

Lancaster Leyland Care Limited

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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?	Good ●

Summary of findings

Overall summary

The inspection was announced and took place on the 19 and 22 April 2016.

The service provides care and support to people in their own homes in and around the St Helen's area. At the time of the inspection there were 41 people using the service.

The manager of the service had been registered with the CQC since April 2015. 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.

People told us that they felt safe using the service. Staff had received training in safeguarding vulnerable people, and knew how to report any concerns. The registered provider had an up-to-date safeguarding policy in place, and records indicated that where appropriate any concerns had been reported to the local authority to keep people safe.

There were sufficient numbers of staff in place to keep people safe. Staff commented that they felt well supported by their team, and people reported that staff always attended their calls as planned. We looked at staffing rotas which confirmed that staffing levels were consistent.

Recruitment processes were robust and ensured that people were protected from the risk of harm. New staff were required to complete a written application which outlined relevant experience and qualifications. Staff had also been required to provide two references, one of which needed to be from a previous employer, and had been subject to a check by the disclosure and barring service (DBS). The DBS helps employers make decisions around whether people are suitable to work with vulnerable people.

Staff had been supported to undertake relevant training in areas such as infection control, moving and handling and the Mental Capacity Act 2005. This ensured that they had the appropriate skills and knowledge to carry out their role. New staff were required to shadow more experienced members of staff before working on their own, and were required to complete training in areas such as those listed above.

Staff received supervision and appraisal on a routine basis. This allowed them to discuss their role and further training needs. This also allowed the registered manager to discuss any issues, and address any performance related issues. The registered provider had a disciplinary procedure in place, which we saw was being used appropriately to ensure the professional standards of the service were being maintained.

The registered manager had systems in place to monitor the quality of the service being provided, and ensure any improvements were made where required. These included checks on care records to ensure that they were up-to-date, and spot checks to observe staff interactions with people. The registered manager

also reviewed accidents and incidents, in order to identify trends and to ensure that people received the correct support to prevent issues from happening again in the future.

People told us that staff were kind and respectful towards them. Staff had developed positive relationships with people they were supporting, and worked to maintain their privacy and dignity. This helped ensure that people were put at ease and were comfortable during personal care interventions.

The registered provider had a statement of purpose in place which outlined the values of the service. These included promoting people's independence and treating people with dignity and respect. People gave examples where staff had worked to promote these values in their work, and confirmed that they participated in their care. This helped ensure that people maintained control within this aspect of their life.

People told us that they would feel confident in making a complaint. The registered provider had a complaints policy in place and people were provided with a copy when they first started with the service. The registered manager kept a record of comments and concerns that had been raised, along with the response to the concerns, which demonstrated appropriate actions were taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had completed training in safeguarding vulnerable people and knew how to report their concerns.

The recruitment process was robust and ensured that people were protected from the risk of harm.

There were sufficient numbers of staff in place to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in the Mental Capacity Act 2005 and knew their roles and responsibilities in relation to this.

Staff had been supported to undertake training in areas necessary for them to carry out their roles effectively.

People were given support with the diet and nutrition as required, and told us that staff gave them choice and control over what to eat during meal times.

Is the service caring?

Good ●

The service was caring.

People told us that staff treated them with dignity and respect.

Staff had undertaken training in end of life care. We saw examples of written thank you cards to the registered manager and staff expressing gratitude for the support given to people during the end stages of their lives.

People's personal information was stored securely which ensured their confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care and support.

The registered manager worked in partnership with the local authority to ensure that appropriate support was provided to people.

People knew how to make a complaint, and felt confident that the registered manager would respond appropriately to their concerns.

Is the service well-led?

The service was well-led.

People, relatives and staff spoke positively about the registered manager and felt that she was approachable.

There were quality monitoring systems in place to ensure that the quality of the service was maintained, and to identify and rectify any issues.

The registered provider sought feedback from people on an annual basis to gain their views of the service. This information was then used to identify any areas of service provision that may need improving.

Good 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection was announced and took place on the 19 and 22 April. The registered provider was given a short period of notice because the location provides a domiciliary care service to people who are often out during the day. We needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector. Before the inspection, 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.

Prior to the inspection we contacted the local authority who did not raise any concerns about the service. During the inspection we looked at the care records for three people. We also looked at the recruitment files for three members of staff, and other documents relating to the management of the service. We spoke with four members of staff including the registered manager, and on the day of the inspection visited two people's homes to discuss their experiences of using the service. We also contacted two people using the service and two people's relatives by telephone following the inspection.

