

Mrs Christine Jane Hoskin

Lanhydrock Care

Inspection report

31a Normandy Way
Walker Lines Industrial Estate
Bodmin
Cornwall
PL31 1HA

Tel: 0120873904

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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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 17 October 2016 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was last inspected in February 2014; we had no concerns at that time.

Lanhydrock Care is a domiciliary care agency that provides care and support to adults, of all ages, in their own homes. The service provides help to people with physical disabilities and dementia care needs in Bodmin and surrounding areas. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 38 people were receiving a personal care service. The services were funded either privately or through Cornwall Council or NHS funding. The service employed 19 staff including management.

The service did not have a regulatory requirement to have a registered manager in post. The provider was registered with the Care Quality Commission to manage the service. 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.

There was an unclear management structure in the service which did not provide clear lines of responsibility and accountability. The effect of this could be seen in the management of the administration of the service. This meant that the service was not entirely well-led because the provider had not sufficiently assessed the financial risk to the service of falling behind with the invoicing of fees.

People who used the service, families and health and social care professionals told us they felt the service was safe. Comments included, "They are good; dependable. I have nothing but praise for them" and "Nothing is too much trouble".

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "The staff are lovely. Very satisfied with them"; "I'm more than happy with them" and, "Nothing is too much trouble for them. They go the extra mile for you."

People told us they normally had a team of regular, reliable staff, and they knew the approximate times of their visits and were kept informed of any changes. Wherever possible the service had worked to find suitable and agreed times for people. No one reported ever having had any missed visits. People told us, "We have a team of about five ladies who come out over the week and we usually know which staff will be coming to us. If there are any changes the office rings to let us know," and "I have regular carers."

Care plans provided staff with direction and guidance about how to meet people's individual needs and

wishes. Regular reviews of care plans took place. Changes in people's needs were communicated to staff in daily records and directly to staff by the provider and deputy manager.

Staff were not consistently recruited safely. The current uptake of reference checks for new employees did not follow the service's recruitment policy, which had last been updated in 2010. Recruitment processes were not properly established or operated effectively and people were potentially at risk of being supported by unsuitable staff.

New staff received an induction, which incorporated the care certificate. Staff received appropriate training and supervision. We found gaps in staff training which were being addressed. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make particular decisions for themselves, had their legal rights protected.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The provider was also passionate about providing quality care and was clearly committed to providing a good service for people. Staff told us, "It's quite a small company and everyone looks out for each other"; "I've been here since the beginning and love my job" and "People come first. There is a genuine desire to do the best for the people we support."

Effective quality assurance systems were in place in most areas of the service to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were asked for their views about the quality of the service they received by the provider.

There was a complaints procedure in place and the provider had responded appropriately to complaints. The service had a contingency plan in place to manage any emergencies. There was 24 hour telephone contact available, so that people were able to contact staff in an emergency. This demonstrated the provider had prioritised people's care provision during such an event.

The service worked successfully with healthcare services to ensure people's health care needs were met and had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One healthcare professional told us, "No issues with them at all. They are good at seeking advice when needed and keeping us informed of changes in people's needs."

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 not entirely safe. Recruitment procedures were not clearly defined. There was not a consistent approach when following up references for new staff.

People, relatives and health and social care professionals felt the service provision was safe.

Staff had received safeguarding training and were confident about reporting any concerns.

Is the service effective?

Good ●

The service was effective. Management had an understanding of the Mental Capacity Act 2005.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were appropriately supported with a supervision and appraisal processes.

People's changing care needs were referred to relevant health services when concerns were identified.□

Is the service caring?

Good ●

The service was caring. People, and their relatives, were positive about the care provided and the way staff treated the people they supported.

People's privacy and dignity was respected and staff supported people to maximise their independence.

Staff respected people's wishes and provided care and support in line with those wishes.□

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to raise a complaint and we the service had a process for handling complaints.

Is the service well-led?

The service was not consistently well-led. The provider had not sufficiently assessed the financial risk to the service of not collecting fees.

People felt involved in how their service was delivered and said they regularly spoke directly with the provider about the service.

There was a positive culture within the staff team with an emphasis on providing a good service for people.

Requires Improvement ●

Lanhydrock Care

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.

