

Lica Homecare Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
18 July 2024

Service provided by:
Lica Homecare Ltd

Service provider number:
SP2020013495

Service no:
CS2020379379

About the service

Lica Homecare Ltd is registered with the Care Inspectorate to provide a care at home service to adults with conditions associated with older age in their own homes. The service was registered on 22 March 2021, this was their first inspection.

The registered manager oversees the service supported by the director, office manager, supervisor and support workers. At the time of the inspection around 30 people were receiving support from the service. Support workers offer support with personal care for people living in their own homes in Lanark and the surrounding areas.

The main objective of the service is to provide supportive and consistent care, enabling the people receiving the service to build trusting relationships with the care staff. The service work closely with the individual and their family to deliver a tailored package to meet the individual's needs.

About the inspection

This was a full inspection which took place on 15, 16, 17 and 18 July 2024 between the hours of 07:30 and 19:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered. In making our evaluations of the service we spoke with and received feedback from people using the service and their family/friends/representatives, spoke with staff and management, observed practice and daily life, and reviewed documents.

Key messages

- People using the service spoke positively of the support they receive.
- The consistency of care was very good.
- The provider needs to introduce methods of self-evaluation, quality assurance systems and improvement planning.
- The training and practices of infection prevention and control management needs to improve.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

People should expect to be treated with compassion, dignity, and respect. It was evident people benefited from positive relationships with the staff team. Interactions between staff and people supported were warm and kind. This meant that people felt valued.

People should be confident they were supported by staff who knew their needs and preferences well. The consistency of the carers demonstrated a commitment to building trusting relationships. This meant that people knew who was coming to support them, had confidence in the support provided and the service was responsive to changing support needs. If there were changes to their support arrangements, they were contacted and informed. The management also planned for the care staff to be introduced to individuals new to the service, before the care started. Staff were knowledgeable about what was important to people. People and their families told how staff were very reliable and they valued support provided.

Comments included:-

"The carers are always kind, respectful, friendly and encouraging and have time to listen to me."

"everyone is very good, they know me and that's important."

"they don't rush me, I know them all and they are all respectful."

"Staff are very efficient and caring at all times I find their attitude and work ethic very refreshing."

People should have as much control over their medication as they are able to. There were varying levels of support provided. This ranged from verbal prompts to remember and take medication through to people receiving full support from staff. We encouraged the assessment team to be more observant of time or diet restrictions for some medications for instance for someone living with Parkinson's and for this to be properly care planned. This will ensure people's wellbeing benefitted from medication as it was prescribed.

We heard that staff highlighted healthcare concerns and calls were made to health professionals, such as district nurses. A collaborative approach helps keep people well. The service should develop its links with a range of other bodies and refer on as appropriate such as the Falls Team and Scottish Fire and Rescue. The service should be constantly exploring ways to improve the working relationships with other agencies and professionals involved in people's support.

People should be confident that staff take the appropriate measures to reduce the risk of spreading infections. The service could demonstrate that infection prevention and control (IPC) training had been undertaken and also observations of staff practice had been assessed. However, we highlighted that competencies need to be improved in relation to basic hand hygiene and the proper selection and use of PPE. (See Area for Improvement 1).

Areas for improvement

1. To ensure that people, where possible are protected from cross infection, the service should ensure that staff are trained and competent in infection prevention and control and management best practices.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes." (HSCS 3.14) & "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator: 2.2 Quality assurance and improvement is led well

People should expect a service that is managed well. The service was registered with the Care Inspectorate in 2021 and since then has had three managers. This is the service's first inspection since registration. Since registration, the management have identified areas that required improvements and introduced these. The service needs to ensure that the registration certificate is accurate and on display.

People should have confidence that the service is well led and managed. We found that there were processes in place to record when something went wrong for instance accidents, incidents and complaints. However, we found these to be entirely descriptive and did not include any actions taken, for instance escalation to health or social care professional or communication with other regulatory authorities. In addition, regular checks and evaluations of these would be valuable to identify any patterns and taken a lessons learned approach and take further preventative actions. (See Area for Improvement 1 and 2).

People benefit from a culture of continuous improvement and effective quality assurance systems. We shared information to support the provider to undertake a self-evaluation exercise. This helps to identify what is working well and where improvement is needed. The provider should review the quality assurance tools used in the service to improve the oversight and involvement of people receiving the service and their families. Whilst the feedback that we received during the inspection reflected good outcomes, there was a lack of opportunity for to give regular feedback on how the individual experience care and support and to be involved in improving the service, in a spirit of genuine partnership. We were assured gaps in audits had not impacted on people's care experience. However, strengthening existing quality assurance systems would improve management oversight, evidence positive outcomes for people and inform improvement. (See Area for Improvement 3).

