

Caring Lane Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Caring Lane Limited is a domiciliary care agency providing personal care and support to nine people. 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

Improvement was required to ensure staff consistently received up to date training in areas relevant to their roles.

Risks to people had been assessed and staff had guidance to follow to help manage identified risks safely. People were protected from the risk of abuse, because staff received safeguarding training and knew the action to take to protect people if they suspected abuse had occurred. The service had enough staff available to meet people's needs. The provider followed safe recruitment practices. People's medicines were safely managed. Staff worked in ways which protected people from the risk of infection.

People received an assessment before they started using the service, to help ensure their needs could be met. Staff were supported in their roles through regular supervision. People had access to range of healthcare services when needed and staff were available to support them to attend appointments if needed. They were supported to maintain a balanced diet. Staff treated people kindly. They respected people's privacy and treated them with dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in the planning of their care. Staff involved them in decisions and they were supported in line with their preferences. The provider had a complaints procedure in place which gave guidance to people on how to raise a complaint. People knew how to complain and expressed confidence that any issues they raised would be addressed.

The registered manager understood the responsibilities of their role. Staff and people spoke positively about the registered manager and the working culture of the service. People's views were sought through the use of questionnaires and regular quality checks and their feedback showed they were happy with the support they received. The provider had systems in place to monitor the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was good (published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Caring Lane Limited

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 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.

Notice of inspection

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

What we did before the inspection

We reviewed the information we received about the service in the time since our last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three staff and the registered manager to help us understand how the service was run and what it was like working there.

We reviewed a range of records. This included three people's care records, four staff files and a variety of records relating to the management of the service including medicines administration records and quality

assurance information.

After the inspection

We spoke with one person and two relatives about their experience of the support provided by staff. We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision information.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training. They were aware of the types of abuse that could occur and the provider's procedures for reporting any allegations of abuse. One staff member told us, "I'd report any allegations to the registered manager." Staff were also aware of the provider's whistleblowing policy. One staff member said, "If I needed to I know I can contact social services directly."
- The registered manager was aware of the locally agreed procedures for reporting allegations of abuse. They were also aware of the need to notify CQC as a requirement of their registration.
- People confirmed they felt safe with the support provided by staff. One person told us, "They [staff] have always made sure that I'm OK, I feel quite safe when they're with me."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and action had been taken to manage identified risks safely. Risk assessments covered areas including pressure area care, falls, moving and handling, medicines management and the safety of the environment.
- Staff followed risk management guidelines to keep people safe where risks had been identified. For example, where one person needed support to reposition in bed, their care plan included moving and handling guidelines for staff which identified the equipment staff should use to support them safely.
- Staff knew to report any changes in people's condition back to the registered manager. The registered manager acted promptly to address any emerging risks. For example, where one person who suffered from incontinence had started to develop problems with their skin integrity, they had suggested adjusting the times of their visits to make the gaps more balanced throughout the day. The person's relative told us that this action had made a positive difference and addressed the issue.

Staffing and recruitment

- The provider employed enough staff to safely meet people's needs. People and their relatives told us they were supported by regular staff. One person said, "They [staff] visit me at the times we agreed." A relative told us, "The staff are on time and the service has been great at responding to any additional requests I've made for them to support [their loved one] at short notice."
- Staff told us they had no problems in providing people the support they needed to stay safe. One staff member said, "I've never had a problem with the visits I'm allocated each week; I'm able to get to my visits on time and support people at their own pace without rushing them."
- The provider followed safe recruitment practices. They had carried out pre-employment checks on staff which included checks on their previous employment, identification, criminal records checks and seeking references to ensure they were of good character.

Using medicines safely

- People were supported to manage their medicines safely, where this was part of their care plan. Staff received medicines administration training and were assessed by the registered manager as being competent to administer medicines before they did so independently.
- Most people were able to manage their medicines independently or with support from relatives. Where people required support to take their medicines they had medicine administration records (MARs) for staff to complete to confirm the assistance they had provided. MARs had been completed accurately and showed that people had received their medicines as prescribed. One relative told us, "They support [their loved one] with medicines and there have been no issues."
- We noted that one person had been prescribed a topical cream which staff administered. Whilst this was listed on their MAR, there was no guidance such as a body map in place to show staff where the cream was to be applied. We raised this issue with the registered manager who confirmed they would address this issue promptly following our inspection. We will follow up on this at our next inspection of the service.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were aware of the steps to take to reduce the spread of infections when providing people with support. One staff member told us, "I always wash my hands before and after any task and I make sure I wear gloves and an apron when supporting people."
- The provider maintained a stock of personal protective equipment for staff to use when supporting people. People and relatives confirmed that staff wore PPE when providing support.

