

Healthcare Headhunters Limited

Lastminute Care & Nursing

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lastminute Care and Nursing is a domiciliary agency providing care to 134 people at the time of the inspection. People receiving a service required varying levels of support. Support packages ranged from short term domiciliary care to 24-hour support for people with ongoing mental health needs, autistic people and people with a learning disability.

A number of people requiring 24-hour support lived in 'supported living' services. People held an individual tenancy for their bedroom and shared communal areas such as lounges and kitchens. Each 'supported living' service had designated space for staff to store their belongings, maintain records and provide sleeping in 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.

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

We found sufficient improvements had been made to ensure the provision of safe care; the service was no longer in breach of regulations. A high turnover of staff and management within the 'supported living' services had continued to be a factor since our last inspection. Although we saw this had improved, some people receiving support, relatives and professionals expressed concern about the impact this had on the ability for the provider to deliver consistent care. We sought assurances and the provider evidenced plans to address this.

We have also made a recommendation about maintaining induction records for new staff.

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.

The 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:

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

Since the last inspection the provider had reviewed its policies and procedures in line with these principles; the support needs of people had been appropriately assessed and planned. People were treated with dignity and respect and staff working for the service were committed to providing person centred care. People spoke positively of the care 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.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 08 April 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lastminute Care & Nursing

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 carried out by two inspectors, a specialist advisor who was a learning disability nurse and two Experts 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 and flats. This service also provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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 a member of the management team would be in the office to support the inspection.

Inspection activity started on 11 October 2021 and ended on 27 October 2021. We visited the office location on 12 October 2021 and 20 October 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. 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 seven people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, members of the training and management teams (including a newly appointed manager), senior support workers and support workers. 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 13 people's care records and multiple medication records. We looked at seven 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with a number of professionals who regularly visit or were involved with the service.

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 inadequate. At this inspection this key question has now improved to 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to demonstrate people were protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Improved systems were in place which demonstrated how the provider was protecting people from the risk of abuse. Records were maintained; appropriate referrals had been made to the local authority safeguarding team.
- Staff received training and understood their role in protecting people from the risk of abuse. 'Spot check' training was undertaken to ensure learning was embedded into practice.
- Systems to record accidents and incidents had improved; the provider was able to evidence actions which had been taken in response to individual accidents and incidents. However, further development was still needed to monitor for themes and trends and prevent reoccurrence.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to demonstrate how risk was safely identified or effectively managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety had been identified and care plans contained guidance for how to reduce those risks.
- People told us they felt safe when receiving care. Comments included, "They always make sure [name] has everything there, make sure [name] is safe and has all the equipment." People also described examples when staff highlighted potential pressure wounds to relevant professionals and informed people when their moving and handling equipment was due for servicing.
- Some people needed staff to support them through periods of distress or agitation. There were staff who

were trained to provide this support however new staff were yet to receive formal training. The provider gave assurances they had plans in place to ensure all the staff who supported these people completed this training.

- Staff were also sufficiently trained to ensure risks experienced by people with potentially serious medical conditions were safely managed.

Preventing and controlling infection

- Systems were in place to manage risk and to prevent and control the risk of infection. Staff confirmed they had access to appropriate personal protective equipment (PPE) and completed regular testing for COVID-19.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out to ensure staff members were suitable for the role.
- Rotas evidenced safe staffing levels. However, a high level of staff turnover had continued since the last inspection. This had some impact on teams working within 'supported living' services. Staff working in those services told us there had been improvements; and they had experienced a more stable team within recent weeks. Comments included, "We have a good team here, there has been a high turnover of staff in the past but that has improved now," and "It's got more a lot more stable since the last report. I could see they are attempting to build teams more around people."
- However, this feedback was not shared by everyone. Comments from relatives included, "It is not always the same people. [Name] gets used to them and then they go. It has been the same since last year when [name] moved there," and, "Staff are nice but no consistency."
- Mixed feedback was also shared by some professionals who, felt consistency of care had been impacted at times. We shared this feedback with the provider who updated us about plans to address longer term stability of staffing within the 'supported living' services.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and detailed records were maintained. Where medicines errors had occurred, actions had been taken to seek advice from medication professionals and the local authority had been informed.
- Medicines were only administered by staff who had the correct training to do so. Regular checks on the competency of staff to administer medicines were completed.
- People told us they were happy with the support they received to take prescribed medicines.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to demonstrate staff were suitably trained around the specific needs of people receiving a service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Systems to demonstrate staff had received necessary training had improved. Records of training delivered around specific needs of people were now maintained.
- Face to face training had recommenced following the national easing of restrictions imposed during the COVID-19 pandemic. Staff told us training had improved.
- People also told us staff were well trained. One person commented, "[The carers] are very, very good at what they do. They're trained and confident."
- New staff received an induction based upon their level of previous experience and felt supported in their role. One us, "I have noticed staff who have been here longer are really knowledgeable so I can speak with my colleagues for any advice."
- We did find some induction records had not been fully completed.

We recommend the provider considers best practice guidance when recording the completeness of staff induction.

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

At our last inspection the provider had failed to demonstrate the provider had followed a suitable process when admitting people to the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's needs were assessed before they received a service. This information was used to develop risk

assessments and care plans which reflected best practice guidance.

- Policies and procedures to support the assessment process within the 'supported living' services had been re-written and reflected the principles of Right Support, right care, right culture.

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.

At our last inspection, we recommended the provider reviewed support plans to ensure any potential restrictions placed on people had been considered within the principles of the MCA. The provider had followed this recommendation and made improvements.