Is the service safe?

Our findings

People told us that the service being provided was safe. Their comments included; "Yes it's safe. I trust the carers when they come into my home" and "They help keep me safe, doing things I can't do myself". Relatives also told us that they felt reassured that their relatives were safe. Comments included; "[Name] is safe with them (staff)" and "I've no doubt that [name] is safe with them (staff)".

The registered provider had an up-to-date safeguarding policy in place, and also held a copy of the local authority's policy. These were available to staff, who confirmed they knew where they were kept. Records indicated that the registered manager had appropriately referred any safeguarding concerns to the local authority, and knew when it would be appropriate to do so. Staff had attended safeguarding training and demonstrated an awareness of the different types of abuse people could be subject to, along with the indicators that may accompany these. One member of staff commented, "Abuse could be emotional or physical. You may see a change in people's personality or they may have bruising". Staff were aware of the process for reporting any safeguarding concerns, and were aware of the whistleblowing policy in place. Whistleblowing is a process by which staff can report any concerns inside or outside of the agency without fear of any reprisals.

The registered manager kept a record of accidents and incidents which included information around the incident, and the follow up action taken to prevent it from happening again in the future. Each incident was then given a number which denoted the seriousness of the event. A monthly audit was completed to collate all the information relating to accidents and incidents. This allowed the registered manager to identify trends, and ensure that appropriate action had been taken based on the seriousness of the incident. The review process also enabled the registered manager to monitor people's level of dependency to ensure that they service was able to provide the support needed to keep people safe.

Rotas confirmed that there were sufficient numbers of staff in place to keep people safe. People confirmed that their calls were not missed, their comments included; "I've never had them miss a call" and "I've never been in a situation where they haven't turned up". Staff also told us that they did not feel rushed, and felt that there were enough staff in place to support people. One staff member commented; "I don't feel pressured. I think the current team can meet people's needs".

There was a robust recruitment process in place which helped ensure that people were protected from harm. New staff had been required to complete an application form which included details of their previous employment and qualifications, along with any experience they may have of providing care and support to people. There was an interview process in place during which new staff received a score based on the answers given, which helped the registered provider determine who was most suited to the role. New staff had also been required to provide two references, one of which was from their most recent employer, and had also been subjected to a check by the disclosure and barring service (DBS). The DBS helps employers make decisions around whether people are suitable to work with vulnerable people.

People told us that they regularly received care and support from the same members of staff, which helped

develop good relationships. One person's relative commented; "There are some regular carers who we just couldn't do without. We've got a good association with the carers. They've been coming for a long time". People also commented that staff always turned up for their care calls, and they usually turned up on time. The registered provider had a policy in place that where possible people should be made aware if staff were running late. People told us that this happened on some occasions, but not all of the time. We raised this with the registered manager so she could follow up on these concerns.

Where people required support with taking their medication this was documented within their care record. The registered provider had a coding system in place, which clearly outlined to staff the level of support people required with their medication, for example whether they were independent with this task or required prompting. Staff completed a medication administration record (MAR) for those people who required support with taking medicines, which documented the time medication had been given. The registered provider had a separate PRN ('as required') medication chart in place which staff signed to outline when this had been given to people. Where people had been offered PRN medication, but they had refused, this had also been documented.

Is the service effective?

Our findings

People told us that they felt staff were good at their job, and provided them with the support they needed. Their comments included; "The staff do a good job alright" and "Staff are very good". People's relatives also commented; "There are regular carers who I couldn't do without", and "Staff are very experienced. They definitely make life easier".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community, where people's liberty is being deprived a referral needs to be made to the Court of Protection to ensure that this is being done lawfully. At the time of the inspection, the registered manager confirmed that they were not supporting anyone subject to an order by the Court of Protection, however the registered manager was aware of how to make a referral, and where this would be required.

The registered provider did not have an up-to-date policy and procedure in place around the MCA. We raised this with the registered manager who was using a copy of the local authority's policy and procedure. Following the inspection the registered provider evidenced that they were in the process of developing an up-to-date policy of their own, which would outline to staff the registered provider's expectations in relation to the Act.

Care records did not contain details around people's mental capacity and their ability to make specific decisions. However, we saw examples where the registered manager had acted appropriately to involve health and social care professionals where people were at risk, to ensure that action was taken in their best interests, to keep them safe. The registered manager told us that details around people's mental capacity would be incorporated into people's care records.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to this. Their comments included; "It's important to give people the freedom to make choices and decisions for themselves" and "We have to respect people's ability to make decisions". We spoke with people who confirmed that staff gave them the freedom to make their own choices. One person commented; "They usually show me a selection of clothes, I then choose what to wear".

