

Lincolnshire Quality Care Services Ltd

Lincolnshire Quality Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lincolnshire Quality Care is a domiciliary care agency that supports people to live in their own homes. The agency provides home care services within North East Lincolnshire to people who may be living with dementia, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs. At the time of inspection, it was providing support to approximately 98 people over the age of 18. People using the service lived in their own homes in the community.

Not everyone who used the service received personal care. Care Quality Commission 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 care and support at a time and duration that met their needs. There were enough staff with appropriate skills to safely support each person. One person told us, "I do get different [Care] staff but they all know me. I know I can trust them to arrive, every day."

Care and support was tailored to people's need as most staff knew people well. There were some shortfalls within care records to identify people's assessed needs. We made a recommendation about updating people's risk assessments to reflect people's care plans on the new electronic care planning system.

Medicine systems were in place, however there was no 'as and when required' (PRN) medicine guidance to support staff with administration. We made a recommendation to implement PRN protocols to support staff with decision making when 'as and when required' medicines were needed.

Staff members had been recruited safely and the provider had robust recruitment processes and policies.

Staff received safeguarding training and had a good understanding of the principals involved in acting when abuse was suspected.

People's needs were met through assessments and support planning. The service worked with relatives, health and social care professionals to achieve positive outcomes for people. Staff and management had good knowledge and skills; this ensured people's needs were met.

Processes to assess and check the quality and safety of the service were completed. The registered manager and operations manager carried out audits and quality monitoring reports. These identified areas of the service that required improvement and these actions were carried out.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

Model of care and setting maximises people's choice, control and independence

Right care:

Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Rating at last inspection

The last rating for this service was Good (published 19 June 2018).

Why we inspected

This was a planned focused inspection. This report only covers our findings in relation to the review of the key questions Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lincolnshire Quality Care on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lincolnshire Quality Care

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 15 June 2021. We visited the office location on 15 June 2021. We sought feedback from relatives, people using the service and staff on 16 June 2021 and 17 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the information we had requested from the provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, care manager, and six care workers. We also spoke to three professionals who work in partnership with the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received further evidence from the registered manager via email to verify information they told us during the inspection. We continued to seek feedback from people using the service and staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as 'Good'.

At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lesson when things go wrong

- Medicine management systems were in place. However, there were no guidance in place to support staff with administration of 'as and when required' medicines.

We recommend the provider implements PRN protocols to support staff with decision making when 'as and when required' medicines are needed.

- Staff had received training to administer medicines and checks had been carried out on their competence.
- Regular and detailed auditing provided staff with clear feedback about the actions they needed to take to improve the management of people's medicines. Lessons had been learnt following any medicines errors.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Information about safeguarding processes was available to staff. Staff knew how to raise a concern.
- Staff had good knowledge of safeguarding and how to keep people safe. Staff had completed safeguarding training and had access to the safeguarding policy.

Assessing risk, safety monitoring and management

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained basic explanations and control measures in place to keep people safe. The registered manager recognised where further information could be included to assist with monitoring risk.
- People were supported to take positive risks to aid their independence. Some documents required updating so this was fully captured in care planning. The registered manager assured us this action would be taken.

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. Processes included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references.
- There were enough staff to support people safely. Staffing levels were determined by the level of care and support each person required.
- We found staff had enough time to provide people's care and support as well as being able to spend meaningful time engaging with people. One person told us, "I do have a team of care staff. They are all very good, know me well, and never rush me." A staff member said, "We never need to rush. If a person's care

needs increase, the [Provider] reviews this and gives us more time."

Preventing and controlling infection

- The inspection occurred during England's 'lockdown' due to the global COVID-19 pandemic. We noted there were infection control procedures and the use of Personal Protective Equipment (PPE) in line with national guidance.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question remains the same. 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

- We received positive feedback from staff in relation to how the service was run. The registered manager and provider had oversight and knowledge of the day to day management of the service. They provided strong leadership and staff understood their roles and responsibilities.
- Quality assurance checks were undertaken regularly using provider led systems. These included checks on people's medicines, care plans and monitoring the care being delivered. Issues were identified quickly and cascaded to the team and action was taken.
- The registered manager responded openly to areas where the electronic care system was not fully up to date.

We recommend the provider updates people's risk assessments to reflect people's care plans on the new electronic care planning system. The registered manager provided reassurance this would be addressed immediately.

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

- The provider demonstrated a commitment to provide person-centred care by engaging with everyone using the service and stakeholders.
- People had opportunities to be involved in developing the service. Staff, people and their relatives were asked to complete regular feedback questionnaires. Feedback was summarised, and action was taken where people made suggestions.
- Staff told us the management team would encourage and listen to their concerns or ideas. Comments included, "[Registered manager's name] is very approachable and always listens to us" and "The manager is definitely approachable."
- Staff recognition was promoted by the provider. Regular rewards throughout the year made staff feel appreciated.

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 and provider promoted transparency and honesty. The registered manager was open and honest throughout the inspection process and had a good understanding of their duty of candour. They openly shared information with people and their relatives when things may have gone wrong and were

transparent with any learning from this. One relative told us "They are very open and transparent. I would most definitely recommend."

- The registered manager had an 'open door' policy. Staff said they felt able to speak to any of the management team.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission. The provider had complied with regulatory requirements such as submitting formal notifications in a timely manner.

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

- The provider and registered manager engaged with staff, people and their relatives to provide care that promoted positive outcomes and support.
- Staff members we spoke with were complimentary about the registered manager, senior staff and representatives of the provider. They said they were approachable and supportive.

Working in partnership with others

- The service worked in partnership with key organisations and partners to support the delivery of quality care. For example, working with healthcare professionals to identify tasks that trained care staff can undertake, such as insulin administration and percutaneous endoscopic gastrostomy (PEG) feeding. The provider has been proactive in this area and has a dedicated team who have undertaken training in some areas and are now delivering support to people. One professional told us "The care managers know their service users really well and genuinely care for people. We undertake some really good partnership working to get the best outcomes for the people we support".