

Lean on Me Community Care Services Ltd

Exeter

Inspection report

Exeter Business Centre
39 Marsh Green Road
Exeter
Devon
EX2 8PN
Tel: 01392 757818
Website:

Date of inspection visit: 27 and 28 July 2015
Date of publication: 21/09/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection was announced and took place on 27 and 28 June 2015. We give domiciliary care providers 48 hours notice to ensure we can access the information we need. Exeter (Lean on Me) is a small domiciliary care agency that provides personal care and support to older people in their own homes in Exeter.

At the time of this inspection the agency was providing a service to 40 people. Visits ranged from half an hour up to three hours per day. During our inspection we met with the manager of the Exeter branch. There are two other

agencies run by the provider in Reading and Northolt. The provider is also the registered manager for the Exeter branch. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager in day to day charge of the Exeter branch said they were well supported by the registered manager/provider who visited regularly.

Although there were general systems in place to ensure risks to people's safety and wellbeing were identified and addressed, the recruitment process was not completely robust. The provider used an employment agency in London for the majority of care workers. This process had not ensured that gaps in potential employees work history had been fully explored to ensure their suitability to work with vulnerable people.

The feedback we received from people was positive. Those people who used the service expressed satisfaction and spoke very highly of the manager and staff. For example, people consistently praised the agency for ensuring that each person receiving the service was matched with a named care worker who visited them regularly. One person said, "They are absolutely brilliant, I had one main carer from the start and now they know all my family's ways too. It's very tailored to you."

The manager ensured that staff had a full understanding of individual people's care needs and had the skills and knowledge to meet them. Care workers were matched with people requiring the service and employed to care for named people where possible. People received consistent

support from care workers who knew them very well. People felt safe and secure when receiving care.

People had positive relationships with their care workers, which they had been able to build by having regular care

workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected. Staff also spoke very fondly of the people they visited and particularly enjoyed delivering a person centred service to people they had got to know well over time.

People received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. A team of named care workers also worked solely to cover staff sickness and holidays. This enabled people to receive care from named regular care workers also when their main care worker was unavailable.

People who used the service felt able to make requests and express their opinions and views.

The manager was open to improvement and feedback from people, whether positive or negative, which was used as an opportunity for improvement. The manager demonstrated a good understanding of the importance of effective quality assurance systems such as spot checks, appraisals and surveys. There were processes in place to monitor quality and understand the experiences of people who used the service.

Staff were proud of the service and enjoyed their work. They said they were supported by the

manager and a programme of training and supervision that enabled them to provide a good quality, person centred service to people.

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?

The service was not always safe. Although there were general systems in place to ensure risks to people's safety and wellbeing were identified and addressed, the recruitment process was not completely robust.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Care workers had the knowledge, skills and time to care for people in a safe and very consistent manner.

People's medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

The service ensured people received effective care that met their needs and wishes.

People experienced very positive outcomes as a result of the consistent service they received and gave us good feedback about their care and support.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Good



Is the service caring?

The service was caring.

The manager and staff were committed to a strong person centred culture based on consistent care.

Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received. People were pleased with the consistency of their care workers and felt their care was provided in the way they wanted it to be.

People felt care workers always treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service and were given ample time to meet people's needs and provide companionship.

Good



Summary of findings

Is the service responsive?

The service was responsive. Changes in people's needs were recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were regularly encouraged to give their views and raise concerns or complaints to improve the service.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Good



Is the service well-led?

The leadership and management of the service was good.

The manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported.

There were robust systems to assure quality and identify any potential improvements to the service. People benefitted from being at the heart of the service.

Good



Exeter

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 inspection took place on 27 and 28 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider.

We spoke with eight people who received a service from Exeter (Lean on Me) and one relative by telephone and visited one person in their own home. When visiting the agency office we spoke with the manager and a care worker and two care workers by telephone.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for four people, a medicine administration record (MAR) sheet and other records relating to the management of the domiciliary care agency. These included 10 staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people and incident reports.

Is the service safe?

Our findings

When we looked at the 10 recruitment files we saw the agency mainly used an employment agency in London to recruit staff. The manager received a profile of potential care workers and chose care workers to employ and go through the recruitment process. However, although all the necessary checks were completed the process for checking gaps in potential care workers employment history was not robust. The manager did not keep the profile and the agency application forms did not show clear employment histories for potential care workers to ensure they were suitable to work with vulnerable people.

This was in breach of regulation 19 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the other recruitment checks were completed to ensure care workers were safe to support people. Ten staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID or work permits to allow non-nationals to work in the UK.