People's care records outlined where they required support with meal preparation, and also where people required a special diet, for example soft or pureed diets. We spoke with staff who understood people's likes and dislikes, and confirmed that they would always offer people choice around what to eat and drink.

Staff had received training which enabled them to carry out their role effectively. The registered provider supported new members of staff to undertake an induction which included a period of shadowing experienced members of staff. New and existing members of staff were required to complete training in a range of areas which included infection control, safeguarding, manual handling and the MCA. Staff had also been supported to gain further qualifications in health and social care at various levels, including levels 2, 3 and 4, which helped ensure they continued to develop their knowledge and skills.

Records indicated that staff were receiving supervisions and appraisals on a routine basis that was in line with the registered provider's guidance. Staff told us that they found this to be a supportive process. Supervision allowed staff to discuss their role and any areas of development. It also enabled the registered manager to formally address any issues around performance, to ensure that professional standards were being maintained.

Is the service caring?

Our findings

People told us that carers were respectful and treated them with kindness. Their comments included; "Staff are kind and respectful. They are mindful that it is my home and leave it tidy and clean" and "Staff are respectful. I get on alright with them". People's relatives also told us that they felt their relatives were being well supported, "The carers can be very kind" and "The carers are very respectful to [name] and our family. They're really good". Staff demonstrated a good understanding of the different ways they could ensure people's dignity was maintained. One staff member commented; "I make sure people are covered up during personal care tasks. I also make sure curtains and doors are closed to protect their privacy".

The registered provider had an equality and diversity policy in place and staff had also completed training in this area. The registered provider supported people with a range of different needs, and staff told us that they would respect people no matter what their race or gender and irrespective of any mental or physical health needs they may have. People's and their relatives confirmed that this was the case.

Staff understood the importance of giving people choice and control over their care. One member of staff commented; "I always give people the freedom to make their own choices, for example picking their own clothes, what they want to watch on TV, or what they'd like to have for breakfast. I let them do what they can for themselves during personal care tasks, and ask if they need any support". People confirmed that staff gave them choice and control, one person commented; "They always give me choices, like what to wear". This helped ensure that people felt able to participate, and helped give them control over this aspect of their lives.

People and their relatives commented that they had developed a good relationship with staff. Their comments included; "I always feel able to have a laugh and a joke with staff", "They sing and joke with [name], which helps makes things less tense, especially during personal care" and "They always manage to put a smile on [my relative's] face. They sing to [my relative], which they seem to enjoy". One person's relative also commented; "The girls will sometimes help [my relative] with painting their nails or putting some makeup on which is nice. They sometimes even make my bed for me, which they don't have to do", whilst another person's relative told us; "They bought some shopping for me when I wasn't well".

The registered manager confirmed that they had supported people during the end stages of their life. Staff had received training in end of life care, and we saw examples where relatives had sent cards to the registered manager and staff, thanking them for their support. One card read; "Thank you for everything you have done to help care for [name]. Bless you all", whilst another read, "A big thankyou to you all for the love and comfort you gave our [relative] in the last few weeks of their life. It meant so much to us that they were cared for in such a loving and professional manner".

Prior to starting with the service, people were provided with a service user guide which contained information around what they should expect from the service and included the registered provider's objectives. The contact details for the registered manager and registered provider were also provided, along with the registered provider's complaints policy, and details on how people could make a complaint or raise

any concerns.

People's care records were kept at their homes, however archived information was held at the registered provider's office. This information was kept securely stored in the office and was kept in a locked cabinet. This helped ensure that people's confidentiality was maintained.

Is the service responsive?

Our findings

People confirmed that care was provided in a way that was appropriate to meet their needs. One person told us, "They know me and how I like things done, but they still ask me and give me choice".

Prior to people starting with the service, an initial assessment was completed by one of the management team. This assessment drew upon information from other professionals, for example the GP or social worker and helped ensure that the service was able to meet the person's needs. The initial assessment was then used to create an overall care records which detailed to staff what support they needed to provide to people. This contained information around people's abilities with regards to washing and dressing, preparing food and drinks and their mobility. Where appropriate staff were also provided with information around people's physical health needs. Care records were reviewed on a monthly basis, however we saw one example where some very positive work being carried out by staff had not been incorporated into the care record. We raised this with the registered manager so that this could be rectified.

