

L H Social Care Limited

# LH Social Care Limited - Barnsley

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

LH Social Care Limited - Barnsley provides personal care to adults and children living in their own homes throughout Barnsley and the surrounding areas.

We told the provider four days before our visit that we would be coming. We did this because the manager is sometimes out of the office and we needed to be sure

that they would be in. We then visited the offices and spoke with the registered manager, quality assurance manager and a staff member whose role was the functioning of the office.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

On our three previous inspections on 20 November 2013, 24 April and 18 December 2014 we had asked the registered provider to improve records. This was because there was a lack of proper information and documents about people in relation to their care and treatment to protect them from risks of unsafe or inappropriate care. After the inspection on 18 December 2014 the registered provider and registered manager were issued warning notices stating the timescale for those improvements to be made.

On 24 April and 18 December 2014 the registered provider and manager was told they needed to improve their systems and processes in relation to the management of medicines. After the inspection on 18 December 2014 the registered provider and registered manager was issued warning notices stating the timescale for those improvements to be made.

Also, at the inspection on 18 December 2014 the provider was asked to make improvements with their systems and processes for recruiting, inducting, training, supervision and appraisal of staff and the governance of their systems and processes. The provider sent us action plans stating the improvements they would make to comply with those regulations.

When we inspected LH Social Care Limited - Barnsley we found the registered provider had not made sufficient improvements.

We found the systems and processes to manage medicines had improved, but gaps in the recording the receipt of all medicines meant that records were inaccurate and errors would be difficult to identify.

Records had been improved and we found a care routine in place for people who used the service, with risk assessments in people's homes. However, we continued to find records that were inaccurate and incomplete due to them not being reviewed after the care provided had been changed or the action to be taken by staff had changed because of the risks presented.

The registered provider continued not have all the information required to demonstrate the safe recruitment of staff.

We found there had been improvements with the induction and training of staff to maintain and update their skills and knowledge, but improvements were still needed with the level of supervision of staff and appraisal.

The majority of people who used the service and their relatives expressed satisfaction with the service provided. Most people and relatives we spoke with said there was considerable improvements in the service and the agency itself. One relative said, "Six months ago it was dreadful. The office was ineffective and things have changed." Two relatives said improvements were still required.

When we spoke with staff they felt supported and able to voice their opinions about the quality of care, but staff felt some improvements that were needed were not listened to by the registered manager.

Improvements had been made with quality assurance processes, but the system did not operate effectively to assess and monitor the service against the requirements of the regulations.

We found the registered manager had investigated a safeguarding concern that had been reported to them by an external source, but they had not reported this to the Commission.

The system for receiving and acting on complaints was not sufficiently robust. We found complaints that were not recorded on the complaints system, complaints where there was no clear audit trail of what the complaint was, the investigation of the complaint, the response to the person making the complaint and the action to be taken to learn from the complaint, to minimise the risk of the same complaint being made again.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some areas of the service were not safe.

Improvements had been made with the management of medicines, but gaps in the recording the receipt of all medicines meant that records were inaccurate and errors would be difficult to identify.

The service had not made sufficient improvements so that all the required recruitment information and documents for new staff was obtained. Records about people in terms of risk to themselves and others were not always accurate or complete.

**Requires improvement**



### Is the service effective?

Some areas of the service were not effective.

We found there had been improvements with the induction and training of staff to maintain and update their skills and knowledge, but improvements were still needed with the level of supervision of staff and appraisal.

**Requires improvement**



### Is the service caring?

This follow up inspection did not cover this key question as no improvements in this domain had been identified at the previous inspection.

### Is the service responsive?

Some areas of the service were not responsive.

Records had been improved and we found a care routine in place for people who used the service, with risk assessments in people's homes. However, we continued to find records that were inaccurate and incomplete due to them not being reviewed after the care provided had been changed or the action to be taken by staff changed because of the risks presented.

**Requires improvement**



### Is the service well-led?

Improvements had been made with quality assurance processes, but the system did not operate effectively to assess and monitor the service against the requirements of the regulations.

The system for receiving and acting on complaints was not sufficiently robust. We found gaps in the recording of complaints, investigations completed, responses and lessons learned, to minimise the risk of the same complaint being made again.