- Care plans had been reviewed and reflected potential restrictions. These were supported by risk assessments and where appropriate mental capacity assessments. Decisions were evidenced as being made in a person's 'best interest'.
- People confirmed staff sought their consent before providing support. One person told us, "[Staff] always say what they're going to do and ask permission."
- Staff had received training and demonstrated an understanding of the principles of the MCA.

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

- Staff were aware of people's nutritional needs and had clear information with regards to this. This included where a person needed to consider risks to their diet caused by medical conditions.
- People told us staff supported them appropriately to eat and drink. Comments included, "They know exactly how to make [name's] milkshake and sandwiches," and, "[staff] prepare all of [name's] food. [Name] can't communicate anymore but they have a handle on what she does or doesn't like, for example the time it takes to eat things."

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

- The service worked with other agencies to ensure people received consistent, effective and timely health care. Care plans reflected professional input and advice.
- People confirmed they were supported to access their GP and other health services. One person described the support they had received following the identification of a potential health concern.
- Records of health appointments were maintained.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we recommended the provider ensured the electronic care planning system clearly captured how people had been involved in their development. The provider had made improvements.

- Care plans demonstrated how people were involved in making decisions about their care.
- People confirmed they had been involved in developing their care plans. We were told, "The [staff] we have will listen to what I need, and do as I ask," and, "I am very heavily involved in [name's] care. I can honestly say staff have been absolutely fantastic."

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

- People told us they were well treated and supported; and staff respected their privacy and dignity. Comments included, "I have found the people who come here very nice indeed. Very helpful. I'm very satisfied with the care I get," "The carers are great, they are as close as you can get to a friend, I get on with everyone," and, "They always make sure the curtains are drawn and the door is closed when they are showering".
- People also told us they were supported to be independent and didn't feel rushed when receiving care. Comments includes, "They're very patient. [Name] is a very private person so when he is washing; they try to monitor what's going on, whilst leaving him to it," and "Staff are really good with [name]. She needs help with pretty much everything including moving. It's not just a call in and they're off. I've felt they're interested in [name's] wellbeing."
- Care plans identified peoples protected characteristics under the Equality Act 2010.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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.

At our last inspection we recommended the provider considered best practice guidance on developing 'easy to read' documentation about the service. The provider had made improvements.

- The provider had developed new documentation to inform people about the services they provided. This was now readily available in an easy to read format.
- The communication needs of people were assessed and reflected within care plans.

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

- People's social and cultural interests were considered when developing care plans. Where appropriate, people were supported by staff to pursue these interests.
- Care plans and personal goals had been updated to reflect when the COVID-19 pandemic had impacted on the ability for people to pursue some activities.
- People confirmed they could choose the gender of staff who supported them. We were told, "They asked for quite a lot of personal information and what help [name] needs."
- Support plans were accessible and reflected information about people's personal histories and preferences. One person raised they couldn't access a copy as they didn't use technology. This was shared with the management team who assured us they would immediately address this.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints. This was made available to people through the service user guide.
- People confirmed they knew how to raise concerns. one person told us, "I would tell the manager. I bit my tongue in the past, but I don't have to do that now."

End of life care and support

- At the time of the inspection, nobody was being care for at the end of their life. However, training was

available and, where appropriate, care plans contained information about people's wishes and feelings in respect of this aspect of 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were sufficient governance systems in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems to monitor the quality of the service and care provided to people had improved. Actions taken in response to our last inspection and the issues we identified. For example, at this inspection recording of incidents and accidents had improved and appropriate notifications to the CQC had been submitted.
- The provider had commissioned an external consultant to advise on the review of policies and practices to improve the service provided to autistic people and people with a learning disability. This demonstrated a commitment to ensuring the service was meeting our requirements under Right support, right care, right culture.
- Since our last inspection however, there had been further changes in the management arrangements. This meant the service had operated over 12 months without a registered manager in post. A new manager had recently been appointed and had started the process of registering with the CQC.

Working in partnership with others

- We continued to receive mixed feedback from professionals working with the service. Some professionals described the service very positively and told us Lastminute Care and Nursing had been very responsive when providing packages of care to people.
- Other professionals spoke of continued difficulties within the 'supported living' services. This was attributed to the high staff turnover and changes in management. Despite this, we were told improvements had been made and communication had improved. Professionals we spoke with also told us they felt working relationships would continue to improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about working for Lastminute Care and Nursing but were also open and honest about frustrations they felt at the high turnover of staffing. One staff member told us, "I am happy working for Lastminute Care and Nursing, I just get frustrated at times."
- Staff also expressed frustration of the ongoing changes in management. However, feedback was positive about the new manager who had recently started. We were told, "[Name] seems to have a lot of knowledge. [Name] is throwing himself on floor and watching how we do things. I feel [name] will be good and make things better. [Name] seems to want to learn from us."
- This mixed feedback was shared by some relatives and people receiving support from the service. Some people were hesitant in expressing confidence until they had got to know the new manager. Comments included, "The manager just came yesterday so we can say we have met them, there have been 5 managers in 20 months," and, "It's difficult to find out who the manager is."
- We shared this feedback with the provider and the management team who accepted this would need to be a focus in the coming months. The new manager described their plans to build relationships to understand and implement the continued improvements needed.
- Although this feedback was received, there were a number of people who were very happy with the management team and the care they received. We were told, "I think they do quite well actually. They're quite amenable when we've had to cancel a call for medical or social reasons," "The service appears to be well managed. For what we need and what we're getting, we're perfectly happy with it," and, "The staff are really personable, they take pride in their work, they treat [name] like they are their own family."