

Lancaster Leyland Care Limited

Lancaster Leyland Care Limited

Inspection report

58b Hardshaw Street
St Helens
Merseyside
WA10 1JN

Tel: 01744735544

Date of inspection visit:
28 November 2018

Date of publication:
02 January 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 28 November 2018 and was announced.

Lancaster Leyland Care Limited also known locally as 'Second to None' is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Lancaster Leyland Care Limited receives a regulated activity. Care Quality Commission (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.

At the time of our inspection the service was providing personal care to 40 people who lived in and around St Helens.

At the last inspection in April 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'. We found the manager and the registered provider had continued to maintain the safe standards of care and to ensure people received good levels of care.

The service was managed by a registered manager who was also one of the directors. 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.

The manager used a variety of methods to assess and monitor the quality of care delivered at the service. These included care file audits, regular spot checks, quality surveys, to seek the views of people about the quality of care being provided and staff meetings to seek staff's views and share best practice. However, we found improvements were required to ensure the quality assurance processes in the service were robust. We found shortfalls that had not been identified by the audits.

Recruitment checks were carried out to ensure suitable people were employed to work in the service. People who used the service told us there were sufficient staff to ensure people received the care they required. However, we found rotas needed to be designed to allow visits to be carried out effectively without overlaps and to allow staff adequate time between care visits.

People who used the service told us they felt safe receiving support from Lancaster Leyland Care Limited. Feedback regarding the care quality was positive. There was a safeguarding policy and staff had received safeguarding training.

There were risk assessments to minimise the potential risk of harm to people who used the service. These had been kept under review and were relevant to the care and support people required. However, we noted that risk assessments for people who had medical attachments such as catheters needed to be robust.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. We noted some improvements were required to the processes for monitoring medicines records to ensure audits were undertaken in a systematic way to help the provider to identify where the shortfalls were in a timely manner. The registered manager took action and started putting corrective measures in place.

Care plans were in place detailing how people wished to be supported. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. However, records of how mental capacity had been assessed had not been completed. We made a recommendation about this.

People's independence was promoted.

People were supported to meet their nutritional and hydration needs and they had been assisted to have access to healthcare professionals and their healthcare needs were met.

Risks of infections had been managed. There was an infection control policy and staff had access to personal protective equipment such as gloves.

The provider had regularly sought people's opinions on the quality of care provided.

People and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available, and we saw how previous concerns had been dealt with.

Staff had received induction and training. There was a policy on staff supervision and appraisals and staff had received regular supervision. The majority of the staff told us there was a positive culture within the service. They told us they enjoyed their work. However, two of the staff we spoke with told us they did not feel the rotas were effectively organised to give them time to travel between visits and did not feel they could always contribute to the effective running of the service. The registered manager informed us they would address these concerns with all staff.

The manager used a variety of methods to assess and monitor the quality of care delivered at the service. These included care file audits, regular spot checks, quality surveys, to seek the views of people about the quality of care being provided and staff meetings to seek staff's views and share best practice.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service was not consistently well led. Policies for assessing and monitoring the quality of the service were in place. However, they had not been effectively implemented and needed improvements to identify areas of shortfalls. Management oversight had been provided to care staff and the overall running of the service. Systems for assessing and monitoring the quality of the service and for seeking people's views and opinions about the running of the service had been implemented.	Requires Improvement ●

Lancaster Leyland Care Limited

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.

This inspection took place on 28 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector and an expert by experience, who had experience of caring for older adults.

We used information the provider sent us in the Provider Information Return. 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. This provided us with information and numerical data about the operation of the service.

Before the inspection we gained feedback from health and social care professionals who worked together with the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We spoke to five people who used the service via the telephone. We also received feedback from two care staff through email and spoke to four staff on the phone. In addition, we also spoke with the registered manager who is the owner and the training officer.

We looked at the care records of three people who used the service, training records, rotas and two recruitment records of new staff employed since our last inspection. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe receiving support from Lancaster Leyland Care Limited because they trusted the staff that supported them. Comments from individuals who used the service included, "Yes I feel safe I am not worried and very happy" and "I get very good support from them, they make sure that everything is turned off when I go to bed to make sure I'm safe I have no worries when they have been."