However, everyone we spoke with said they felt safe in the hands of Exeter (Lean on Me) and the care workers who supported them. One person said, "They are absolutely brilliant, I had one main carer from the start and now they know all my family's ways too. It's very tailored to you." One relative said they felt able to leave the care workers to get on with their work so they could have a real break. One person said they liked the male care worker to help them as they felt safe when using the mobility aid.

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures, including local contacts. There had been two safeguarding issues raised recently but these had been fully investigated and appropriate actions taken.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. One risk assessment detailed how staff were to also care for the person's pet. Risk assessments included information about action to be taken to minimise the

chance of harm occurring. Two people had restricted mobility and information was provided to care workers about how to support them when moving around their home and transferring in and out of chairs and their bed.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw the number of care workers supporting a person was increased if required. For example, one person had had a stroke and their care had been amended accordingly to include assistance with mobility and ensuring a soft diet. In addition, the manager considered potential sickness levels, staff vacancies and holidays when calculating how many care workers needed to be employed to ensure safe staffing levels. A cover team of care workers worked consistently with the same people covering the main care workers days off and sickness to ensure people knew who would be visiting. The manager said "Your carer is your carer, our clients don't like change. We always let people know what is going on."

People supported by Exeter (Lean on Me) and the care workers it employed lived locally. The agency planned travel time between each visit regardless of whether this was needed or not. Most care workers did not drive so the agency only took on clients whose needs they could meet relating to location. This decreased the risk of staff not being able to make the agreed visit times. People told us if it was a bank holiday or transport was reduced the manager would visit them or they were called to say the care worker may be a little late. The manager informed us the agency had not had any missed visits. On the few occasions care workers were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit they telephoned the agency office.

Everyone we spoke with that received a service from the agency said they had never had missed visits and that on the rare occasion when a care worker had been more than five or ten minutes late someone had telephoned them beforehand to keep them informed. For example, one care worker told us how they had stayed with a person who had collapsed and called an ambulance so the manager had completed the next visits.

People were happy with the support they received with their medicines. Medicines were managed safely at Exeter

Is the service safe?

(Lean on Me). People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. The manager had contacted one relative to discuss the administration of one person's medication and relatives signed forms to say they were happy for the agency to administer prescribed medication. There were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance. There were systems

in place to ensure medicines had been stored, administered and reviewed appropriately. Care workers were able to describe how they supported people with their medicines. For example, one person had not been using their medicated topical patches correctly so the agency had contacted the GP and a safer option had been prescribed which maintained the person's independence. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines and their competency assessed.

Is the service effective?

Our findings

Everyone we spoke with said that care workers were very well trained and were very competent in their work. Several people told us that the care workers went over and above their duties to make sure people were well looked after and all spoke of the relief in having the same care workers. One person said, “The care is very personal and they know exactly what needs doing.” Another relative said “It makes a real difference having the same people and they know what to do.” Another person said “I’m well looked after, I’m left with everything I need.”

People were supported by care workers who had the knowledge and skills required to meet their needs. All staff we spoke with said that they were fully supported by the manager. One care worker said, “We get training and because we see the same people we can get to know them very well and make sure we do whatever it is they need.” The manager told us how one person had called them from town to ask if a care worker would mind helping them to change their stoma while they were out. The manager was able to send a care worker who knew how to assist because they had had the necessary training. This person was then able to continue shopping and their dignity and privacy was maintained.

All new care workers completed a training induction package covering all mandatory training in London before arriving in Exeter. This training included, amongst other topics, manual handling, managing medication, health and safety and understanding disabilities, palliative care and dignity and respect. Care workers felt they had enough training to be able to meet people’s needs. The agency had invested in training equipment such as a resuscitation and training doll. Staff were able to use this to practice catheter care, pressure area training and manual handling. Once staff had begun employment in Exeter an in-house trainer visited the Exeter office regularly to provide refresher training. A training matrix ensured all staff were up to date and further training was already booked.

Staff confirmed the induction process included shadowing other more experienced staff and spending time with people before working independently. The manager visited each person with the new care worker to introduce them and also carried out initial spot checks to check competency. Each staff file contained evidence of field shadowing of new staff forms showing ratings for time

keeping, communication, respect and reporting for example. Staff were given a score and any improvements required acted upon. The agency employed the majority of staff whose first language was not English, therefore care had been taken to ensure literacy and communication skills had been assessed and training completed before starting work. The manager also described some areas of cultural differences and how they discussed these with staff to ensure care needs were met. Some people spoke about their care workers accents but no-one had any issues with the level of communication.

