

Legend Integrated Care Ltd

Legend Integrated Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Legend integrated care is a domiciliary care service which supports people in their own flats and houses. They currently provide a live-in care service in two people's own homes.

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

We found there were some shortfalls with how the management team audited and assessed the quality of the service. Risk assessments and care records were not always complete. Effective plans had not always been made to respond to the risks some people could face.

The management team were not supporting people to make end of life plans or having conversations about this. They were also not completing mental capacity assessments for people. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff did not always support people to maintain their social life and follow their interests. The registered manager did not effectively check staff competency when they supported people to follow their interests. They were not reviewing the quality of this aspect of people's care. People's care plans lacked detail to guide staff on how to support people's physical needs.

People and their relatives spoke well of the service provided. They told us they felt safe and believed the staff were kind and caring.

People had regular staff who met their care needs. Staff knew how to keep people safe from harm.

Staff spoke of how they enjoyed working for Legend Integrated Care. Staff felt well supported by the management in terms of their availability when something goes wrong, with regular supervisions, meetings and training.

There was a positive culture in the management and staff team. They were passionate about managing the work and providing care visits which meant staff could fully meet people's care needs in a sensitive and thoughtful way.

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

Rating

This service was registered with us on 12 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the governance of the service and how the provider and registered manager monitored the quality of the service, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 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 ●

Legend Integrated 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

This inspection was completed 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.

The service had a manager registered with the Care Quality Commission. 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 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 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 already hold about the service. We also checked with the local authority if they had any experiences with this service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and two relatives about their experiences of the service. We also spoke with three members of staff and the registered manager. We reviewed a range of records. This included two people's

risk assessments, care plans, reviews, daily notes and medicine charts. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service including audits and policies were also assessed.

After the inspection

We continued to seek clarification about people's care needs and to validate the evidence found.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people, but they did not fully explore the risks which they faced. Some information was contradictory. Some staff did not know where these assessments were kept.
- These risk assessments did not explore the nature of people's conditions and what impact these had on individuals. Some aspects also needed updating as people's needs had changed.
- COVID-19 risk assessments and plans were not complete. The management team had not fully explored these risks and had not made effective individual care plans to promote people's safety in this matter.
- These shortfalls meant improvements were needed with how the management team managed and assessed risks. They told us they would address these issues.

Staffing and recruitment

- The management team had not ensured new staff had full employment histories with any gaps explained.
- References were obtained, but the management team did not always verify these.
- Before staff started working at the service, they received Disclosure and Baring Service (DBS) checks. These were in place before new staff started working alone with people.

Learning lessons when things go wrong

- This was not considered when something went wrong for one person.
- The management team said they were open to learning lessons from this inspection.

Systems and processes to safeguard people from the risk of abuse

- The staff had a clear and good understanding of what potential harm could look like. They also knew what they must do if they had concerns.
- The management team had processes to regularly check staff's understanding and knowledge about this aspect of their role.
- If a person experienced an injury these situations were investigated to promote people's safety.

Using medicines safely

- We checked people's medication administration records and found these were complete.
- Staff received observed competency checks to ensure they were administering people's medicines safely.
- Staff had effective 'as required' medicines guides, to follow and consult with.

Preventing and controlling infection

- People told us staff followed good infection protection control (IPC) practice when they supported them.
- The management team completed observed checks on staff to ensure they were putting their IPC training into practice.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team were not assessing people's mental capacity, even when other people were consenting and agreeing to their care and reviews. They were not considering and recording this as part of their assessment and reviews of people's care.
- No one had come to harm from this shortfall, but there was a potential risk this need would not be managed well in the future.

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

- People were being asked to complete a form about the management team's right to share people's personal information. This contained some good information for people. However, it did not specify who they would share information to and in what circumstances.
- People's care plans did not effectively guide staff about how to meet people's needs.
- People's assessments sometimes lacked clarification about their needs. It was not clear in some of these assessments what the needs were. For example, with mobility and risk of choking.

Staff support: induction, training, skills and experience

- Staff received support from the management team. They spoke well of the training they received.
- The management team assessed staff competencies and how effective the training was.

- The registered manager had ensured staff received training in key subjects. Although, staff did not receive training on health conditions specific to people they cared for, nor was there a plan to do so. The registered manager said they would address this.