People told us they had good working relationships with care staff which enabled them to communicate honestly and without fear of repercussions and this was evident in our discussions with people.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition, staff had been recruited safely, appropriately trained and supported by the management team and external specialist professionals where required.

Risks to people were assessed and their safety was monitored and managed so they were supported to stay safe and their freedom respected. The provider's risk management policies and procedures showed the ethos of the service was to support people to have as much freedom of choice in their lives as possible. Policies and procedures were in place to ensure people's security was not compromised where staff had access to key safes. A key safe is a secure way of safe keeping people's house keys within their property.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. For example, where people required equipment to reduce the risk of skin breakdown and where action was required to reduce risks of choking. However, we noted improvements were required to ensure risk assessments were completed where people used medical attachments such as catheters. This would ensure staff were provided with guidance on what precautions to take when supporting people and observations required in the event of any deterioration. The registered manager took action to rectify this immediately after the inspection.

We reviewed how safeguarding incidents which had occurred in the service were dealt with. We found safeguarding procedures carried out and protection measures were robust and took into consideration wishes and feelings of people and their relatives. Information on how to report concerns was readily available. We noted that safeguarding incidents had been reported to professionals at the local authority contracts monitoring team. One professional told us, "The manager always reports any care issues she is made aware of as a quality concern to our department, any concerns we receive from any source are investigated and responded to by the manager in a timely manner. The manager fully cooperates with our quality monitoring process and always welcomes feedback with a positive attitude." However, we noted one incident needed to be notified to the Care Quality Commission (CQC). This included an allegation of thefts made against staff. The registered manager informed us this was an oversight on their part and they had felt they only had to report to the local authority. They immediately reported the incidents to CQC.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit we reviewed staffing rotas. We noted that care visits had been planned in advance for staff, however some of the rotas we reviewed showed visits had been planned without indication of time allocated for travelling between visits. We spoke to the registered manager and they informed us all visits were planned within close proximity of each other and that this had no impact on staff's punctuality. All staff except one confirmed this. Comments from people demonstrated that staff had visited as planned. Records had been kept of staff visits to show the time of arrival and time of departure. People told us staff stayed the duration of the visit. Comments from people included, "They always come on time and we have a chat and they make me smile which is good." And "Always on time, usually stay for the full time allocated."

We looked at how medicines were recorded and administered. In majority of the cases staff had ensured that people's medicines were managed safely. Risk assessments had been undertaken to ensure people received the right support with their medicines. We looked at medication administration records which showed medicines had been signed for. The registered manager had undertaken checks to ensure medicines had been given as prescribed. Evidence we saw showed that lessons were learnt, and improvements were made when things went wrong. For example, where people's expectations had not been fully met and where errors such as medicines errors had occurred. Staff had received supervision and discussed ways to improve their practices.

There was a lone working policy which provided staff with guidance to promote health, safety and welfare of lone workers. Lone workers are staff who work by themselves without close or direct supervision and in a separate location to the rest of their team or manager. The provider had provided staff with personal alarms to enhance their personal safety and there was out of hours support for staff who worked after normal business hours such as evenings and weekends.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example, staff had received induction and training on infection control and prevention. Personal protective equipment such as gloves and aprons had been provided. Staff had received food hygiene training. This helped to ensure people would be protected from risks of infections.

Is the service effective?

Our findings

We received positive feedback from people and relatives about the knowledge, expertise, skills and caring approach from the staff. People received effective care because they were supported by a staff team that were co-ordinated. One person told us, "I have no worries about harm, they are good girls and I trust them, some of them I've known for a long time. I get on well with them all, no problems, I am happy with the care I receive.

Staff told us they knew the people who used the service because they were introduced to people before they started supporting them.

Professionals provided positive feedback about the service and the experiences of people. One professional informed us they had spoken to people who used the service and they all reported they were satisfied or extremely satisfied with the service provided.

The service made sure that staff had the skills, knowledge and experience to deliver effective care and support. From our discussions with staff and from looking at records, we found they received a range of appropriate training to give them the skills and knowledge they needed. Training provided was a mixture of face to face and distance learning. In addition, staff had been provided with spot checks to check how they delivered care in the community and monitor their practice and time keeping.