Learning lessons when things go wrong

- Staff knew to report and record any incidents and accidents that occurred in the course of their work.
- The registered manager maintained a log of incident and accidents records which they reviewed to identify any learning. The records confirmed that the provider had acted to reduce the risk of incidents recurring where appropriate. For example, where there had been an incident in which one person had not received support to take their medicines at one visit, records showed that the staff member involved had received further training and a check of their competency to administer medicines safely.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Improvement was required because some staff still needed to complete training areas considered mandatory by the provider before they started work. For example, records showed shortfalls in fire safety, health and safety and first aid training. We noted that in some cases these staff had received training in these areas prior to working for the agency. However, this was not always evident and the provider could not be sure that previous training was up to date and reflective of current best practice. The provider had plans in place to address these issues. We will follow up on this at our next inspection of the service.
- Despite these issues, people and relatives spoke positively about the competence of staff. One person said, "They seem well trained." A relative told us, "The staff all work to the same standard, and do a good job." Another relative told us that the registered manager had promptly arranged training for staff when a new piece of moving and handling equipment had been delivered to support one person, to ensure they were confident when using it.
- Staff received an induction when they started work for the service. Staff with no previous experience of working in care were also required to complete the Care Certificate during their first months of work. The Care Certificate is the benchmark that has been set as the induction standard for staff new to working in health and social care.
- Staff were also supported in their roles through regular supervision. One staff member told us, "We have supervision meetings but also are able to speak with the manager whenever we need support or are unclear about something."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the registered manager before they started receiving support to help ensure the service's suitability. Assessments considered people's physical and mental health and well-being. They identified the areas in which people needed or requested to receive support and this information was used as the basis for developing people's care plans.
- The provider followed national guidance when developing people's care plans. For example, they involved people and relatives, where appropriate, in the planning of their care, in line with guidance from the National Institute for health and Care Excellence (NICE).

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

- People received support to maintain a balanced diet where needed. Their care plans included an assessment of their dietary needs. This considered areas such as whether they required a specialised diet and whether they needed any assistance to prepare meals, or to eat and drink.

- Staff told us they prepared meals and drinks in line with people's preferences. One relative told us, "They [staff] always make sure [their loved one] has what they want for lunch if I'm not around."

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

- People and their relatives told us they were able to manage their healthcare appointments independently, although they were confident that staff would be happy to support them if needed.
- The registered manager told us that staff could be made available to assist people to attend appointments if needed.
- The provider worked with other agencies to ensure that people received effective support. For example, the registered manager had recently contacted one person's GP to update them on changes to their condition and had liaised with the community nursing team to ensure another person received incontinence pads when they needed them.

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 Act 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.

- Staff sought people's consent when offering them support. They told us that people were able to make their own decisions about the care they received. One staff member said, "I always ask people if I can help them with a task. If they refuse, I'd try doing something else then asking again, but I'd never force them."
- The registered manager demonstrated an understanding of the MCA. They told us that if a person lacked capacity to make a decision for themselves, they'd discuss the issue with their relatives and a health or social care professional, if appropriate to ensure the decision was made in their best interests.
- The registered manager also confirmed that none of the people using the service required a Court of Protection order to deprive them of their liberty at the time of our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives told us staff were kind and caring in their approach when supporting them. One person said, "They're all caring people and very friendly; we get on very well." A relative told us, "[Their loved one] has a very good relationship with the staff. It was [their] birthday recently and they came round with cards and chocolate."
- It was clear from our discussions that staff had developed strong relationships with the people they supported. One relative told us their loved one was reluctant to accept support from anyone they considered to be a stranger, but over time they had got used to the staff and was now happy in their company and willing to let them provide assistance.
- Staff were committed to supporting people's differences, and protected them from discrimination. People's care plans included information about people's cultural and spiritual needs and how staff could best support them. For example, staff were aware when one person chose to pray and knew not to disturb them at those times. The registered manager also told us they sought to match staff with people according to their needs. For example, one person was supported by staff who spoke their preferred language.