**Requires improvement**



# LH Social Care Limited – Barnsley

## 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 checked whether the provider had made improvements in meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place over six days on 15, 16, 19, 22 and 30 June 2015. The registered provider was given four days notice of our visit to the office on 22 June 2015. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be in. We then visited the offices and spoke with the registered manager, quality assurance manager and a staff member whose role was to manage the functioning of the office. Two adult social care inspectors carried out the inspection, together with an expert by experience and specialist advisor. The specialist advisor had experience and knowledge of information governance. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and other information we had received about the service, for example, telephone calls from people and staff.

We also contacted commissioners of the service. This information was reviewed and used to assist with our inspection.

At the time of our inspection the service were supporting 55 people. As part of our inspection we spoke with five of those people and the relatives of another three people. We also visited four people in their own homes before our visit to the service. On three of the visits, care staff were in attendance and we also spoke with them. On one of the visits to people's homes we spoke with both the person supported by the service and their relative.

At the time of the inspection the service employed 45 staff. We contacted fourteen staff and were able to speak with eight of them to obtain their views.

We also spent time looking at records relating to the management of the regulated activity, which included eleven people's care records, eight staff records, the complaints record, policies and procedures, surveys and meeting minutes.

# Is the service safe?

## Our findings

On 24 April and 18 December 2014 the registered provider was told they needed to improve their systems and processes in relation to the management of medicines. After the inspection on 18 December 2014 the registered provider and registered manager were issued warning notices stating the timescale for those improvements to be made.

We checked to see if improvements had been made in the management of medicines.

When we spoke to people being supported by the service or their relatives their comments included, “Medication is given to both of [relatives] and recorded, but warfarin is administered by the district nurse to [one relative],” “The carers give medication and note this in the care plan. Carers do not inform me what they have written,” “I take my own medication,” “The medicine intervention is proper and they ensure tablets are taken in front of them [staff]. Medicines are locked safely away” and “Carers give medication from the usual packs and record them.”

When we spoke with staff they told us since the last inspection their knowledge about dealing with medicines had improved and medicines were being dealt with in a more consistent way. Discussions with staff and checks of their training records confirmed staff had received medicines training before they administered medicines to people. Care staff confirmed medication plans were in place, together with a medicine administration record (MAR). Staff told us they would check MAR to make sure the medicines to be administered were the same as recorded on the medication plan. On the MAR they would record the medicines they administered to each person. They told us if there were any changes this would be communicated to the office for them to update the medication plan. In the same way if they found any errors this would also be reported to the office, so that appropriate action could be taken to immediately safeguard the person and in order that improvements could be made if necessary to minimise the risk of any future errors.

In people’s care files we found that medication plans were in place and that these had been updated with any changes that had been reported.

When we visited people in their own homes we also found that medicine plans were in place and medicines were

administered in accordance with the medication plan. We also found medicines had been stored safely. This told us the systems and processes for changes in medication had improved.

When we checked some medicines we found an opening date had not been recorded on medicines that stated they needed discarding after 28 days. This meant there is a risk the medicine may be administered outside of those timescales. A staff member told us they would make arrangements for the necessary changes to take place.

We also found that the amount of medicines received was not consistently recorded on people’s MAR and medicines remaining from the month previously not carried forward onto the current MAR. This meant there were gaps in people’s records associated with medicines to evidence a full audit trail of medicines received and administered. Again the staff member told us they would make arrangements for those changes to take place.

This was a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. On the 1 April 2015 the Health and Social Care Act (2008) Regulated Activities) Regulations 2014 came into force. The breaches identified at the last inspection now correspond with regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

On 20 November 2013 and 24 April 2014 the provider was told they needed to improve their records. On the inspection on 18 December 2014 those improvements had not been made and a warning notice was issued stating a timescale for those improvements to be made.

We checked the systems in place to see how risks to people were managed so that people were protected, whilst at the same time respecting and supporting their freedom. We looked at eleven people’s care records. We found improvements had been made in the assessment of risks to people and others. However, some were not accurate or complete and did not contain sufficient information. For example, there had been an incident with one person with their medication. A staff member was able to explain the action that had been taken to minimise the risk of the same incident occurring in the future, but this action was not reflected in the person’s care records or risk assessment for

## Is the service safe?

medicines. This meant that accurate and complete records about people's care needs and the decisions made about the risks in the provision of that care still needed some improvement.