The manager said staff were encouraged to go on to complete training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one, regular quarterly sessions and group staff meetings. The manager carried out unannounced spot checks with care workers whilst they were visiting a client. They let the client know they were coming. The manager said “We are dealing with people’s lives, it is important we get it right.” They described how two care workers had not passed their probationary period due to failings in their spot check and supervision. Another issue had been raised in a staff meeting to remind care workers to wear their ID badges for example. Staff were also able to raise any issues themselves and the manager discussed how they had particularly supported one staff member with a concern.

People were happy with the support they had to eat and drink. Few people required assistance in this area but told us they were always left with everything they needed. One person said it was so nice to have the same care worker as they could ring them up or ask them during the previous visit if they could bring any shopping for their next call. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. Care workers confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. Daily records stated this had been attended to.

Care workers were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their

Is the service effective?

health or support needs changed. People's care records included evidence the agency had supported them to access district nurses, occupational therapists and other healthcare professionals based on individual needs. For example, one person had not been able to use a mobility aid in a way which was safe so an occupational therapist had been asked by the agency to review the person's needs and changes were made.

Exeter (Lean on Me) was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

Daily records showed how staff were constantly monitoring how people were doing, for example one care worker told us how one person was becoming more and more forgetful and how the care plan was changed to include tasks such as ensuring the bins were put out without making them feel uncomfortable. The manager told us if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people's best interests. We saw an example of where this had happened and the agency had ensured the appropriate relatives were involved in discussions. Mental capacity and DoLS training was included in the training programme that all staff were required to participate in.

Is the service caring?

Our findings

Everyone we spoke with, without exception told us they were treated with kindness and compassion by the care workers who supported them and that positive relationships had been developed. People were all relieved, happy and praised the agency for the effort they made in ensuring a team of very regular, named care workers. People spoke about enjoying the visits saying “We have a very helpful way of doing things, it’s very personal”, “I’m having fun with the care workers” and “We have a good laugh, they are very, very nice.”

The manager was motivated and clearly passionate about making a difference to people’s lives. This enthusiasm was also shared with care workers we spoke with who said how happy they were to see regular people whom they cared for. When the care package started people were introduced to the care workers who would be visiting them by the manager. The manager showed us how they looked at potential care workers and clients and matched them together. People were also able to choose if they would like male or female care workers.

Everyone we spoke with confirmed that they had regular care workers who visited them. One person said, “I always know who is coming, it’s a really good system we don’t really have any change.” People also told us if there was an emergency the manager would go to people’s homes as they knew them well having done their initial assessment. Some people said how they enjoyed having pop in visits from the manager if they were passing. They were happy with this arrangement and enjoyed the company. The manager had also recognised when one person had to go to hospital, they had no local relatives and so they had visited them in hospital. Staff had also recognised when someone’s relative had been ill and called the ambulance, staying with the person to ensure they were also cared for.

Care workers were respectful of people’s privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. Care workers received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people’s own homes. One person said “They know exactly how I like things done and always ask if they can help with anything else. They even

help me feed the birds and get me bird seed.” People told us how care workers would offer to do ironing, washing or any tasks they saw needed doing that they had time to do. One care worker said “I always nip round with the Hoover; I would hate to leave him like that.”

Care workers understood the importance of promoting independence and this was reinforced in people’s care plans. For example, one person’s plan stated, “Fill the bowl in the bathroom with warm water and bring to her in the bedroom for a body wash. She will wash as much as she can but may ask for help with her back and legs.” The plan went on to say “Once dressed she will transfer herself to the gliding commode and would like carer to finish dressing her.”

People were supported to express their views and to be involved in making decisions about their care and support. Everyone had seen their care plans and agreed with the tasks which were set out for care workers to do. The manager had regular contact with people both in person and by telephone where she discussed their care. Everyone we spoke with referred to the manager by name and confirmed that she maintained regular contact with them and involved them in decisions about their care. One person said the care worker had once forgotten a task but the manager had popped in and sorted it. They felt able to call them at any time. The manager also visited people if there had been a change in their needs, for example after a hospital stay or if they had had a fall. People felt very cared for. One relative said they had been nervous about accepting care at first but the care workers had been so lovely and helped to get a routine going with their [relative] who had complex needs. For them, it was wonderful that they saw regular care workers and they really understood how they were feeling on each visit which could be variable but they did not have to worry.

The manager told us about how they sometimes cared for people during the end of their life. They liaised with relevant health professionals. The manager and regular care workers always attended funerals to support the families and we were told how one relative had praised the agency, asking the manager to give a speech at the funeral. The care package had become difficult for the agency as needs increased but the care worker and the manager had continued to take two buses to deliver the care to ensure consistency during end of life as they felt it was important for the person and their family. One letter sent to the

Is the service caring?

agency recently, stated “I would like to thank you and your team for the wonderful care and the dignity you gave to my [relative] during the last six months of his life. Not only did you care for him with such thought and kindness but towards myself and all my family.”

