

# Linday Medicare Services Enterprises Limited

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## Inspection report

71-73 Nathan Way  
London  
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11 December 2017  
22 January 2018

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

This inspection took place on over two short days on 11 December 2017 and 22 January 2018. Linday Medicare Services Enterprises is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of this inspection one person was using the service. Therefore we were not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding.

At the last inspection on 6 November 2015, we asked the provider to take action to make improvements to staff recruitment processes and quality assurance systems. The service sent us an action plan on how they would make the required improvements. At this inspection, we found the action plan had been completed.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments were in place and detailed actions to reduce identified risks to people to keep them safe. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. They also knew how to report concerns appropriately to keep people safe from harm. Staff supported people to take and manage their medicines in a safe way.

The service checked that staff employed to work with vulnerable people were suitable to do so. Criminal records were checked and references were obtained before employees started work. There were sufficient numbers of staff deployed to meet people's needs. Staff knew how to report incidents and accidents. Staff followed infection control procedures to reduce the risk of infection and contamination.

The service assessed the needs of people and developed support plans on how identified needs would be met. People's individual needs were met. Staff cared for people in a way that met their requirements. People were involved in planning and reviewing their care. Staff supported people to access healthcare services. Staff were supported through induction, supervision and training to provide appropriate care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered. Staff and the provider understood their responsibilities within the Mental Capacity Act 2005.

People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. Staff supported people to do their food shopping and to prepare meals.

People told us staff treated them with kindness, compassion and respect. People's dignity and privacy was respected by staff. People knew how to raise their concerns and complaints about the service.

The provider had improved the way they audited the service. People and staff told us that the managers listened and acted on their views about the service. Staff received the direction and guidance to do their jobs. The service worked in partnership with other organisations to meet the needs of people.

## 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 safe. People were supported with their medicines. There was a medicine policy and procedure in place to guide staff.

Recruitment was conducted safely. Appropriate checks were carried out before new staff started work.

Risks to people were identified and managed in such a way that they received their care and support safely. Staff understood how to recognise abuse and take effective action to keep people safe.

There were sufficient numbers of suitable staff to support people safely. People had their care services delivered at the right time.

Staff knew how to report incidents and accidents. Staff had received training in infection control and understood effective ways to prevent risk of infection.

**Inspected but not rated**

### Is the service effective?

The service was effective. People's care and support needs were assessed in consultation with them. Staff received training and support which enabled them to care for people.

People were supported to access healthcare services they needed and staff liaised effectively with relevant professionals. Staff liaised and shared information appropriately to enable effective joint-working to improve people's care.

People consented to care and support. Staff and the provider understood their responsibilities in accordance with the principles of the Mental Capacity Act 2005.

People were supported by staff to meet their nutritional needs.

**Inspected but not rated**

### Is the service caring?

The service was caring. People told us that staff were kind and caring. People were treated with dignity and compassion. Staff knew to respect people's privacy and promote their dignity and independence.

**Inspected but not rated**

<p><b>Is the service responsive?</b></p> <p>The service was responsive. People told us staff supported them with their needs. Staff delivered people's support in line with their individual needs and preferences.</p> <p>People were supported to do the things they enjoyed and to relax.</p> <p>Staff respected people's diversity and differences.</p> <p>People knew how to make a complaint if they were unhappy with the service.</p>	<p><b>Inspected but not rated</b></p>
<p><b>Is the service well-led?</b></p> <p>The service was well led. People told us they were listened to. Staff told us they had the direction and leadership they needed. Staff spoke positively about the registered manager and provider. They told us they felt supported by them.</p> <p>The provider sought feedback from people about the quality of the service they received and used them to drive improvement.</p> <p>The service worked in partnership with other agencies to improve the service provided to people.</p>	<p><b>Inspected but not rated</b></p>

# Linday Medicare Services Enterprises Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This announced inspection took place over two short days on the 11 December 2017 and 22 January 2018. This was because all the information we needed to review was not available on our first visit as the service had only just started to provide the regulated activity to people. . We gave the provider time to make the records available for our review. The gap between our first and second visit was because the registered manager was not available due to ill health. The nominated individual was also not available on the days we were available as they were undertaking a study programme. We gave the service 48 hours' notice of the inspection on both days because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector. Prior to the inspection we reviewed the information we held about Linday Medicare Enterprises Ltd. We also reviewed the action plan they sent us following our last inspection. We used this information in the planning of the inspection.

During the inspection we spoke with the provider who was also the nominated individual. We reviewed care record, medicines administration records (MAR) for the person using the service. We looked four staff files which included recruitment checks and training. We also examined other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments. .

After the inspection, we spoke to the person using the service and two members of care staff to find out how they supported people, and the support they received from the management.