The announced inspection took place on 17 October 2016. The inspection was carried out by one adult social care inspector. We told the service 48 hours before that we would be coming. This was in accordance with the Care Quality Commission current procedures for inspecting domiciliary care services.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we accompanied a carer on their visits and met with three people who received a service from the agency and one relative. We went to the service's office and spoke with the provider and administration staff for the service. We looked at five records relating to the care of individuals, staff records and records relating to the running of the service.

Following the inspection we spoke with 10 people who received a service from Lanhydrock Care. We also spoke with four professionals familiar with the service and five staff members who worked for Lanhydrock Care.

Is the service safe?

Our findings

People who used the service, families and health and social care professionals told us they felt the service was safe. Comments included, "From my experience they are very consistent and they provide good quality care"; "We are very happy with the care they provide" and "They are lovely sunny girls who make my [relative] smile and we have nothing but praise for them."

Rotas demonstrated there were enough staff employed by the service to cover the visits and keep people safe. The provider told us there were on-going vacancies and recruitment campaigns to fill vacancies, particularly for weekend cover. Staffing levels were determined by the number of people who used the service and their assessed level of needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

A staff rota was produced to record details of the agreed times of people's visits and which staff were allocated to go to each visit. Management and staff commented that rotas were provided in advance of the week they were for and operated relatively smoothly. People who used the service said times of calls were generally within a 30 minute expected window. If calls were delayed more than the norm, the person would be notified about the delay by telephone. People said they were satisfied with the consistency of the timing of calls.

Staff understood their role in protecting people from avoidable harm and had received training in safeguarding adults. Staff had a working knowledge of the service's safeguarding and whistle blowing policies and confirmed they felt confident to raise any concerns with management. A summary of the service's safeguarding policy and the local reporting arrangements were available to staff.

The provider operated an on call system when the office was closed outside of office hours and the on-call staff member carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits.

Management carried out assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions about how to find people's homes and any potential risks within the person's home such as pets.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a reoccurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicines policy which gave staff

clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people and their relatives included, "They do a good job and staff are lovely" and, "We are very happy with Lanhydrock Care."

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

Management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make particular decisions for themselves, had their legal rights protected.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions.

Staff completed an induction when they began their employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work with people unsupported.

Senior care staff met with the staff they supervised, approximately six times per year for an office based one-to-one supervision. Staff told us they felt supported by the provider and senior support team. They confirmed supervisions had been completed regularly to check their working practices. Staff said there were staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

The service had recently begun a yearly appraisal system. This meant staff had a formalised opportunity to discuss their performance and identify any further training they required. At the time of inspection two staff had received an appraisal.

There was a training programme to make sure staff received regular training updates. However, we saw significant gaps in training. For example, eight staff required moving and handling training. Management told us they were aware training updates were required and had arranged a practical moving and handling training session for the week following this inspection.

Care plans recorded the times and duration of people's visits. People told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. One person said, "They stay as long as they should and they have begun to check if there is anything else I need them to do before they leave."

We observed that staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse care and support. People confirmed staff asked for their agreement before they provided care and respected their wishes if they declined care.

Lanhydrock Care worked with healthcare services to ensure people's health care needs were met. For example, the service regularly coordinated their visits for people with visits by district nurses in order to help with the treatment plan for the person. The service supported people to access services from a variety of healthcare professionals including GPs and occupational therapists when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. External professionals who were familiar with the service commented positively saying, "No issues with them at all. They are good at seeking advice when needed and keeping us informed of changes in people's needs."

People were supported to have sufficient to eat, drink and maintain a balanced diet. Information recorded on care plans demonstrated the service had assessed people's nutritional needs and in conjunction with people, appropriately planned for and recorded what people chose for their meals if this was something that had been agreed as being part of their care package during their assessment. During our visit to people's homes, we saw food and drinks were offered and this was recorded as a daily occurrence in the care plan. People were provided with a choice of food and drinks and told us they were happy with the way staff prepared and served their meals.

Is the service caring?

Our findings

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "The girls make my husband's day when they come; so cheerful and happy. I don't know what we'd do without them" and "We've had a service with them for many years now and we've never regretted a day of it. They are caring and try hard to meet all requests we ask of them."