Supporting people to eat and drink enough to maintain a balanced diet; 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 eat and drink enough and access healthcare services. One person and another person's relative told us they were supported to have a balanced and varied diet with food and drink of their choice.
- A relative said the staff ensured various GP appointments happened for their relative. We saw in this person's daily notes when staff made appointments and what the outcomes were when the appointments took place.
- The management team had documented people's active health professionals and their contact details, in case they needed to support a person to get in touch with them.

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

- Staff gave examples of how they promoted people's privacy and dignity when they cared for them.
- One person told us, "Of course they respect my privacy." A person's relative also told us, "Oh yes, they [staff] are respectful, they know when [Name of relative] needs support and they do so discreetly."
- One person spoke with us about how they directed and shaped the care and support they received from the service. Their care assessments also showed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness. One person said, "Staff are kind and thoughtful." They gave examples of when the service supported them at the last minute when their other support had broken down.
- The management team completed observations of staff practice to check they were thoughtful and respectful to people and their homes.

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

- We could see people had been involved in planning aspects of their care. For example, in shaping people's daily routines.

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 people's needs were not always met.

End of life care and support

- The management team were not assessing or considering this aspect of people's lives. They had not made plans or started having conversations with people about this and begin this process.
- The registered manager said they would make plans to start talking with people about end of life care.

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

- We were told by one person's relative, that although the carers did spend time chatting with their relative and enabled basic interests like watching TV. Staff were not considering ways to encourage and prompt their relatives' interests. Even though staff spent a lot of time with their loved one.
- Staff had arranged a fun thing to do for a recent special occasion.
- We were told at a recent review this person's social support was not discussed or considered.
- People's daily notes documented care tasks but not the social and human aspect of care.

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

- We were told by one person about an experience they had with a member of staff which was not sensitive to their needs. We spoke with the registered manager about this, who said they would investigate it.
- Although one person's care plan did state their interests, this needed developing further. For example, what types of music they enjoyed and what films they liked. Staff were being asked to promote these interests, but the care plan did not show staff how to.
- We were told by another person they were involved in the planning of their care, their care assessment did explore what was important to them.
- Care plans did give personal details about key parts of daily living which was important to individuals, such as what they liked to eat and how they wanted to look. We were told how staff were knowledgeable and responsive to people's care needs.

Improving care quality in response to complaints or concerns

- We were told by a person about an event they were not happy with. They asked us to speak with the management team about this. As a result, the registered manager instigated a complaints process.
- The providers complaints policy included important aspects of an open and clear process when making a complaint. This included signposting the complainant to the local authority and ombudsman.

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 told us staff did communicate well with them.
- In people's care assessments the management team had explored these needs, giving prompts to staff to promote clear communication.

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 required 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

- There were issues with assessing the risks people faced and making plans to manage risks. Some risk assessments were not clear as to what the risk was and what staff should do in response to the risk. Also, some care plans were contradictory or needed updating.
- There was an absence of end of life planning and a lack of understanding about the principles and required actions in relation to the MCA.
- Daily notes and reviews did not give details of the social aspect of people's lives, how staff were encouraging and promoting this to enrich people's lives and promote their mental well-being.
- Staff competency checks lacked information to show how the assessor reached their conclusions. Some emergency plans did not say how certain emergencies would be managed.
- These were all shortfalls in how the management team assessed the quality of the service they provided, as these issues had not been identified through their audits. Improvements were needed with how the registered manager and provider assessed the service.

We found the quality monitoring of the service was not always effective. No one had come to harm as a result of this, but this was a potential risk to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Continuous learning and improving care

- When something did go wrong for a person, there was no consideration after this to see what lessons could be learnt.
- Management processes needed to be improved to promote lessons to be learnt.

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

- Reviews of people's care were taking place, but these did not always capture people's and their relatives (when appropriate) views.
- The management team were seeking questionnaires from staff and asking them for feedback in supervisions and team meetings.
- Staff confirmed they were asked for their views and suggestions by the managers.

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

outcomes for people

- From speaking with a person, relatives and staff, there was a positive open culture at the service.
- The management team looked at ways of supporting staff with their mental well being following the pandemic.

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 had a complaints policy in place and responded to an issue raised about staff practice.

Working in partnership with others

- The registered manager said they have connected with other small care services, where they learn, listen and share ideas with them.

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 Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Good Governance. There was a lack of effective assessments, audits and oversight of the service to ensure the care provided was safe and met people's needs. Which put service users at the potential risk of harm. |