Some people told us that they had been involved in planning their care and support needs, however others told us that they had not been involved in this. Prior to the inspection the registered provider sent out a questionnaire to people which showed that 25% of people who responded, answered 'don't know' when they were asked if they were involved in decision making about support needs. One person told us that they had been contacted about a review being completed, however this had not yet happened, whilst another person commented, "Yes I've been involved in developing the care plan, and completing the reviews". We raised this with the registered manager who told us that a review would be scheduled as soon as possible.

Care records contained some personalised information, for example one person had informed staff that they would like staff to check that all lights were turned off prior to them leaving, which had been included in the care records. However, care records did not contain information around people's personal history and their likes and dislikes. This information enables staff to get to know the people they are supporting. Prior to the inspection the registered manager told us that this was an area that had been identified as requiring further development. The registered manager had a plan in place to review care records so that this information could be included.

Risk assessments contained personalised information which outlined to staff what they should do in the event of an emergency, or how they should act to minimise the level of risk presented to people. In one example we saw that a person was at risk of becoming verbally aggressive towards staff. The risk assessment outlined the triggers that may cause this, and how staff should respond. This ensured that the correct level of support was given to each person.

Daily notes were completed by staff each day. These outlined a number of examples where staff and the registered manager had worked hard to ensure that people were receiving the correct level of support. For example, one person had been referred to the falls team and the fire service when staff had identified a number of risks within the person's home. In another example the registered manager was working closely with the local authority to get support for one person whose main carer was suffering from ill health. Daily

notes also contained information around people's day-to-day wellbeing, and the support that had been given.

People told us that they knew how to make a complaint, and would feel confident in doing so. One person commented; "I would make a complaint if I had to, and I believe they'd take it on board", whilst another person's relative told us, "I've spoken with the manager before about a concern I had. She sorted it straight away". The registered manager kept a record of complaints which also outlined the action that had been taken to remedy and prevent issues happening again in the future.

Is the service well-led?

Our findings

The service had a registered manager in place who had been registered with the CQC since April 2015. People and their relatives spoke positively about the registered manager and the service provided by staff. Their comments included; "I'm confident that the manager would support me if I had any concerns" and "The manager is very polite and co-operative if I raise concerns". Staff also spoke positively about working for the registered provider, their comments included; "This is a good service to work for. I really like my job and think there's a good team in place", "The manager is approachable and we have a supportive team" and "The manager acts on any concerns you have".

The registered manager held team meetings with staff on a routine basis, during which information around people's care needs and any concerns raised, could be shared with staff. Team meetings gave staff the opportunity to contribute to discussions around people's wellbeing, and make the rest of the team aware of any changes in need. Staff told us that the registered manager had responded positively to making reasonable adjustments to shift patterns where possible, following their feedback.

The registered provider had a statement of purpose in place which was included in the service user guide. A copy was given to people when they first started with the service. This included details around the registered provider's ethos, for example promoting people's independence and treating people with dignity and respect. Staff were aware of these values and worked to incorporate these into their work. One staff member commented; "I aim to help people be independent and do what they can, but provide assistance where it's needed", whilst another member of staff told us "It's important to treat people with respect".

The registered provider sent out an annual questionnaire to ascertain people's views of the service. In 2015, 53 people responded to this and their feedback indicated that people were happy with the overall service being provided. Some of the comments shared included; "The company do everything well", "They do their upmost to provide emergency cover at short notice" and "They listen to us when we contact them". The registered manager had collated this information for examination, however the feedback did not identify any areas of concern that needed to be acted upon.

The registered manager ensured that the quality of the service was maintained by completing audits on a monthly basis. These looked at care records to ensure that information was recorded appropriately, and also looked at accidents and incidents to identify trends. The registered manager carried out random spot checks on staff whilst they were providing care and support to people, which enabled them to monitor the quality of staff interactions and ensure they were in line with the registered provider's ethos of care. The registered manager also contacted people using the service and their relatives to ascertain their views and ensure that good standards of care were being maintained.

The registered provider had a disciplinary procedure in place, and we saw examples where this had been used appropriately by the registered manager, to ensure that standards of the service were maintained. The registered provider had a robust set of policies and procedures for the service. Staff were supported to access up to date information to assist them in their roles. A policy folder was available in the office for ease

of access and policy updates were discussed in team meetings as and when required.

The registered provider is required by law to notify the CQC of specific incidents or events within the service. The registered provider had appropriately notified the CQC of incidents that had occurred and was aware of those situations where this would be required.