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them in a person centred way. Everyone we spoke with, without exception said that when their care was being planned at the start of the service the manager spent a lot of time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. From then forward the relationship between the manager and each person was interactive and operated on an 'open door' policy which required a phone call to the office to change or adapt the care needed. One person said, "I speak to the manager whenever I want to, they are always responsive and lovely. I don't have to worry." People said their care plan was up to date and reflected their needs. One person said "The manager checks in with me to see if I am happy and ensures I keep my carer."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. Everyone said the care workers knew them well and enjoyed having a regular routine. Care workers were kept fully informed about the changes in visits and the support people required. This was either by the manager in person or via text or email. For example, for an earlier visit or if a review of medication or equipment was needed. One person had been sleeping in their chair but with help and assistance from care workers they had been able to access their bed which was helping to prevent a deterioration in their skin integrity. The agency had helped them source a specialist bed.

People received personalised care that was responsive to their individual needs and preferences. People told us the agency was responsive in changing the times of their visits

and accommodating last minute additional appointments when needed. Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Care records were very detailed, for example "[The person] would like the carer to push the gliding commode to her chair, take the lid off and arm out. They would like the serving trolley and coolbag to go out in the kitchen, wash and dry the dishes and empty bins. The carer should pull back the bed and leave the following items ready." Care plans included details about a person's life history to enable care workers to get to know people. For example, one care plan mentioned the person's past career.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate care workers prompted people to undertake certain tasks rather than doing it for them. For example, one person could transfer onto the bed but needed help to lift their legs and take off their trousers.

People were actively encouraged to give their views and raise concerns or complaints. The manager made contact with every person who received a service on a monthly basis or more regularly either in person or by telephone in order to obtain their views and to give people the opportunity to raise concerns. This was recorded in their file. People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident the manager would address concerns if they had any. One person said, "I only had a small complaint and the manager came immediately to see me and sort it out." We saw the agency's complaints process was included in information given to people when they started receiving care. The agency had received one formal complaint in the twelve months prior to our inspection. This had been dealt with thoroughly and recorded.

Is the service well-led?

Our findings

The manager was obviously passionate about their work. They told us how they loved to care for people and felt that having a regular care worker was key to personalised care. They said “It is especially important if the person has dementia, we all have dementia care training. It can be difficult to accept intimate care from different people. We keep it the same.” They told us how they ensured staff were clear on issues relating to different cultures such as how to address people, not to eat or make calls whilst providing care and support, and treat people’s homes with respect.

They had developed and sustained a positive culture at Exeter (Lean on Me). Without exception people using the service, relatives and care workers all spoke very highly of the manager, seeing her as their friend and support. One relative had waited until the manager arrived before calling the undertakers to ensure the manager was able to say goodbye to a client. Care workers said how passionate the manager was about care and felt well supported. They said the manager was approachable and kept them informed of any changes to the service and that communication was good. Staff meetings were held regularly and staff were able to raise any concerns. Minutes were recorded and shared with any staff who were unable to attend.

People were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives were included in the agency brochure, statement of purpose and staff handbook. These were discussed with people when they started to receive a service and with care workers when they were employed. Daily records reflected how staff spoke to people and records were detailed such as “had a lovely blow dry today how she wants it” and “had breakfast of their choice and a lovely full body shower which she enjoyed.” A relative said, “There is an on call service, I can call anytime day or night” and “The manager is extremely good, she cares about us, what more can I ask.”

People were regularly asked their opinions and whether their objectives were being met. The manager monitored the quality of the service by speaking with every person who received a service on a monthly or more basis to ensure they were happy with the service they received. The manager also undertook a combination of announced and unannounced spot checks and telephone interviews to review the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. Care plans and risk assessments were regularly reviewed to ensure they were up to date. This was done with the person at their house. Systems were also in place for monitoring that accidents and incidents were recorded and outcomes clearly defined, to prevent or minimise re-occurrence.

The agency also obtained the views of people in the form of questionnaires. The latest questionnaires had been sent in February 2015 and comments included “The friendliness of the girls is great. They are always polite and caring. First class and I am treated with respect” and “The girls are so pleasant to be with. The manager is good, if the girls might be later due to bus times, she gives them a lift on a Sunday.”

The manager was aware of the attitudes, values and behaviours of staff and had individually picked staff to match clients as the business grew. Those staff who did not “make the grade” did not have their probation period extended or were no longer employed. They monitored staff informally by observing practice and formally during staff supervisions, appraisals and staff meetings. This was also reinforced when we spoke to people who received a service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People who use services and others were not protected against the risks associated with recruitment processes that were not robust in relation to employment histories.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.