## Our findings

At our last inspection of 6 November 2015, we found that the service had not followed safe recruitment practices to ensure people were safe. At this inspection, we noted that the provider had ensured people were supported by staff who had undergone appropriate checks. Recruitment records we checked contained two references, Disclosure and Barring Services (DBS) checks, and proof of identity, and right to work in the UK. Application form also showed the applicants employment history. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions.

The person using the service told us they felt safe with staff. They said, "I feel safe. I haven't experienced anything that will give me concerns about my safety. I know what abuse is and if I have any concerns, I will inform the manager of the service or contact CQC." Staff knew the different types of abuse and neglect and what steps to follow to report any concerns about people's safety. One staff member told us, "I will write down what I saw or heard. I will let my manager know about it." Staff also told us they would whistle-blow if the provider failed to take appropriate actions to keep people safe. The provider demonstrated they understood their responsibilities in ensuring people were safe and responding appropriately to allegations of abuse included carrying out investigation and alerting the local safeguarding team and CQC.

The service provided a live-in care arrangement. Staff told us and the person using the service confirmed that this arrangement worked well and met their needs. The provider told us that they endeavoured to maintain a team of regular staff to ensure continuity and consistency in care for this person. The rota showed staff were available as planned to provide care and support to the person using the service. The service had a group of staff available to cover emergencies.

People were protected against risks associated with their care and had risk assessments in place covering moving and handling, health and safety of the environment, and medicine administration. Management plans were available for staff to follow about how to manage identified risks to people appropriately. Staff told us the plans enabled them to care for people in a safe way. Staff told us they were supported by another staff from a partner organisation to carry out moving and handling tasks. They also told us they had appropriate equipment available too to enable safe transfers.

People were protected from the risk of infection. Staff gave us examples of how they reduced the risk of infection. They understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing waste and sharps appropriately. The service had infection control procedure in place and staff were trained.



The service had system in place to report incidents, accidents and near misses. Staff knew how to report incidents. There had not been any incident recorded since the service started supporting the person using the service. The provider told us they reviewed daily care notes to ensure that staff had not failed to appropriately report an issue that should have been reported as an incident.

Staff supported people to take their medicines as required. The person using the service told us, "They help me with the medicines. They bring it to me at the right times and help me take them out from the packs. They sign the sheet afterwards." Staff told us they had received training in the safe medicine administration and management and the training record we saw confirmed this. Staff were confident in supporting people with their medicines. Medicines administration records [MAR] sheet were completed with no gaps.

## Our findings

The person using the service told us that staff supported them the way they wanted. They said, "The carers seem well trained and know what they are doing. They get on with what needs to be done. When I give the direction, they follow it as I have directed."

The service gathered information from people about their needs and how they want them met. The assessment looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities. Assessment also covered goals people desired to achieve and what support they needed to achieve it. Equipment people needed to maximise their independence and safety were considered during the assessment. The input of professionals such as an occupational therapist were sought where required.

People were supported by staff who were trained. Staff told us that they received induction before they started supporting people. One person using the service confirmed that new staff members were introduced to them and were shadowed by an experienced staff before they were left to work on their own. Record showed and staff confirmed they had completed training in key areas of care such safeguarding, Mental Capacity Act 2005, medicines administration, food hygiene, infection control, moving and handling and health and safety.

Staff felt supported to do the job effectively. One staff member said, "The manager always supports us. He comes around and checks that we are doing the job well." Another member of staff said, "I get support I need. They always call for feedback. I always call too if I have a concern." The provider had catch up meetings with staff regularly both face-to-face and over the phone to provide support and supervision. They also gave them feedback on their performance and discussed training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received training in Mental Capacity Act (MCA) 2005 and they knew to obtain consent from people before undertaking any task or activities with them. They told us they allowed people make decision about every aspect of their care and support. The person we spoke with told us they made decisions for themselves and staff followed the directions and decisions they had made. The provider understood their responsibilities under the MCA to ensure people's rights were protected.

Staff supported people to meet their nutritional needs. People told us and care records confirmed that people had support with shopping and preparing meals. One person said, "The carers help me prepare anything I want." People's dietary needs were noted in their care plans.

People were supported to meet their day to day healthcare needs. Records showed liaison with a range of health and social care professionals. District nurses were involved in caring for people where required. Staff arranged appointment where required for people.

Staff worked with other services to ensure an effective joint-working. They worked with another provider to provide support to one person using the service. They shared information and gave handover of work done. Staff also knew how to provide healthcare professionals or emergencies services with relevant details about people such as medical history, care and support needs, communication requirements, allergies, next of kin and GP details.

