

## Laniwyn Care Services

# Laniwyn Care Services

### Inspection report

54 Wilbury Way  
Hitchin  
Hertfordshire  
SG4 0TP

Tel: 01462429759  
Website: [www.laniwynservices.com](http://www.laniwynservices.com)






Date of inspection visit:  
19 December 2018

Date of publication:  
19 February 2019

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

Laniwyn Services Ltd provides personal care to children and adults living with a learning or physical disability in their own homes. At the time of this inspection eight people were receiving the regulated activity of personal care.

People's experience of using this service:

People's relatives confirmed that staff verbally sought consent prior to offering or delivering care. However, when people reached adulthood the appropriate processes were not followed to obtain consent from them.

We found that documentation relating to people's care had not been completed, updated or reviewed. Although staff clearly knew how to care for people, this placed people at risk. Governance systems to check and monitor the quality and safety of care provided was not consistently in place. Audits did not always identify areas for improvement such as incomplete records or additional areas of training.

People's relatives we spoke with were happy with the care provided and the staff who provided care. They told us that staff were reliable, and the support provided to their relative meant people were able to lead fulfilling lives. Key recruitment checks were obtained before new staff started work. One person's relative said, "They are of a great help to me and [person] and have made a great positive change to my family."

People's relatives told us the care provided to people was safe. Staff knew how to identify and report their concerns to management. People were cared for by sufficient numbers of regular staff they were familiar with. One person's relative said, "I feel very safe to leave them with [person] and also [person] feels safe and happy to be looked after them."

People's changing health needs were known to staff who provided care that met those needs safely. People's relatives confirmed they were satisfied with how risks were positively managed and responded to. Where necessary staff sought and followed relevant advice from healthcare professionals.

People's medicines at the time of inspection were not managed or administered by staff. Staff supported people with preparing meals and drinks in a hygienic way, using protective equipment, such as gloves and aprons.

People's relatives and health professionals told us the quality of care provided to people was good. Staff shared a team ethos and worked well together to deliver good care, which helped people to continue to live in their own homes among their families.

People's relatives told us the care provided was person centred and met people's needs, choices and preferences. They told us staff supported people to maintain their independence and choices about how their care was delivered. Staff took time to support people with their interests to avoid social isolation.

Everyone we spoke with felt comfortable to raise concerns or complaints and were confident that these would be dealt with.

Rating at last inspection:

Laniwyn Services Ltd was registered on 16 October 2017. This was the first inspection since the service was registered, therefore a previous rating had not been provided.

Why we inspected:

This was the first rated comprehensive inspection of Laniwyn Services Ltd carried out as a routine planned inspection.

Follow up:

We will share our findings with the local authority commissioning team. We will continue to monitor the service through the information we receive. Where this information suggests a decline in the standard of care provided we may revisit 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 was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led

Details are in our Well led findings below.

**Requires Improvement** ●

# Laniwyn Care Services

## Detailed findings

### Background to this inspection

#### The 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 checked 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.'

Inspection team: This inspection was carried out by one inspector.

#### Service and service type

Laniwyn Services Ltd are a domiciliary care agency (DCA). The service provides personal care to children and adults living in their own homes in the community.

The service had a registered manager in post. 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 a 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 a registered manager in post at the time of this inspection.

#### Notice of inspection.

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 19 December 2018 and ended on 16 January 2019. It included visits to the office on 09 and 16 January 2019, contacting people's relatives on 19 December 2018 and 09 January 2019. We found it difficult to initially contact people's relatives and following our first attempted contact, we asked the provider to contact people's relatives to ensure we were able to speak with them.

#### What we did:

Prior to this inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We also assessed the 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. We used all this information to plan our inspection.

People receiving care from Laniwyn Services Ltd were unable to describe to us their experience of the care provided. Therefore, we spoke with two people's relatives. We further spoke with three staff members, the provider, the registered manager, deputy manager and a representative of the provider. We looked at care records relating to two people who used the service and other records relating to the management of the service.