Staff also told us that they received regular supervision. Staff added that they could approach the registered manager for support whenever they needed them.

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 with appropriate legal authority. In people's own homes, and in the community, this is usually through MCA application procedures called the Court of Protection authorisation.

We checked to see if the provider was working within the principles of MCA. The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care records showed staff sought people's consent before the service was provided. We saw staff had sought consent from people for example, to manage their medicines.

While the care files demonstrated best interests' decisions that had been agreed with other professionals and relatives, we noted that the service had not recorded how they had assessed people's mental capacity before considering best interest decisions. We found this to be the case at our last inspection in April 2016

and asked the registered manager to take action to improve their practice. We spoke to the registered manager regarding this and they informed us that they would ensure that each person will have a mental capacity assessment to demonstrate how they have reached the decision on people's ability to make specific decisions. This would ensure that the home is complying with the principles of the MCA.

We recommend the registered manager to seek guidance and follow best practice in the application of mental capacity principles.

Care files were clear in their guidance to support the staff to meet the individual nutritional needs of people. Staff had clearly identified people who required support with their nutritional needs. Nutritional risk assessments had been completed that identified what support people required. Where specialist nutritional support had been identified for example; where there was a risk of choking, care plans and risk assessments had been developed with support from specialist professionals such as dieticians and Speech and language therapists. Records confirming intake of food and fluid were completed and where changes in intake occurred these were easily identifiable for staff to respond to.

The policies and practices at the service supported people to live healthier lives, they had access to healthcare services and received ongoing healthcare support. Care records we looked at contained information about healthcare services that people had access to. Staff had documented when people were supported to attend appointments to see health professionals. Documentation was updated to reflect the outcomes of professional health visits and appointments. This meant that people could be assured they would have access to health professionals if they needed them.

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. Feedback from the people supported and their relatives was positive. For example, comments included, "The staff come, they are always very polite, they care, they are very good" and "Pleasant, friendly they sit and chat with me keep me company." One professional told us in their recent checks people told them they were treated with dignity and respect.

People told us that staff had a sensitive and caring approach. There was a staff code of conduct which stressed the importance of respecting people's individuality and treating them as equals. There was a policy on equality and diversity which was in line with Equality Act 2010. This law legally protects people from discrimination in the work place and in wider society.

The service empowered and enabled people to be independent. Records of care that we reviewed and conversations with people and feedback from staff, demonstrated people were assisted to be as independent as possible, in accordance with their needs, abilities and preferences. For example, staff ensured that people could continue to manage other aspects of their care where possible with prompts and reminders and background support to monitor their safety. Staff explained how they promoted independence, by enabling the people to do things for themselves.

People's privacy was respected and promoted. For example, staff told us they would knock on people's houses before entering even if they had access to the keys from the key safe. Staff also addressed people by their preferred names. Care records that we saw had been written in a respectful manner.

We saw people were supported to express their views on matters that were important to them. We saw there was information about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed. There was a guide to the service, providing details of the services and support available. Included was information about the management and care team, complaints procedures and the aims and objectives of the service.

Is the service responsive?

Our findings

People received care that was specific to meet their needs and they were involved in the planning, goal setting and reviewing of their care. Comments from people included; "The care is very satisfying I have no complaints" and "They always ask what I need, and they always making me smile."

People's care records demonstrated that the service had ensured that people's care plans fully reflected their physical, mental, emotional and social needs. They had been developed where possible with each person, family and professionals involved with them, identifying what support they required and the outcomes they expected. People told us they had been consulted about their care. They told us they sat down with the registered manager or other staff in the service regularly to discuss what had gone well and what could be improved.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medicines. Any specific requirements for each individual had been identified, for example, people who required assistance with moving, eating and drinking needs, people who were at risk of choking and people who were at risk due to their vulnerability.

The provider had been proactive and responsive to people's needs. For example, they had devised ways to support people with communication needs. Staff used flash cards to assist people with limited speech. A flashcard or flash card is a card bearing a small amount of information, used to aid learning or understanding.

