

Lench's Trust

William Lench Court

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: About the service: William Lench Court provides personal care to people in their own homes within the provider's housing scheme. At the time of the inspection they were supporting 30 people.

People's experience of using this service:

What life is like for people using this service:

People continued to tell us they felt safe and well supported. Staff had a good understanding in how they protected people from harm, and recognised different types of abuse and how to report it. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed in a safe way. Safe practice was carried out to reduce the risk of infection.

Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted. Staff spoke positively about the support they received. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people

People told us that staff were kind and caring and treated them with dignity and respect. People had regular care staff who knew how they liked to be supported.

The provider had a system in place for responding to complaints. People knew who to contact if they had any concerns.

The provider had quality assurance systems in place, however they were not fully effective as they had failed to identify some areas requiring improvements. The provider continued to promote an open and honest culture and people told us they were happy with the care they received.

More information is in Detailed Findings below.

Rating at last inspection: Good (report published May 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will ask the provider following this report being published to tell us how they will make changes to ensure they improve the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

Enforcement:

No enforcement action was required.

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.

Good ●

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 ●

William Lench Court

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 consisted of one inspector.

Service and service type: William Lench Court provides personal care to people in their own homes within the provider's housing scheme.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

What we did: Before our inspection visit, 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. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also reviewed information sent to us from other stakeholders, for example, the local authority. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service, one relative and a visiting healthcare professional. We also spoke with seven staff members. This included the registered manager, chief executive, team leader and four care workers. We reviewed a range of records. This included four people's care records, staff records, audits and records related to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were aware of people's individual risks and how best to support them. For example, one person sometimes forgot to use their walking frame. Staff were aware of this and how to manage this risk.
- Internal and external environmental risk assessments had been completed and covered areas such as lighting, gaining access and gas and electrical appliances. Fire safety assessments were in place to identify any related risks, for example if people smoked.
- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the administration of medicines. Medicine records showed staff applied medicine patches as prescribed but improvement was needed to recording to meet good practice guidelines.
- Where medicines errors occurred, action was taken to reduce the risk of re-occurrence.
- Care staff received training in medicines administration and annual competency checks were completed to ensure they were safe to administer medicines.
- Medicine audits were completed monthly to ensure medicine was being given safely.

Staffing levels

- People told us there were enough staff on duty to meet their needs in a timely way.
- There had been some recent use of agency staff to cover staff vacancies. Action was in progress to recruit additional staff.
- People told us that their care staff always turned up for their visits. The provider had an electronic call monitoring system which allowed robust monitoring of call times and assured punctuality.
- The provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service.

Safeguarding systems and processes

- People told us that they felt safe using the service and when staff were in their home. Comments included, "I feel very safe with the staff, they feel more like friends."
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The registered manager acted and reported safeguarding concerns when these were identified. A healthcare professional had reported a concern to the team leader the day before our inspection. The registered manager was acting to investigate the concerns with measures in place to reduce the risk of future occurrence.

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place.
- Staff followed their infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons.

Is the service effective?

Our findings

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

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

- People's needs were assessed before the service began to provide care and support. One person told us, "They [staff] did another assessment after I had been in hospital and was unwell to be sure they could still meet my needs."
- At the commencement of the service people were asked if they had been married, were in a civil partnership or had someone special. This was an example of the service considering people's diverse needs and protected characteristics.

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 told us they gained verbal consent before undertaking any support and people we spoke with confirmed this. People felt staff respected their wishes and listened to them.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about their role and told us they received sufficient training. A member of the care staff told us, "The training has been very good and I have achieved my Care Certificate since I have been here."
- The provider had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice.
- Staff said they were well supported in their roles. They said they could discuss any concerns, progress or changing needs with the management team regularly.

Health care support

- People told us staff supported them with their health care needs when required.
- Care staff were knowledgeable about people's support and healthcare needs and demonstrated they knew how to support them.
- Care staff we spoke with were aware of what to do in emergency situations and told us if they noticed that people's health had deteriorated they should call the GP or dial 999.