# Is the service safe?

## Our findings

Our findings - Is the service safe? = Requires Improvement

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

We have rated this requires improvement. This meant that improvements were required to ensure people were consistently safe.

Systems and processes and assessing risk, safety monitoring and management

- People's relatives told us they felt the care provided by Laniwyn Services Ltd was safe. One person's relative said, "I feel very safe to leave them with [person] and also [person] feels safe and happy to be looked after by them."
- Staff were aware of when to report their concerns if they were concerned about a person's safety or welfare. Staff did not all consistently document the nature of the concern, however all incidents identified had been verbally reported to senior staff or management for action. One staff member said, "I would inform the case worker and brokerage, inform [provider] and the office. I could also report to social services or CQC. But I am not aware of a separate incident form, I just phone or send an email."
- Where incidents were not logged, this meant the registered manager was unable to track the frequency of these and identify possible themes emerging.
- Where incidents or concerns were reported informally, management ensured any incidents reported to them, such as bruising or injury was immediately investigated and appropriate action taken. No safeguarding concerns had been raised in the seven months prior to our inspection. This demonstrated people had not been harmed or experienced poor care.
- Risks to people's health and wellbeing were identified. Staff were aware of how to support people with these risks and equipment needed to mitigate risks was in place. Staff worked with health professionals to support people's needs and followed appropriate guidance to ensure people were safe. However, risk assessments and corresponding care plans had not been developed for all areas of risk. For example, where people required assistance with their continence needs or hoisting, care plans had not been developed to sufficiently instruct staff how to manage this. Although staff were aware of people's personal care needs and how to meet these, the lack of assessment and recording placed people at risk of inappropriate care.

Learning lessons when things go wrong

- Lessons learned were not fully embedded within the day to day culture of the service. Although senior staff had a weekly meeting with managers in the office, care staff did not have the same opportunity to review and learn from any particular incidents.

Staffing and recruitment

- People's relatives and health professionals told us there were sufficient staff employed to support people when needed. People's relatives told us that staff spent the full time they were expected to complete and were rarely late. The provider had a system in place to monitor when staff attended a person's home, that

would also alert them if the visit was late. This enabled them to take action and deploy staff from the office to do the visit, or to contact the person and inform them of any delay.

- Staff were employed to work with specific people. Where possible this allowed staff to provide consistent care, know people's routines and build trusting relationships. People's relatives told us this was positive and gave them reassurance knowing that the same staff would visit daily and found comfort from this consistency.
- Staff when employed underwent employment checks prior to their appointment to ensure they were of sufficiently good character and sufficiently experienced to provide care. These checks included previous employment, criminal records check and identification.

#### Using medicines safely

- Staff did not manage or administer people's medicines at the time of this inspection. People's relatives managed and administered this. However, staff were provided with appropriate training to provide this if required.

#### Preventing and controlling infection

- Staff told us that they had received training to manage and control infections. They told us they were provided with appropriate equipment for when they carried out personal care.
- Staff followed appropriate practises to ensure the care they provided protected people from the risks associated with cross infection or poor standards of hygiene.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed assessments of people's needs before they started to use the service. This enabled them to make sure they had enough staff with the right skills caring for people. People, their relatives and other health and social care professionals were fully involved in planning people's care.
- Staff worked with health professionals and suppliers of equipment to ensure they had the most up to date information about equipment people used.

Staff skills, knowledge and experience

- People's relatives told us that staff were trained and provided effective care for people. Staff received induction training that followed a set of standards and introductory skills that health, and social care workers should consistently adhere to and included assessments of their competency.
- Staff and the registered manager told us that staff received additional training in key areas. However, training provided was not specific to the needs of people staff supported. For example, where staff cared for people with autism or learning disabilities, training had not been provided to develop staff awareness of these specific conditions including where people had specific dietary needs. The registered manager had reviewed their training and was in the process of organising specific training through a local training provider.
- Senior staff and management carried out unannounced 'Spot checks.' These checks were carried out at people's home where staff practises were observed. Feedback from people was sought and actions taken where staff required additional training or support.
- Staff told us they felt supported by management. Staff had not all received supervision as frequently as the organisational policy required, however they felt well supported to do their jobs.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.
- Staff had a good understanding of the MCA. Staff knew the importance of gaining a person's consent before providing any care and support. They told us they would seek advice if they had any concerns about people's ability to understand and take particular decisions.
- People using the service who received a regulated activity at the time of inspection were not considered to be adults. However, arrangements for people approaching the age where legal consent must be obtained

following the appropriate legal framework were not in place.

