

Leymar Ltd

Leymar Healthcare

Inspection report

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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

Leymar Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults in and around the Ashfield District. The organisation provides other support that is not regulated by us including support in the community. On our last inspection on 22 and 27 July 2015 the service was rated as Good, on this inspection we found the service remained Good.

The service had a manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care. Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. The staff understood how to protect people from harm and were confident that any concerns would be reported and investigated by the manager. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people.

People continued to receive effective care. Staff were supported and trained to ensure that they had the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People were able to make decisions about how they wanted to receive support to ensure their health needs were met. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

The care people received remained good. People had a small team of staff who provided their support and had caring relationships with them. Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them.

The service remained responsive. People had care records that included information about how they wanted to be supported and this was reviewed to reflect any changing needs. There was a complaints procedure in place and any concern received were investigated and responded to in line with this policy.

The service remained well led. People were asked for their feedback on the quality of the service and their contribution supported the development of the service. Quality assurance systems were in place to identify where improvements could be made and the provider worked with other organisations to share ideas and to develop the service. The manager promoted an open culture which put people at the heart of the service.

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 remained safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Leymar Healthcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Leymar Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults in and around the Ashfield District. The organisation provides other support that is not regulated by us including support in the community. On our last inspection on 22 and 27 July 2015 the service was rated as Good, on this inspection we found the service remained Good.

The provider was given three days' notice because the service is small and the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be in. The inspection site visit activity started on 15 November and ended on 20 November. It included telephone calls to three people and a relative. We also spoke with three staff members and the provider. We visited the office location on 16 November to see the provider; and to review care records and policies and procedures. One inspector carried out this inspection.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We looked at three people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt there was enough staff to provide safe and effective care. People had a small group of regular staff who provided all their care and who they knew well and were comfortable with. One person told us, "They are excellent. It's like friends coming to visit and they can never do enough for me. I always feel safe when they are here and they never leave until everything is done and I'm alright." Another person told us, "They are concerned about my health and safety and making sure I'm fine. They point things out that might make me fall, like if my night dress is too long. I'm in safe hands with them."

People were confident that staff knew how to protect them from harm. Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns. One member of staff told us, "Having such a small team of staff helps us to keep in touch and report any concerns. We know people really well so recognise any changes or if there was something we were worried about and report it."

Risks associated with people's care and support was recognised and managed. Staff knew people well and where people used equipment to move around their home, this was included in the assessment of risk. An environmental risk assessment was completed for hazards in the home and whether staff were able to use any of the facilities, for example, using the kettle. The assessment included information about potential infection hazards including information about how staff needed to wash their hands before providing care and cover any broken areas of skin. A stock of personal protective equipment was kept within each person's home for staff to use and ensure infection control standards were managed.

Where people needed support to take their medicines they were confident they received these as required. One person told us, "They always give me my tablets. They check through everything when they arrive and help me sort it all out." One person told us, "Where any changes were identified by staff, this was recorded and the information sent to the office to ensure the changes could be made before the next support visit." Medicines were recorded and stored within an agreed place within the home.

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

The provider recognised errors and reflected on situations to make on-going improvements. For example, they reviewed incidents of missed calls. We saw one missed call had taken place due to an administration error. The provider had reviewed the recording system of calls and this had meant there had been no further missed calls for people.

Is the service effective?

Our findings

New staff received an induction into the service. When new staff started working they worked with other experienced staff member and had an opportunity to get to know people. The provider told us, "Shadowing is about developing a relationship with people not about learning how to support them. When the relationship has been built, you can work together so you can understand how to support people in the way they want." People were confident that staff knew how to support them and received care from a small team of staff who they knew well. Staff were supported to complete nationally recognised vocational training and the care certificate; this sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were provided with support through individual supervision. Staff were encouraged to reflect on their practices and how they supported people. One member of staff told us, "We have supervision, but the provider also comes out with us on visits so they can see we are doing things right and we talk about this so we can keep getting it right."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The staff told us that people who used the service had capacity to make decisions about their care and support. People felt they were helped to make decisions and be in control of their care and had consented to their support plan. The provider and staff understood that where people were no longer able to make decisions for themselves, other people could help make this decision in their best interests.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Where people received support from community health care professionals, the staff had received training to enable them to carry out and recognise changes in the condition of people's skin. Where changes were identified, the staff raised this concern with health professionals.