People received care, as much as possible, from the same care worker or team of care workers. All of the people we spoke with said they were happy with the care and support they received, and that their staff respected their dignity and privacy. Comments included, "We see the same girls from week to week. They provide personal care and are very patient and kind."

When we visited people's homes we observed staff providing kind and considerate support, appropriate to each person's needs. Staff were friendly, patient and discreet. People told us staff did not rush them and always stayed longer than the booked visit if they needed extra time.

Some people who used the service lived with a relative, who was their unpaid carer. Relatives we spoke with said staff were respectful of their role as the main carer and told us staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "It's lovely that they also recognise my needs as a carer and they always ask how I am."

Staff were clearly very fond of the people they supported and had a good understanding of their likes, dislikes and interests. For example, we heard staff laughing and joking with a person and it was clear they had developed a fond relationship. One person told us how much they enjoyed weekly trips out with a staff member in order to buy their groceries.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home, staff ensured they had everything they needed within reach at the end of each care visit. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Is the service responsive?

Our findings

Each person who received care from the service had a completed needs assessment. This enabled the service to consider whether they were able to meet the person's needs and draw up a suitable care plan to direct staff about how to meet each person's needs. People told us they themselves or a close family member had been involved in putting their care plan together and the plans reflected their wishes.

Care plans contained enough information to allow staff to understand the specific care and support each person needed. Each person's care plan had a detailed social history section that provided information on the background and career of the person. This meant staff had a better understanding of each person and what was important to them in their lives.

Senior carers carried out monthly assessments of each person's care needs and this ensured care plans were up to date and reflected the current needs for each person. Changes in people's needs were communicated to staff in daily records and directly to staff by the senior carers and the provider. This meant staff could update themselves on the previous visit and ensure continuity of care for each person the service supported. These records were returned to the office at regular intervals where they were checked and any updates to the care plan were made.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. One person said, "They've even fitted me in at short notice."

People and their families told us that informally they had the opportunity to feedback to the provider about the running of the service and they did feel involved in decisions about their care. People told us they knew about their care plans and the deputy manager regularly asked them about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name.

Everyone we spoke with said they would not hesitate to speak with staff and management if they had any concerns. People told us they were aware of the process for making a formal complaint. Comments from people who used the service included, "I tell them if there's anything I'm not happy about."

Is the service well-led?

Our findings

There was an unclear management structure in the service which did not provide clear lines of responsibility and accountability. The provider by their own admission did not delegate tasks clearly to other staff. As a result the office administration at the service had fallen behind. In particular, people who received a service told us receiving up to date invoices had proved difficult. The provider had recently employed additional staff to assist in getting this aspect of the business in order. This meant that the service was not entirely well-led because the provider had not sufficiently assessed the financial risk to the service of falling behind with the invoicing of fees.

We looked at staff recruitment records and noted an inconsistency in the number and quality of references held on file. For example, of the four staff files we reviewed, all held only one reference and this was a character reference. It is important to gain satisfactory recent references to ensure satisfactory safe recruitment practices are employed when recruiting staff. Current uptake of reference checks for new employees did not follow the service's recruitment policy, which had last been updated in 2010. Recruitment processes were not properly established or operated effectively and people were potentially at risk of being supported by unsuitable staff.

We recommend that the service policy regarding staff recruitment is updated and includes a process to gain satisfactory recent references to ensure safe recruitment practices are employed.

People and relatives described the management of the service as open and approachable. Comments from people included, "There have been some frustrations around getting a bill from them, but ultimately the care is good and I would much rather it was that way round" and "I only have to lift the phone about anything at all and I can get hold of [provider]."

There was a positive culture within the staff team and staff spoke passionately about their work. Staff received regular support and advice from the provider via phone calls, texts, e-mails and face to face individual and group meetings. Staff were complimentary about the management team and how they were supported to carry out their work. Staff told us, "[Provider] has always been very good to me personally and professionally. To me she's a good boss" and "Provider does know what her failings are but her priority is good care for people."

There were systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant the provider had knowledge of what capacity the service had and how the service was performing.

The management team monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. There were plans to reintroduce an annual quality assurance questionnaire to request feedback about the quality of the service. The deputy manager also told us of plans to introduce unannounced spot checks of staff working to review the quality of the service provided.