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

- People were supported to make decisions about the support they received. One person told us, "I make the decisions about my care; for example, if they [staff] help me to make breakfast they'll ask me what I want." A relative said, "[Their loved one] lets the staff know what [they] want them to do. They're happy to be directed."
- Staff told us they sought people's views when offering them support and respected their wishes. One staff member said, "I always ask the clients what they would like me to help them with. We'll discuss options and they'd choose."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "They [staff] are always polite." A relative said, "The staff are all very respectful in the way they speak with [their loved one]."
- People's privacy was respected by staff. One staff member told us they knocked on people's doors and if they entered anyone's home independently, called out to make sure the person was happy to receive them. All of the staff we spoke with also told us they made sure they had privacy when supporting people with personal care, by ensuring doors were closed and curtains were shut. People and their relatives confirmed their privacy was respected.
- People were supported to maintain their independence. One staff member said, "I let the clients do as

much as they can for themselves. For example, one lady I support is able to wash independently so I only support her with the bits she finds difficult when getting dressed." A person told us, "I like to shower myself but it's good to have the staff nearby in case I fall. When I'm in the shower they stay nearby but respect my privacy and let me get on at my own speed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received support which reflected their individual needs and preferences. They and their relatives, where appropriate had been involved in the planning of their care. One person said, "I had an assessment with the manager and we discussed the things I needed help with." A relative told us, "Staff are very happy to make changes to the usual routine and we can make changes to [their loved one's] care plan if we want to."
- People's care plans contained guidance for staff about the support they required across a range of areas relevant to their health and well-being. They also contained information about their life histories and likes and dislikes. Staff used this information to develop positive relationships with people and to ensure they supported people in the way that they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed as part of the planning of their care and any need for support was identified in their care plans. The registered manager told us that they made sure information was available to people in a format they could understand. For example, they told us they were able to make information available to people in their preferred language.

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

- Staff supported people to avoid social isolation. For example, they provided a sitting service for one person, providing them with social contact and stimulation while their relatives were out. This person's relative told us that staff did a good job of keeping the person entertained.

Improving care quality in response to complaints or concerns

- The provider had systems in place for managing and responding to complaints. People received a copy of the provider's complaints procedure when they started using the service. This gave them guidance on what they could expect if they made a complaint.
- People and their relatives confirmed they knew how to make a complaint and expressed confidence that any issues they raised would be addressed to their satisfaction. One person said, "I've no complaints but I'd speak with the manager if I was unhappy." A relative told us, "We've had no big issues; any little things have

been resolved very quickly."

- The registered manager maintained a log of any complaints received by the service. This included information detailing any issues that had been raised and the action taken to resolve the complaint. There had been no formal complaints made in the year prior to our inspection. Records showed that any informal issues had been dealt with promptly, in line with the provider's complaints procedure.

End of life care and support

- None of the people using the service at the time of our inspection required end of life care. The registered manager confirmed they would work jointly with relevant healthcare professionals such as people's GPs or the local hospice to ensure people received responsive care when needed, at the end of their lives.

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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us the service supported them in a positive way which enhanced their well-being. One person said, "I'm happy with the service; I don't think I could ask for more." A relative said, "Within a very short time [their loved one] was commenting that staff were doing far more than the previous agencies they'd used; We saw improvements within a week of the carers starting work."
- Staff spoke positively about the working culture at the service. One staff member said, "The morale within the team is very good; we all work well together." Another staff member told us, "The manager's one of the team. She works with us and is very supportive. She's great at finding solutions if we have any problems."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had a registered manager in post who understood the responsibilities of the role. They knew the types of events they were required to notify CQC about and had their CQC rating on display at the service, in line with regulatory requirements.
- Staff attended regular team meetings and were in regular communication with the registered manager during their working days, to help ensure they were up to date with any changes in people's needs or service developments. They also had access to out of hours support from senior staff, if required.
- The registered manager understood the duty of candour. They had been open in informing people of any incidents or issues they had identified. People told us that the registered manager was open and transparent when speaking with them.

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

- The views of people and their relatives were sought by the provider through the use of quarterly feedback checks, the use of questionnaires and through regular informal discussions. Records showed that people were experiencing positive outcomes from the support they received and were happy with service. We noted that a high proportion of responses confirmed people would recommend the service to others.
- People and their relatives confirmed they were in regular conversation with the registered manager who encouraged them to share their views. One relative said, "[The registered manager] is always stressing to [their loved one] to let her know if there's anything she can do to improve the service."

Continuous learning and improving care

- The provider had systems in place to monitor the quality and safety of the service. Senior staff carried out routine spot checks on staff performance. These considered areas including staff timeliness, communication, infection control practice, medicines administration and whether they followed people's care plans.
- The registered manager also undertook checks on areas including people's care plans and medicine administration records (MARs) to ensure these were up to date and accurate. Whilst we identified some shortfalls in staff training at this inspection, senior staff were aware of these issues and had plans in place to address them.

Working in partnership with others

- The registered manager confirmed that they were committed to developing positive relationships with other agencies. They said they would welcome visits from local authority commissions, if they wished to visit the service and would look to implement any recommendations they made to ensure the people received a high quality service.