

Lalis Direct Care Ltd

Uxbridge House

Inspection report

Unit 1.08, Uxbridge House
Uxbridge Road
Hayes
UB4 0SD

Tel: 07958605792

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09 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Uxbridge House is a domiciliary care agency. It provides personal care to older people living in their own homes in the London Borough of Hillingdon. At the time of our inspection the service was providing care to 2 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

People were protected from avoidable harm. Risks to people's safety and wellbeing had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

People received their medicines in a safe way and there were systems in place to help safeguard them from abuse.

People's needs were assessed and planned for. Their health was monitored and they had access to other healthcare services. People were supported with their meals if this was part of their care plan and this was according to their needs and preferences.

There were enough staff to support people and staff were punctual. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

There were systems for dealing with complaints, accidents and incidents. The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

The provider ensured there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

There were systems in place to monitor the quality of the service and recognise when improvements were required and these were recorded.

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

This service was registered with us on 5 November 2021 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Uxbridge House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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.

Inspection activity started on 9 February 2023 and ended on 10 February 2023. We visited the office location on 9 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We 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 the registered manager, care coordinator and office manager. We reviewed a range of records. This included both people's care records and their medicines records. We looked at all 3 staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from 2 relatives about the care of their family members. We emailed 3 staff and 2 external professionals to seek their feedback about the service but did not receive a reply. After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and risk assessments the provider had put in place following our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had appropriately identified and assessed risks to people's health and safety such as risk of falls and skin deterioration. Risk assessments were clear and included details of the person's medical conditions, risks identified and action plans. There were guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm.
- There were risk assessments and management plans in relation to people's environment, such as ensuring the home was left secure after each visit to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People were unable to speak with us, but a relative confirmed their family member was happy and safe. They told us, "The carers are extremely gentle and patient when dealing with my [family member], they always go above and beyond to ensure all [their] needs are met."
- There was a safeguarding policy and procedures in place and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. The provider had systems in place for noting and responding to safeguarding concerns. There had not been any safeguarding concerns in the last year.
- Relatives confirmed the care workers arrived on time and stayed the full allocated time.
- The registered manager monitored closely people's daily visits. They were in the process of introducing an electronic monitoring system, so, as the service grew, they could monitor visits in real time.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity, such as Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet the needs of both people using the service. Each person had regular care workers with whom they had formed a good rapport and who knew their needs well. The registered manager, care coordinator and care manager were also available in the event of staff shortage.

Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received regular medicines training and refreshers and had their competency assessed.
- The senior staff carried out regular audits of people's medicines and the medicines administration record (MAR) charts to help ensure people received these correctly. We viewed the audits for the last 2 months and saw these had not identified any issues.
- Care records contained details of people's medicines, description, dosage and directions and when these were to be taken.
- There was a protocol in place for managing possible side effects of medicines. This provided information for care workers about what to look out for and what to do in the event of a reaction.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. There was an infection control policy and procedures and staff received training in this.
- Staff were provided with suitable personal protective equipment such as aprons, masks and gloves, and were able to obtain these when they required.
- The staff confirmed they had received adequate training in infection control and we saw evidence of this.

Learning lessons when things go wrong

- The provider had a procedure for the management of accidents and incidents. However, there had not been any in the past year.
- Lessons were learned when things went wrong. The registered manager told us they learned and improved their systems daily using feedback from people who used the service and staff. They also liaised with colleagues and external professionals who provided advice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service, to help ensure these could be met.
- We saw assessments contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. They also included how the person wanted their care needs to be met.
- People's choices in all areas were considered and recorded, for example, their communication needs and how they wanted their care at each visit.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, supervised and appraised. Relatives thought the staff had the necessary skills to meet their family members' needs and were happy with the care they received.
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also received training specific to the needs of people who used the service, such as dementia care and end of life care. We saw evidence staff training was up to date and regularly refreshed.

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

- People's nutritional needs were recorded and met. People who used the service were supported by relatives with meals. However, the care workers supported them with drinks and snacks or anything they might require during visits.

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

- People's healthcare needs were recorded and met. Staff were vigilant during visits and reported any concerns they had about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly.

- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. The registered manager liaised with the relevant healthcare professionals to meet people's needs, such as the GP and district nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were consulted about their care, and their choices were respected. Relatives were involved in their family members' care and felt valued. One relative told us, "My interaction and experience with [Registered manager] and the agency has always been very simple and straightforward."
- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected.
- We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this.

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.

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

- People were treated with kindness and respect by the care workers who supported them. Relatives confirmed this and told us, "I am very impressed with the quality of care Lalis provides. The carers have been nothing but kind and compassionate towards me and my [family member]. My [family member] has said that [they like] the carers as they can speak the same language and because of the way [they are] treated" and "The carers are extremely gentle and patient."
- People's religious and cultural needs were recorded and met. One person's care plan stated, "My religion is very important to me." People who used the service were supported by care workers from the same background who also shared the same religious beliefs and language. This helped them form a good rapport and promote trust.
- Staff received training in equality and diversity and understood this. The provider had an equality and diversity policy in place which included details about protected characteristics. They ensured this was discussed and understood by all staff.