In another person's file where a hoist was used to transfer the person there was no record of the date the hoist was serviced. The registered manager confirmed it would have been serviced, but there was no record to confirm this. It is important to record that equipment is serviced regularly, so that there is a record that risks associated with the use of equipment have been carried out.

In one person's plan the care routine identified care staff were responsible for providing the support around the care of their percutaneous endoscopic gastroscopy (PEG). PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding and medicine administration. A risk assessment had not been completed to assess the risks of staff assisting with this care and any actions that were needed to minimise the risk identified. This means staff may provide care in a way that is not safe. The registered manager stated the service no longer provided this support. This meant the care plan was out of date. This had been identified in the previous warning notice that had been issued and although the care plan had been reviewed, had not identified the information contained within it was inaccurate.

In another file we looked at we identified from an audit that the care in respect of a person's PEG had changed. A risk assessment had not been completed to assess the risks of staff assisting with this care and any actions that were needed to minimise the risk identified. The registered manager could not provide an explanation why this had not been completed.

These examples showed records about people's care needs and the decisions made about the risks in the provision of that care still needed some improvement to ensure they were accurate and complete.

This was a continued breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. On the 1 April 2015 the Health and Social Care Act (2008) Regulated Activities) Regulations 2014 came into force. The breaches identified at the last inspection now correspond with regulation 17 of the Health and Social Care Act (2008) Regulated Activities) Regulations 2014.

At our previous inspection on 18 December 2014 the service was in breach of regulation 19, recruitment of workers. The registered provider sent us an action plan stating the improvements they would make to comply with those regulations. We checked to see if improvements had been made.

We looked at four staff files to confirm a recruitment process had been followed and information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

We found the majority of information had been obtained, for example, confirmation of the person's identity, documentary evidence of the staff member's previous qualifications and training and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions. However, in three of the four files checked a full employment history had not been obtained and for one member of staff, satisfactory evidence of previous employment concerned with the provision of health or social care and vulnerable adults or children had not been obtained for all previous periods of employment with such an employer.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service effective?

## Our findings

At our previous inspection on 18 December 2014 the service was in breach of regulation 18, staffing, because staff had not received all the appropriate training, regular supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. The registered provider sent us an action plan stating the improvements they would make to comply with those regulations. We checked to see if improvements had been made.

Shortly prior to the last inspection the service had appointed their own training officer to provide training. When we spoke with staff they told us they had been provided with training in key topics, including, first aid, food hygiene, health and safety, infection prevention and control, manual handling, medication, safeguarding, dementia and cognitive issues and Mental Capacity Act

(MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that certificates were awarded on successful completion of these topics and these were recorded in the staff files as well as on training records.

There was no record to confirm the competency of staff after undertaking their training was acceptable.

All the staff we spoke with told us they felt supported by the registered provider and received supervision approximately every three months. The registered manager provided a list of supervisions that had taken place with staff. This identified approximately 73% of staff had received supervision. The frequency for those staff varied between one to three supervisions. This meant staff had not received supervision at the frequency identified in the staff supervision policy statement that we were provided with dated October 2013.

The registered manager told us appraisals had not taken place, as they were without a member of staff and wanted to utilise their time embedding regular supervision.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service caring?

## Our findings

This domain was not inspected on this visit



# Is the service responsive?

## Our findings

On our three previous inspections on 20 November 2013, 24 April and 18 December 2014 we had asked the registered provider to improve records. This was because there was a lack of proper information and documents about people in relation to their care and treatment to protect them from risks of unsafe or inappropriate care. After the inspection on 18 December 2014 the registered provider and registered manager was issued warning notices stating the timescale for those improvements to be made.

Since the last inspection a care routine had been introduced for each person and this, together with associated risk assessments had been distributed to people's homes so that they and staff have information about the care to be delivered and the risks involved in providing that care, and actions to be taken to minimise those risks. This was confirmed by staff when we spoke with them. One member of staff said, "There was no care plan in place at first but we finally have one now, showing what the client's routine is."

People and relatives we spoke with were assured that the service from LH Social Care Limited - Barnsley in the main provided them with care as agreed. People and their relatives comments included, "The office talks to us if any changes in the care plan are to be made," "I am fine and my care is fantastic," "They wash me, dress and use the hoist to transfer me to the chair. They are polite and maintain my dignity and respect me," "The carers ask me and assist with what I tell them. Personal care is given, not rushed, they make breakfast and apply cream. They note everything in the care plan. The office people came yesterday and talked

to me. They looked at the care plan" and "I get personal care and they do respect me and maintain my dignity. They do ask me what needs to be done on the day if they are new. Most of the carers present a fine demeanour and have a professional approach. They turn me over in bed if there is need."