Where people received the support from two organisations, the provider liaised with a link person to ensure and changes could be reflected in their care records to make sure people received a coordinated service.

People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this. The provider was encouraging people to have access to fresh produce which could be prepared by staff on an earlier call and cooked later in the day. We saw people had commented on how they wanted their food to be prepared and worked with staff to ensure it suited their individual preferences.

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "You get the personal touch because it's a small company. We chose to use them because they seemed out of the ordinary and different and they haven't let us down." One person recorded in a survey response, 'The staff are very friendly and cheerful during their calls. They care and make sure I am safe and comfortable.'

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered. One person told us, "If you want to remain private, they respect that. When you are decent I shout to them and they come back in the room." A relative told us, "They treat [Person who used the service] very well, they are very respectful."

People were encouraged and supported to be as independent as they wanted to be. One person told us, "I still like to do as much for myself as I can. The staff help me where I need it, but don't take over. I'm very happy with how they help me." People were involved with their support and given choices about their care. One person told us, "The staff check with me that I'm happy and ask me what I want to do, they never just do anything without asking."

When organising support the provider took into account people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. People's plans covered all aspects of their lives and staff knew about the plans and told us how they supported people in line with them. One person told us, "They asked me if I wanted a man or woman coming to visit me and I said I didn't mind as long as they are good at their job and they all are."

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

People's care and support was planned to meet their needs and they contributed to the development of their plan. An assessment was carried out before starting to care for people; the provider worked alongside staff to provide the initial care calls while they developed a relationship and learnt about their support needs. The support was reviewed after the first month to ensure that people were happy with the care they received. Care reviews were carried out with the provider who sought people's views on the service they received. In a survey one person reported, 'The staff are very professional and responsive to personal needs. They are also very able to adapt to the changing needs of my care.'

People received support at the time they wanted and staff arrived when expected. Each person received a rota each Friday which recorded which member of their staff team were working and what time they were expected. One person told us, "They are always on time. I've never had to worry about whether the staff aren't coming." Another person told us, "I have a rota so I always know who is coming."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. We saw where any complaint had been received this was investigated and recorded. People were given an opportunity to have a grievance meeting so issues could be discussed and resolved personally. The provider told us, "This has worked well as it means we can work through any issues and move forward."

People were supported to pursue activities and interests that were important to them. Some people were helped with their cleaning or staff accompanied people when out; for example when shopping and going to a local pub. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

People who used the service knew who the registered manager and provider were and felt the service was well led. The provider sought people's views on the quality of service provision during any review and annually using a satisfaction survey. We saw feedback was positive, however if people had raised any concerns this was addressed straight away with the person. People commented; 'Leymar does things that help alleviate worry from the family. They try to help solve small problems first.' Staff were encouraged to contribute to the development of the service through supervision and through the quality survey review. Staff commented; 'The management team are excellent, always checking up to make sure everything is going okay. They never leave you to do something you don't feel comfortable with, always there to help and guide you.'

The provider and staff were proud of the service they provided and enjoyed working in the service. They had a development plan which highlighted where the provider wanted the service to develop. This included how they could further demonstrate an ethical approach to improve the reputation of health and social care for this sector. They planned to do this by reducing the risk of harm that could be caused by mistakes, being honest and open with people and ensuring records were accurate and people understood the information. The provider had considered how information could be reviewed to be more accessible although the information was currently in a suitable format for people who currently use the service.

The provider met with other small organisations in the local area that provided a similar service so they could develop and share ideas. As a result of this, the provider had reviewed how training was provided and now used a system that encouraged staff to review the training they had received and reflect on their current care practices. The provider also worked with the local authority through regional training days. This meant the provider showed how they were reviewing the service to innovate and ensure sustainability.

Quality checks monitored the service people received. Records were audited when they were received into the office to make sure people received their medicines as prescribed and care was delivered as outlined in their support plans.

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.