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

- People were consulted and involved in decisions about their care and relatives confirmed this. They told us staff took time to explain things and listen to them.
- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People were given the choice of a male or female carer.
- Care plans reflected how people wanted their care and support to be. Relatives confirmed the care workers knew people well and understood their individual needs. One relative stated, "[The care workers] always go above and beyond to ensure all [my family member's] needs are met" and "Carers follow clear instructions given to them."
- The registered manager told us they monitored closely how people were supported. They told us they had a good staff team who were dedicated to their work.

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 good.

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's needs were recorded and met in line with their needs and preferences. Relatives confirmed people were happy with the care they received. One relative told us, "The carers always go above and beyond to ensure all [family member's] needs are met."
- People's care plans were clear and person-centred and were developed from the pre-admission assessment. They detailed the level of support a person required on a daily basis and at each visit. These were regularly reviewed and updated.
- Care plans contained a section entitled, 'This is me'. This included basic details about the person, their background, skills and interests, likes and dislikes, and daily goals.
- Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication, personal care and communication. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed.
- Care plans included guidance documents in a range of areas, such as falls, pressure ulcers, arthritis and hypertension, so staff would know how to support people at risk of these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded and met.
- People who used the service did not have English as their first language and had requested to be supported by care workers who spoke their language. The provider had been able to meet this request.
- Relatives felt communication was good and were grateful the care workers were able to communicate in their family members' language. One relative told us, "It helps that the service providers speak the same language as my [family member]."
- Care plans detailed the person's communication methods and if they had any impairment. Relatives confirmed the staff respected their family members' needs in line with their care plans.

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 had close relationships with their relatives who either lived with them or visited daily. They did not require support from the care workers in relation to outings.
- However, the registered manager told us one person wanted to go to the Mosque once a week and this was in the process of being implemented. They told us, "We are in contact with the local authority. Once agreed, we will carry out a risk assessment and put the support in place."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People and relatives were given information about how to make a complaint and were confident these would be addressed. A relative told us, "I personally don't have any complaints at this stage as I've only had good experiences with [the provider and registered manager]" and another said, "Everything is always done perfectly."
- The registered manager confirmed they had not received any complaints in the last year.

End of life care and support

- Staff received training in end of life care so they could understand how to support a person at the end of their life. Nobody was receiving end of life care at the time of our inspection.
- The registered manager told us they had attempted to discuss end of life wishes with people, but they had been reluctant to discuss these.

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 good.

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 relatives spoke positively about staff and management. They told us the registered manager was approachable and they knew them well. A relative stated, "Anytime I contact [registered manager], they are always able to provide a good service."
- Staff felt supported by the registered manager and could contact them at any time.
- The registered manager and senior staff had a good level of communication and worked well together for the benefit of people who used the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They told us, "My understanding is taking responsibility and taking action when things go wrong. For example, if you are unable to provide the service you are commissioned for, it's about calling the person and apologising. Another example, negligence. It's about identifying it happens and it's not somebody else's fault."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had auditing systems in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines.
- The registered manager and senior staff undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, personal appearance, respect for the person, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing PPE appropriately and if the person was satisfied.

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

- There were regular staff and management meetings and these were recorded. Issues discussed included housekeeping, medicines, training and people who used the service.
- People and relatives' views of the service were sought regularly to help ensure they were happy with the service and to invite them to comment and make suggestions.

- We saw people were happy with the service they received and the care workers who supported them. In addition, the senior staff regularly visited people, especially if they had a birthday, or other celebration.
- There were regular staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. The staff had the opportunity to discuss any concerns and share communication.
- There were also regular management meetings. These looked at any concerns, complaints, incidents and accidents and safeguarding, communication and care plans and risk assessments.
- The provider had a system in place to award a member of staff with 'Employee of the month'. This was in recognition of their work and based on feedback from the people they supported.

Continuous learning and improving care

- The registered manager led a good team who always strived to improve people's lives by making changes as necessary to meet their needs. A relative told us, "I'm so lucky they are able to assist me in making my [family member's] quality of life better."
- The registered manager was experienced and was always looking for ways to improve the service. For example, they told us, "When I assess people and we compile a care plan, I look at any medical conditions they might have. I then search for clear information about these, so the carers understand what they are, and how to support people."
- The provider issued 'mini guides' of policies and procedures to the staff so they could have an easy and quick access reference to a range of these. These included medicines, hygiene, privacy and dignity, person-centred care, risk assessment, mental capacity and comments and complaints.

Working in partnership with others

- The registered manager said they felt supported by the local authority and kept abreast of developments within the social care sector by attending meetings and training courses organised by them. They added they increased their knowledge by liaising with a range of healthcare professionals such as district nurses.