We visited four people in their own homes. All those people had a care file that contained their person centred care routine and associated risk assessment. However, we did find gaps and omissions in some records. For example, in one person's file information in the care routine identified fluids should be limited to 1200mls per day, to minimise complications with their health. The record of fluids recorded did not provide information on the amount of fluid taken, just what drink had been taken. This meant there was no an accurate and complete record of the care provided to the person. For the same person the manual handling risk assessment that had been reviewed since the last inspection, identified the person received four calls a day, when the care routine identified there were three calls a day. In the person's finance risk assessment it stated the safety box was attached to the floor. We observed this not to be the case.

In another person's file, there was no risk assessment in regard to the person's dietary requirements and the service assisting with their meals and insulin administration. Care staff were able to explain the action they took to minimise the risk, but there was no record of this.

This meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service well-led?

## Our findings

At the inspection on 18 December 2014 the registered provider was asked to make improvements with their governance systems. The registered provider sent us action plans stating the improvements they would make to comply with those regulations.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

This inspection identified that sufficient improvements had not been made to become compliant with the required regulations and breaches remained in four of the five regulations we checked.

When we spoke with people and their relatives we asked them about the management and leadership of the service and the systems they used to identify whether a quality service was being provided. Comments included, "In the past six months there have been changes and a professional approach is seen. It was dreadful before," "Still the communication is poor, they do not inform the service user if there are any changes, but they inform the carers. Recently a survey was undertaken for feedback on what we think" and "The service is fairly good on the whole, but not perfect. "The office response is much better than in the past. I have reported some of the detrimental standards that still need to be addressed as the carers leave the house untidy."

The culture of the service on the day of the inspection was friendly, but we found it difficult to understand some of the systems in place. The registered manager and staff who were in the office on the day of inspection were unsure where certain documentation was kept or if indeed it had been completed. As a result the registered manager was unable to evidence some of the actions taken as a response to concerns and any improvement of systems as a consequence of those actions, to minimise the same concern being raised again.

The registered manager told us a staff handbook was provided for staff. This included a wealth of information, but not the pertinent procedures that staff may need in the

course of their duties, for example, safeguarding people from harm and complaints. We spoke with the registered manager about staff having sight of the policies and procedures. The registered manager told us these were explained to staff during their induction. This meant there was an expectation that staff memorise these policies and procedures, which may have an adverse effect on the service user's safety, welfare and wellbeing.

When we spoke with staff about the management and leadership of the agency they said, "I feel supported. I've not had any concerns, only had little complaints from clients and they've been dealt with," "[Registered manager] is lovely to speak to, but we need more staff so they can cover shifts. They say they're having a tough time recruiting people. They make promises that they don't always keep. Usually, there's a manager in office for advice, but it could be a lot better," "I find it easy to speak to [registered manager]. If there were concerns she'd definitely do something," "Management are good. There's not a problem. If I have a problem, I ring [registered manager] and can speak to her straight away or she gives me a call back when she can. She's very respectful. [Registered manager] is very nice. She is easy to talk to and I'm very confident in her," "Management is good. They are very approachable. I went to them on several occasions and had in depth conversations. [Registered manager] is really approachable. Administration staff are great. They are very respectful as far as I'm aware," "If you need to speak to [registered manager], she always seems to be in a meeting. I don't have much to do with the office," "Its very supportive. It can take some time for them to sort things out, but that's because of the transition period following CQC inspections. [Registered manager] in particular is respectful, very supportive and professional" and "It's very open and transparent. [Registered manager] is approachable and respectful to people who use the service. [Registered manager] listens about concerns."

We looked at the quality assurance procedure that was provided by the registered manager. The procedure was a document of statements regarding the service's intentions and the use of measuring tools and activities and it was unclear from the looking at records the service kept to support the procedure. For example, the procedure stated that a service user satisfaction questionnaire was completed annually, but the registered manager told us

## Is the service well-led?

this happened six monthly; therefore the policy required updating. There was no implementation or review dates on the procedures seen to show they had been checked to make sure they were accurate and up to date.