The manager had recently developed a service improvement plan. This should be regularly updated to reflect the areas where improvement is needed, the timeframe and individual responsible for actioning and following up. This helps to promote a positive learning and development culture within the service.

Areas for improvement

1. To ensure that people benefit from a culture of lessons learned and taking preventative actions to minimise future harm, the service should develop the process for recording when something goes wrong particularly in relation to accident and incident records. This includes, but is not limited to:
 - a. Recording actions taken;
 - b. Consideration of other authorities that should be notified;
 - c. Periodic audit and evaluation of these records to identify any patterns and take the necessary preventative measures.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS4.11); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To ensure people receive responsive care and support, the manager should ensure effective systems are in place to communicate with people and their representatives, and effectively respond to any feedback or concerns they have about their support.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support.'

3. To ensure that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. This includes, but is not limited to:
 - a. Formal quality assurance systems and self-evaluation are implemented to cover all key areas of service's delivery.
 - b. The outcome of quality assurance and self-evaluation should inform a dynamic improvement plan.
 - c. Meaningful involvement and feedback from people receiving the service and their representatives.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS4.11); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

People should feel confident that they will be supported and cared for sensitively by people who are aware of and plan for any known vulnerability or frailty. We found that the staffing arrangements were determined by an assessment of people's support needs. The service benefited from a stable staff team. This meant that people were being supported by staff who knew them well and were able to highlight when there were changes. Staff demonstrated they were committed to providing good outcomes for people.

People should expect to be supported by people who have been safely recruited. We sampled some employee files for recent new starts and found that the service followed best practice guidance. We encouraged the management to introduce a checklist and regular audit in order for this to be a consistent approach. We also highlighted the importance of undertaking regular checks for staff registering with the Scottish Social Services Council to monitor registration status and plan for staff to meet their conditions of registration. The manager actioned this before the inspection concluded.

People should expect staff to be trained, competent and skilled, and reflect on their practice. New staff worked through an induction and shadowing programme to ensure they were appropriately prepared for the role and suited to people supported. The induction programme should be reviewed to reflect Scottish legislation and the Health and Social Care standards.

There was an online staff training programme in place. The management overview of this reflected high levels of compliance. We encouraged the management to review the range of courses available to ensure that all staff have the appropriate skills and knowledge to meet the needs of people supported. Staff should be trained to the skilled level in the Dementia training Framework and have opportunity to access training in specific health care areas, such as Epilepsy or Parkinson's. (See Area for Improvement 1).

We found that the staff team had planned opportunities to discuss aspects of their work, development and wellbeing through team discussions, reflective accounts and formal supervisions. There were also regular opportunities for staff to meet together in their own areas to share practices and discuss care provision. The service also undertakes regular 'spot checks', assessing the skills and practice of the staff delivering care. However, some of the issues that we had observed in relation to IPC practices had not been identified during these spot checks therefore we highlighted the need for the assessor to be suitably qualified to undertake this activity.

Areas for improvement

1. To ensure that people are supported by suitable trained, competent and skilled staff, the provider should review the training opportunities. This includes, but is not limited to:

- a. Training in dementia – staff trained to the minimum 'skilled' level in line the promoting excellence framework in dementia;
- b. Training in catheter care for all staff members;
- c. Ensure that the training opportunities are facilitated when staff members identify a learning need or request a refresher;
- d. Management stay abreast of specific learning needs based on the people that they support.

This ensures that support is consistent with the Health and Social Care Standards (HSCS) which states that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professionals and organisational codes' (HSCS 3:14).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes.

Personal plans help to direct staff about people's support needs and their choices and wishes.

Personal plans were developed in partnership with people receiving support and/or their family representatives. These offered good personalised information regarding the individual's needs and preferences. This ensured that people were supported by a staff team who knew their choices, likes and dislikes. Daily recordings of people's wellbeing and presentation were documented in care records in the home. The service should improve the method to monitor reviews to ensure that all reviews are undertaken within the mandatory six month period or when circumstances change for the individual that demand a review.

Some risk assessments required further development to ensure they took full account of the individuals' needs and abilities in order to clearly reflect the actions taken. For instance, the moving and handling risks assessments should be clearer about the assessed need and abilities and therefore the reason for the selected equipment for safe moving and handling. (See Area of Improvement 1).

Areas for improvement

1. To support the safety of people receiving the service and to minimise the risk of injury of the care staff, the provider should ensure that the risk assessments reflect the known risk factors and appropriate risk reduction measures for the individual being supported. This should include, but not limited to, risk assessments for moving and handling and medication management.

This ensures that support is consistent with the Health and Social Care Standards (HSCS) which states that 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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