not always provide detailed information about what had happened and how staff had responded if something had gone wrong.

Staffing and recruitment

- People gave positive feedback about how reliable staff were; confirming they arrived when expected and were available when needed. Feedback included, "They've never missed any visits, they're very punctual."
- Staff gave positive feedback about staffing levels and felt they were enough staff to safely meet people's needs.
- Recruitment checks had been completed to help make sure suitable staff were employed. However, some

records were not available to show a fully robust process had been followed. For example, to confirm the reasons for any gaps in people's employment or the reasons for leaving previous jobs in care.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care and support staff provided. One person explained, "I definitely feel safe in the presence of the carers."
- The provider had a safeguarding policy and procedure and staff completed training to help them identify and respond to any safeguarding concerns.

Preventing and controlling infection

- Staff completed infection prevention and control training and had access to appropriate personal protective equipment to reduce the risk of spreading infectious diseases.
- Checks had been completed to help make sure new staff understood how and when to use personal protective equipment and about the importance of good hand hygiene.

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

- People's needs were assessed before they started using the service. Their care plans included information about their health needs alongside guidance from health and social care professionals to support staff on how to meet those needs.
- Professionals gave generally positive feedback about how staff responded to their advice. A professional explained, "The staff have always responded extremely well and [Name] has received the care they need promptly."

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

- People told us staff provided support where necessary to help make sure they had enough to eat and drink.
- Staff recorded information about the support they provided to people, including the support with meals and drinks. However, these records did not always include enough information. We spoke with the registered manager about developing their approach to help monitor and make sure people continued to receive effective care.

Staff support: induction, training, skills and experience

- People gave positive feedback about the effective care and support staff provided. Comments included, "I think they are professional" and, "They do everything perfectly."
- Staff completed a wide range of training to help equip them with the knowledge and skills to meet people's needs.
- Staff gave positive feedback about the training, support and encouragement they received to learn and develop in their role. Comments included, "I've had the opportunity to learn a lot. It's been a wonderful experience" and, "The training was comprehensive. They made sure I was ready before I started work."
- Records showed staff received supervision, but provided limited insight into how this process was used. Annual appraisals had been planned where overdue.

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's consent had been sought when planning their care and support.
- The registered manager understood their responsibility to assess people's mental capacity and the process for making appropriate best interests' decisions if necessary.

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.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People received support from kind and caring staff. A person told us, "They are excellent, very polite, very efficient." Professionals said, "The staff are always friendly and welcoming" and, "All the staff I have been introduced to seem to be kind and treat [Name] in a manner that they respond well too."
- Staff spoke about people in a kind and caring way, showing they cared about the wellbeing of the people they supported.
- People were supported to help maintain their privacy and dignity. A professional told us, "Staff members always seem to be kind, compassionate and respectful."

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

- People were supported and encouraged to make decisions about how their needs were met.
- Staff understood the importance of listening to people and respecting their choices.

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 requires improvement. This meant services were not always planned in a way that helped meet people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Whilst people gave positive feedback about the care they received, their care plans did not always contain detailed and person-centred information to guide staff on how best to meet their needs. This meant it was not always clear what support people needed or how this should be provided, increasing the risk that their needs would not be met.
- Staff did not have detailed and clear plans to follow about how they should support people to achieve their goals, build relationships and pursue meaningful activities.
- Staff recorded basic information about the support they provided to encourage people to pursue activities and to promote their independence.

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 had been assessed to help make sure staff understood how best to share information in an accessible way.
- The registered manager showed us examples of accessible information available if people needed it.

Improving care quality in response to complaints or concerns

- People felt able to speak with staff or management if they were unhappy about the service or needed to complain. One person explained, "I have their contact details and I can contact them when I need them."
- The provider had a policy and procedure around how they would manage and respond to any complaints, and a member of staff explained, "They [management] are very conscious of meeting client's demands and expectations. If there are complaints from clients, they try to address it straight away, they want to deliver a good 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.

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; Continuous learning and improving care

- Clear and complete records were not always available. This meant we could not always be certain about the support provided, how people's needs were met or that issues and risks were effectively monitored, assessed and managed.
- People's care plans were not detailed and person-centred. We spoke with the registered manager about improving records around the support provided with medicines, recruitment and in relation to the day to day care people received.
- Audits did not evidence a robust approach to monitoring the quality and safety of the service or to driving continuous learning and improvements. This meant we could not be certain issues and risks would be identified and addressed by the provider's governance arrangements.

The failure to establish and operate effective systems to assess, monitor and mitigate risks and to ensure complete and contemporaneous records was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider told us they were in the process of moving from paper to digital records and this had impacted on how and where information was stored.

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

- People using the service felt management were approachable if there were any issues or concerns.
- Staff consistently told us management were approachable and supportive. One member of staff explained, "There's great management. I can confidently speak to them and don't have to be worried about approaching them to discuss any issues."
- Professionals gave mixed feedback about how staff engaged with them and the partnership working. Whilst requests for information were answered, they told us, "I'm not always made aware of incidents or concerns relating to [Name's] health and wellbeing" and, "I never really get any feedback from the staff; I have to ask for it."

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

- Staff felt encouraged and supported by management to provide good care and to meet people's needs.

- The registered manager encouraged staff to focus on understanding and meeting people's individual needs. Staff explained, "They [management] make sure everything is there for the service users" and, "They are very conscious of meeting clients demands and expectations."

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 to be open and honest with people if something did go wrong. There had been no incidents requiring action under the duty of candour requirements.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established and operated effectively systems and processes to assess, monitor and mitigate risks and to maintain complete and contemporaneous records. Regulation 17(1).