We saw the analysis and raw data of the latest service user survey completed 15 April 2015. The findings identified a response rate of 17 people (35%). From those that did respond, 23% identified that they were unhappy with some aspect of the care provided. The main issues identified were 'people were unhappy with the responses from the office,' 'not letting me know what's going on' and 'not returning calls.' We asked the registered manager for the action plan, to see what improvements were to be made. We were told the issues had been discussed, but no action plan to support those discussions had been completed.

The quality assurance procedure stated that one of the measuring activities was the employee supervision procedure. We looked at the staff supervision policy statement dated October 2013. The statement held no evidence of a review date. The policy stated that 'for those with individual responsibility there must be a minimum supervision of ten per year, plus an annual appraisal'. We found that staff had not received supervision in accordance with the policy and had not had an annual appraisal. This showed the tool identified to measure quality was not being used effectively to improve the quality of the service and identify, monitor and manage risk.

We found the service also gathered staff views through an annual survey, although this was not identified in the quality assurance procedure. We looked at the annual survey dated 23 March 2015. We saw the raw data showed a 59% response rate and there was a written report identifying what the service could do better. This included, staff having a weekly rota, having at least one day off, organising double ups (calls where two carers were needed), more information about people and specific training and communication. We asked the registered manager for any evidence to show how they intended taking those improvements forward. She informed us the improvements had been discussed, but no actions had been recorded.

In discussions with the registered manager and a staff member we identified 'spot checks' took place, which confirmed a review of quality through observation of staff and discussions with people who used the service took place as identified in the quality assurance procedure. A

spot check is when a senior member of staff attends a visit with a care worker to observe their work practices to report on such items as timekeeping, appearance and how the care worker related to the person using the service. We asked the registered manager for an overview of spot checks that had been carried out. The registered manager informed us that this was not audited. We saw the record of two 'spot checks' (quality assurance visits) that had taken place for one person. Significant concerns had been identified on the first visit. This had been addressed with staff providing care for the person, but there was no record of this. A second visit took place shortly afterwards, which identified improvements, but that there were still shortfalls and this was attributed to a member of staff. We asked the registered manager if this had been addressed with the person. They said, "It will have been, in supervision". We looked at the supervision records of the person and found no record of any supervision. The supervision matrix, which the registered manager used to monitor staff supervision, showed that two supervisions had taken place. The registered manager told us it probably had, but the member of staff conducting them was not at work and the information was encrypted on the computer.

We asked the manager for the record of complaints. We were provided with a computer generated report of complaints. We found the record did not always provide an outcome to the complaint, the action taken to resolve the complaint and make improvements to the service and the response to the complainant. For example we found a complaint made by one person and the action was the registered manager was informed. There was no further information. We asked the manager about this. We found a visit by the quality assurance manager had been made and action taken in the person's care file.

Whilst looking at the latest service user survey we saw a complaint that had been made by the person completing the form. The form stated the complainant had told the care staff about this and named them in the complaint. We asked the registered manager of the outcome of the complaint. There was no record of the complaint and the action taken to make improvements to the service experienced by the person. This meant the complaint was not effectively dealt with and the system and process for dealing with complaints ineffective in practice.

This approach identified the registered manager and staff were not implementing the service's complaints policy and

## Is the service well-led?

procedure the registered manager provided and the system for complaints was ineffective as complaints were dealt with inconsistently and were not recorded in one place, which makes monitoring and auditing themes and trends impossible and is unlikely to improve the overall quality of care provision.

Since the last inspection the manager explained that to gain an overview of aspects of the service, to begin to monitor the quality of the service provided they produced a weekly report. The report identified medication errors, medication changes, missed calls, calls that had been attended late and safeguarding. The report did not include concerns/complaints, although some of the missed calls and calls that had been attended late identified concerns, from where a theme could be identified for improvements to be made. This meant a full overview of concerns and complaints that were being raised were not clearly

identified and themes and trends identified to make improvements. We found that although this information was available it was not used to make the identified changes and improvements at service level. For example, we found a medication change that had been implemented by staff, but records did not reflect that change.

We also found that in the overview of safeguarding for one week, a safeguarding concern had been raised with the service, informing them that a safeguarding alert had been submitted to the local authority. The registered manager had not informed the Commission as required of the allegation.

This was a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.