Supporting people to eat and drink enough with choice in a balanced diet

- Where people required assistance with eating and drinking they received the support they needed to maintain a healthy and balanced diet.
- Staff prepared people their choice of food and drink when required. Where staff observed people not eating or drinking as usual they informed the person`s relative and office staff of the changes.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged. Staff followed guidance provided by such professionals. Staff told us about a variety of professionals involved in people's care and how they followed their guidance.
- Information was shared with other agencies if people needed to access other services such as hospitals. Staff were able to describe how one person had not been drinking sufficiently. They raised their concerns with the person's relative and management and the person was taken to hospital for treatment.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated kindly and relatives commented positively about the caring approach of staff. One person's relative told us, "They [Staff] are a great help, very caring and have made a great change to my family."
- Staff knew people well and spent time chatting with people to learn more about them and their preferences.
- Staff understood the importance of treating people as individuals. Staff told us that every person was different and wanted different things and to have care provided in varying ways. Staff were able to provide us with examples of where they had adapted their approach to meet people's diverse needs.

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

- People's views about the care they received was regularly sought by staff who knew them well. People's relatives told us the management team were regular visitors to their homes and spoke to them regularly about the care people received. One person's relative commented, "The managers are always here asking about how things are, if there is anything that needs to change."
- Relatives told us they felt their opinions mattered and that staff listened to them and valued their feedback. One person's relative said, "If I am worried about something, or not sure then I ask. I have never felt I am imposing or being difficult. The staff and managers are great and explain everything to me."
- A health professional confirmed the approach to the care provided to people. They said, "People are happy with the care provided, colleagues report that the care is good and that they [people] can express their views in any way they wish."

Respecting and promoting people's privacy, dignity and independence

- People were respected and their privacy, dignity and independence was promoted.
- People's relatives told us that the care provided by staff made a significant difference. They told us that people were able to maintain some independence as staff ensured people self-cared where possible and prompted them with specific tasks. Relatives also told us that due to the support people received from staff they were able to spend time with other family members and had time to relax.
- People's dignity was met and privacy was protected. One relative said, "They are very good, very sensitive when it comes to providing care."
- Sensitive information relating to people's care needs was stored securely. Staff understood their responsibilities for keeping personal information about people confidential.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

Good - People's needs were met through good organisation and delivery.

### Personalised care

- People's care needs were met. People and relatives were happy with the care they received. One person said, "I am very happy with the level of care, it meets [person`s] care needs above and beyond what we thought it would." Other comments received demonstrated similar satisfaction with the care provided.
- Staff were aware of people's needs and the varying way that people preferred these to be met. People's relatives confirmed that care provided was personalised and that staff adapted their approach accordingly.
- Staff were introduced to people prior to providing care. This meant that people were able to meet the staff who would support them to ensure they were comfortable with them and built a rapport with them. This helped people and staff develop meaningful relationships.
- Staff demonstrated a genuine interest in people's lives and where possible supported them to pursue interests and remain part of the wider community. One person`s relative said, "The staff take [person] out for movies, into the garden, play games and encourage them to use their hands more. [Person] likes to hold and to use their phone despite dropping it, and the staff help with that." One staff member said, "It is really important to share activities with [person]. We use the sensory equipment, explore the garden together and use music on the television to get up and dance. [Person] loves the zoo but transport is difficult so we are supporting [relative] at getting [adapted vehicle] so we can go on more day trips."
- People's care records lacked detail and in many examples, had not been completed. However, as staff had built good relationships and knew people's likes, dislikes and preferences this did not impact on people's care. We have reported on this in the 'Well Led' domain.