## Our findings

Staff were caring for people who were caring. One person said, "They [staff] are helpful and respectful. They are kind. I have had no problems with them." Staff demonstrated how to support people with their emotional needs. People told us staff understood them and took interest in them. They said staff were compassionate in the way they cared for them. Staff knew how to show empathy, support people appropriately during times of anxieties. They said they listened and provided reassurance.

Care records detailed people's backgrounds, preferences, likes and dislikes and how they wanted their care delivered. Staff told us they had developed positive working relationships with the person using the service and knew how people preferred to be cared for. Staff told us care records provided them with the relevant information they needed to understand people's situation and needs.

The person told us that staff involved them in planning their day to day care and support. They confirmed that staff followed and respected their preferences and choices. The person using the service had access to an advocate who represented their views and contributed to care assessments and care planning when required.

People were treated with dignity and respect by staff. People told us that staff made them feel comfortable and were sensitive to in the way they supported them. Staff gave examples of the way they respected people's dignity. One staff member said, "I make sure I shut the door and cover people with towel when doing personal care so they are not exposed too much." Another staff member told us, "I am careful how I do things and what I say. I try not to embarrass people or hurt their feelings in any way."

Staff maintained people's privacy. People told us staff respected their personal spaces and gave them time when they wanted to be left alone. We saw that records about people and staff were locked away in a cabinet in the office. Staff understood the importance of keeping people's information confidential and not encroaching on their private matters.

## Our findings

The person using the service received support that met their individual needs. People confirmed that the service involved them in planning their care from the beginning. Care plans were comprehensive and detailed people's physical, emotional and medical needs. Information about people's personalities, communication needs, goals, interests and hobbies were also detailed in their care plans.

Care plan we reviewed sets out how the service would deliver care to meet the identified needs. One person had a live-in care service to meet their needs. Care plans detailed support people needed with their personal care, nutrition, social activities, and maintaining links in the community. People had support they required to maintain their personal hygiene, manage their health and well-being and promote their mental health. One person using the service told us, "I get support with everything I need. They help me too when I am going out." Staff told us care plans provided them guidance on how to support people as in line with their requirements. People's care plans were reviewed as required to reflect changes in people's care needs. Staff maintained record of support people received daily. They showed people were supported with their needs in line with their care plans.

People were supported to maintain an active lifestyle and to do things they were interested in. Staff supported people with activities they choose both indoors and in the community. The person we spoke with told us they went to the community centre regularly and staff supported them. They also liked to go out shopping and they were also supported by staff.

The service gathered information about people's disability, culture and religion as part of their assessment process. Staff had received training in equality and diversity. They knew to respect people's individuality and differences. Staff told us they took into account people's needs in these areas and tailored their support to meet their needs.

People told us they knew how to raise any concern or complaint about the service. One person said, "I have the phone number of the manager. I will call him to express my concerns. I have no problems or concerns at this time though." People also knew how to escalate their concerns if not resolved by the service. One person told us, "If they [service] fail to respond or address my concerns satisfactorily, I will go to CQC or other authorities." The service had a complaint procedure in place. There had not been any complaint since the last inspection in November 2015.

## Our findings

At our last inspection of November 2015, we found that the service did not always ensure records were up to date. They also did not ensure quality checks were carried out. At this inspection, we found the service now monitors the quality of the service regularly. Although they had no formal systems in place due to the size of the service. The provider checked medication administration records and daily care notes to ensure documentations completed were to the required standard and up to date. We saw that these records were up to date.

The person using the service told us that the service met their needs and they were happy with care they received. They told us the provider regularly sought their feedback and used it to improve the service. One person using the service said, "The manager phones often to check if everything is going well. He also visits at least once a month to chat and obtain about feedback from me about the service." They further said that the service was well organised. We saw that the provider held quality review meetings with staff and people. They used these meetings to discuss any concerns about the service and share ideas on how the service could improve. For example, they had developed a new system for recording daily care provided to people. The service had improved the quality of their care documentation. The provider told us that the new system allows more detailed information to be captured during assessment, thereby, making care planning comprehensive and person-centred.

Staff told us that they had the support, direction and leadership they needed from the provider. One staff member said, "The manager is a nice man. He is supportive and helpful. He just wants everything to be okay." Another staff member said, "The company is a small company. They try to make sure we do our job well and that's how they can grow. He is available always if we need any help." Staff understood their roles and responsibilities in providing effective care to people.

The service worked in collaboration with other agencies to meet the needs of people and to improve their service. They worked with another partner agency to support people with their needs and to provide advocacy service. They also liaised with training providers to deliver training to staff.

There was a registered manager in post. The service was owned and run by the registered manager and nominated individual. They were responsible for the day to day management of the service and provided direction and guidance to staff. Both the registered manager and nominated individual understood their responsibility to update CQC of all notifiable incidents as required by law in order to comply with its registration requirements.