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

- People's dietary needs and preferences were included in their care plans. Care staff told us that they currently did not have to support anyone with eating but that support was required for meal preparation. One person was unwell and staff told us they had been making extra visits to ensure the person was having adequate fluid intake.

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.

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

Ensuring people are well treated and supported

- People told us they received good care that met their needs. One person told us, "The care has been very good. Staff all know my needs."

People spoke positively about the kind and caring nature of staff that supported them. Comments included, "The staff are all very good, kind and caring" and "The staff are all courteous."

- We received two comments that indicated people found the day staff to be more caring in their approach compared to the night staff. Following our inspection, the registered manager told us some night staff would be working some day shifts so their practice could be assessed more effectively.
- Staff were positive about the people they cared for and what the role meant to them. One care staff told us, "I love working here."

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

- Staff respected what people wanted, responded accordingly in order that people received the right support.
- We saw records that showed people using the service were involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and encouraged them to be as independent as they could be. One person told us, "They always encourage me to do as much for myself as I can."
- Staff we spoke with described ways how they promoted people's dignity. For example, curtains were closed and towels used to discreetly maintain people's dignity during personal care.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People received personalised care that responded to their needs.

Personalised care

- People's care needs were continually reviewed and assessed to ensure the care provided was in-line with the person's support needs and wishes.

Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with could describe people's preferences and how they liked to be supported.

- Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone.

- We checked if the provider was following the Accessible Information Standard. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. The provider had systems in place to ensure the standard was met. For example, information was available in alternative formats and the service had access to interpreting services if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. The registered manager told us complaints could be made in writing or verbally.

- Our discussions with the registered manager indicated the complaints procedure would benefit from amendment to make clear verbal complaints will be accepted at any stage of the process.

- People told us they knew how to raise a complaint if they needed to but were very happy with the service provided. One person told us, "I have never had to raise a complaint but I would soon tell them if something was not right."

- At the time of our inspection concerns raised by a relative were being followed up by the local authority.

End of life care and support

- One person was on end of life care and had input from the district nursing team and hospice staff. A healthcare professional told us that staff were monitoring the person's wellbeing, checking pressure areas and spending time with the person.

- Staff told us how they were making extra checks of the person to ensure they were as comfortable as possible. They also took time to sit with and comfort the person.

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.

Service management and leadership did not consistently assure high quality care.

Leadership and management; Continuous learning and improving care

- The provider had quality assurance systems in place, Whilst the system was generally effective further development was needed to ensure areas for improvement were identified. For example, we found that some people's care plans did not accurately record their current care needs. A system was in place to record this information elsewhere but this information needed to be included on the care plan. When we spoke to staff it was evident they were aware of people's current care needs therefore there was no impact on people. Whilst there was evidence of reviews of care taking place with people staff did not always date or sign these.
- The provider was keen to ensure a culture of continuous learning and improvement. Plans were in place to change to a new electronic care planning system. This was scheduled to be implemented on 1st March and some staff had already received training in the new system.
- The management team observed staff practice through spot checks to ensure the care delivered was of the required standard and we saw action was taken where improvements were required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Management staff were clear about their roles, they monitored performance of staff and shared information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- The registered manager was aware of their legal obligations, for example submitting statutory notifications to CQC and displaying the rating from their previous CQC report.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People using the service spoke positively about the support they received.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager could tell us their understanding of this regulation and provided an example of where they had put this into practice.

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

- The management team positively encouraged feedback and inclusion and were keen to grow their service. A survey had been sent to people and staff requesting feedback. The surveys we viewed were mostly positive in content but the provider had only partially analysed the results. This needed to be completed to help

drive improvement.

- Resident meetings took place and the provider also had a resident committee. These were open to anyone who lived at the scheme, not just people who were receiving a care service.
- Staff told us they felt able to raise any concerns or suggestions. One care staff told us that's issues they had raised had been sorted. For example, they had raised that one person needed additional care calls and these had been introduced.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.
- A healthcare professional told us that staff were responsive to any issues that had been raised.