### Improving care quality in response to complaints or concerns

- People knew who they could report their concerns to if they were not happy with the care they received.
- Complaints or concerns reported were logged, investigated and responded to, however none had been raised recently.
- People had information about external organisations that they could also contact about their concerns.
- Managers or senior staff regularly visited people and their relatives in their homes. At these visits people were provided with the opportunity to raise any concerns.

### End of life care and support

- None of the people receiving care or support at the time of inspection were considered to need end of life care.
- The registered manager had made local links with organisations who could provide the necessary training in the event this care was required in the future.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

#### Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were not consistently carried out. The registered manager acknowledged they had been unable to monitor the quality and safety of the service because systems were not in place to do this effectively. Systems did not effectively identify where improvements were needed. For example, the registered manager had not identified developments required for obtaining consent, improving the quality of care records or training and development.
- Records of complaint, accidents or incidents were not analysed to find trends or themes, such as staff involved or factors that may have contributed to the cause. This would have enabled the registered manager to take specific action where needed and reduce re-occurrence.
- The provider did not maintain a service improvement plan that identified, recorded and regularly reviewed actions to improve the quality of care people received. The provider and registered manager did not meet regularly to review service improvements or plan how they would monitor and improve the quality of care. Actions arising from team meetings and local authority reviews had elapsed as none of the senior management team maintained oversight of the key priorities for the service. This was an area that required improvement to ensure effective monitoring of the quality of care provided to people.
- During the inspection the provider developed a service improvement plan that addressed the key issues raised through the inspection.

#### Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Records relating to the care and support people received could not be relied upon as these were not an accurate account of care and treatment provided. We found that care records lacked sufficient detail, for example they did not describe how to perform tasks such as washing or using the hoist to transfer people. Where people had demonstrated behaviours that challenged others, for example with hitting out at staff or inappropriate behaviour, a risk assessment and plan of care had not been developed.

#### Working in partnership with others

- Staff worked in partnership with other providers of care, such as GP's, nursing teams, specialist consultants and those responsible for the health care of the people they cared for.
- However, the provider and registered manager did not? develop links with other local organisations to form working links. This would enable them to develop their understanding through sharing ideas, good practise and networking. The registered manager attended university two days per week, however it was not clear where the learning from the course attended had been embedded within the service.

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

- Staff and relatives told us managers were visible and approachable and felt able to discuss any concerns they had openly with them. Staff were clear of their roles and responsibilities. This had recently been reviewed and clarified following organisational restructuring. The provider had reviewed job roles and responsibilities within the organisation which had been communicated to staff.
- Staff were able to provide good quality care to people because they were given sufficient time to do so. One staff member said, "I think the managers do a good job, we have enough time to be with people and if there are ever any problems we just phone and they get things done. Because we are well managed we can do the job well."
- Healthcare professionals however raised their concerns regarding staff boundaries with people and relatives. Professionals did not consider that all staff were clear on how to maintain professional and appropriate boundaries with some people or their relatives. Professionals were concerned how this may affect staff reporting incidents appropriately. This was an area that the provider was reviewing and discussing with staff.

Engaging and involving people using the service, the public and staff

- People`s views about the quality of care provided were sought by the provider. However, we were not able to see how the management team reviewed and interpreted the feedback to further develop and improve the quality of care provided.
- Staff based in the office held weekly team meetings. They told us that the meetings were helpful and enabled them to discuss issues arising such as staffing and seek direction from management. However, minutes of meetings did not reviewed actions arising from the previous week, and did not ensure these were completed. For example, in a recent meeting staff discussed the poor completion of daily records. Actions arising did not seek to understand why reports were not completed, or seek to offer support and guidance to staff who completed these. Although management had given the end of the month for these to be completed no review of progress was carried out in subsequent meetings.