People were supported to maintain local connections and important relationships. For example, people were supported to attend their hospital appointments as well as to undertake their shopping in the community. This helped to maintain continuity and reduce social exclusion for these individuals.

The provider had considered the use of technology to support people. There was a working broadband, telephone facilities and Wi-Fi connectivity in the offices. We discussed the need to introduce technology to allow the provider to monitor staff attendance and missed visits.

The service had a complaints procedure which was made available to people and their representatives before they started to use the service. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and Care Quality Commission had been provided should people wish to refer their concerns to those organisations.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We saw staff had made use of

other means of communication. In addition, staff had access to British sign language (BSL) training to provide them with the skills to communicate with people with a sensory impairment. People's records had communication care plans that detailed people's communication needs. We would expect the provider to establish a policy on the Accessible Information Standard to ensure consistency in their practices.

Records we reviewed demonstrated that staff had received training in relation to supporting people towards the end of their life. The registered manager informed us that they worked closely with district nurses in the community to ensure people were supported to ensure a pain free and dignified death.

Is the service well-led?

Our findings

We received positive comments from people about the management. Comments included, "We see the owners they visit now and again and are nice and friendly." Similarly comments from professionals were positive. Comments, included, "The manager fully cooperates with our quality monitoring process and always welcomes feedback with a positive attitude."

The majority of the staff we spoke with told us they felt the registered manager worked with them and supported them to provide good quality care. However, two staff we spoke with told us at times they did not feel their views were taken into consideration. We shared their views with the registered manager who informed us that they would review the way information is shared with staff in meetings and supervision to address these concerns.

The service had a registered manager in place. 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.

The registered manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed. These included care file audits, accidents and incidents and staff visit records. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. We noted that the improvements were required to the audit process for medicines to ensure it was systematic and regular to identify any shortfalls in a timely manner.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating within the service. However, we noted that ratings had not been displayed on their website. The registered manager took immediate action to address this and acknowledged that it was an oversight.

We checked to see if the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. We found they had routinely notified the local authority of incidents in the service. However, one incident had not been notified to CQC. The registered manager took immediate action and submitted the notification. They assured us that all notifiable incidents will be submitted to CQC going forward. This would ensure that CQC would be able to see if appropriate action had been taken to ensure people were kept safe.

During the inspection we found there was no business contingency plan in place to provide guidance on how the provider and staff would deal with emergencies that could threaten the smooth running of the service. Following our inspection, the registered manager sent us evidence to show they had completed a contingency plan. We would expect this to have been in place without our intervention.

As a result of our findings above we concluded that the systems and processes for ensuring good governance in the service required further improvements to ensure they could robustly identify areas where the service was not meeting standards or where the quality of the care provided might be compromised.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. There were clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced with an extensive health and social care background. They were, knowledgeable and familiar with the needs of the people they supported. They also worked in the community alongside care staff to ensure they were familiar with people's needs and the challenges that staff faced.

All staff had delegated roles including provisions of personal care, medicines administration and training. Each person took responsibility for their role and had been provided with oversight by the registered manager.

People's views on the quality of the care was sought. Surveys and spot checks were carried out regularly. The registered manager analysed any comments and had acted upon them. The feedback we saw demonstrated people felt the service was of a good quality. We saw staff were consulted on the daily running of the service and any future plans.

We saw initiatives by the registered manager to demonstrate how they cared for their workforce. For example, all staff had been issued with personal alarms and there was an employee reward system in place. We evaluated how the service worked in partnership with other agencies. There were strong links with the local community and the service had maintained their relationships with key organisations. However, we found the provider had not joined any of the local initiatives to maintain links with stakeholders and to share best practice. We discussed with the registered manager the importance of getting involved to ensure the service and staff kept up to date with good practice and changes in regulations. This could be used for sharing best practice with stakeholders such as the local clinical commissioning groups and the local authority.

The registered manager and the staff had worked hard to sustain the standards that they had set at our last inspection. It was evident the service had sustained their rating of 'good'. We saw there were visions, plans and a desire from the registered provider, the registered manager and the staff to continue to move the service forward and ensure people received the highest standard of care.

The registered manager and the staff were transparent with the inspection process and responded to all our requests for information.