

Lench's Trust

# William Lench Court

## 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 7 July 2016 and was announced. At our last inspection on 10 and 11 September 2015 we identified several concerns with the service. These included protecting people from the risks associated with their conditions, seeking consent in line with current legislation, staff deployment, quality monitoring and record keeping. After our inspection the provider sent us an action plan about how they intended to respond to our concerns. At our latest inspection we noted that the provider had taken action to address our concerns but further improvement was still required.

The service provides domiciliary care to 35 people in their own homes within the provider's housing scheme. There was a registered manager at this location who was present during our visit. 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.

All of the people we spoke with told us that they felt the service kept them safe. Staff were encouraged to raise any concerns they might have about a person's welfare and there was clear guidance for staff to follow if they felt someone was at risk of harm.

Although staff were knowledgeable about how to keep people safe from the risks associated with their specific conditions this information was not detailed in people's care records. The provider had an effective system to check that staff were suitable to support people who used the service.

There were enough staff to meet people's care needs. The service had experienced some staff turnover and a reliance on agency staff which regular staff said had made them very busy. The registered manager had taken action to ensure four new care staff would shortly start working at the service.

Staff we spoke to were confident in how to support people to take their medicines safely. The senior managers reviewed people's medicines to ensure people had received their medicines as prescribed.

Staff had the skills and knowledge they required to meet people's needs. Staff received ongoing training in relation to topics such as safeguarding, medication, health and safety and first aid.

Staff we spoke with knew and understood how people liked to be supported and people's conditions were regularly discussed with care staff. Several people raised concerns with the knowledge of agency staff who occasionally supported them.

Staff sought consent before supporting people. The provider had taken action to ensure that people who may lack mental capacity would be supported by other people who had the legal right to make decisions on their behalf.

People were supported to eat and drink enough to keep them well and other professionals such as nutritionists were involved when staff were concerned with a person's diet.

People told us that staff had supported them to access healthcare services when necessary. The registered manager had also developed a quick reference sheet for use by other health professionals should they need to support anyone who became unwell.

People were generally supported by regular staff and this had enabled them to develop positive relationships and express how they wanted their care to be delivered. The service promoted people's privacy and dignity.

Staff responded promptly to people's requests for support. People were given details of the formal complaints process when they started to use the service.

People described an open culture where they felt they could raise and safely discuss issues which could impact on their well-being. Care staff had supervisions and meetings to identify how the service could be developed to improve the care people received. Several members of staff said they felt that several concerns they had raised about the service hadn't been listened to.

Although there was a clear hierarchy which staff generally understood, there was some confusion amongst care staff about how new staff roles would impact on how they supported people.

The nominated individual and registered manager understood their responsibilities and had taken action in response to concerns raised at our last inspection such as increasing staffing levels, however further action was still required.

The provider was setting up an electronic monitoring system to ensure improvement initiatives were achieved in a timely manner and assess the quality of the service.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Records contained details of people's specific conditions but did not contain information about how staff were to protect people from any associated risks.

People told us that they felt safe and they trusted the staff.

Staff were confident in how to support people to take their medicines safely.

### Is the service effective?

**Requires Improvement** ●

This service was not always effective.

People were at risk of not always being supported by staff who knew their specific care needs.

People were supported in line with the Mental Capacity Act 2005.

Care staff knew and reviewed people's nutritional needs and involved other professionals such as nutritionists when they were concerned with a person's diet.

### Is the service caring?

**Good** ●

This service was caring.

People had developed positive relationships with the staff who supported them.

People had been involved in developing their care plans and expressing how they wanted their care to be delivered.

Care staff respected people's privacy and dignity.

### Is the service responsive?

**Good** ●

This service was responsive.

Staff responded promptly to people's requests for support.

People were given details of the formal complaints process when they started to use the service.

**Is the service well-led?**

This service was not always well-led.

Some care staff said they felt that several concerns they had raised about the service hadn't been listened to or were familiar with the provider's improvement plans.

Processes to review the quality of care records had not always been effective.

The nominated individual and registered manger understood their responsibilities and had taken action in response to concerns raised at our last inspection.

**Requires Improvement** 

# William Lench Court

## **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.

This inspection took place on 7 July and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that care records were available for review had we required them. The inspection team consisted of one inspector and an expert by experience who was invited by people who used the service to speak with them in their own homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked if the provider had sent us any notifications since our last inspection. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed the information the provider sent us after our last inspection. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the registered manager and chief executive who was also the nominated individual for the service. We spoke with the team leader, three care staff, four people who used the service and one person's relative. We also reviewed a letter which had been left for us by the relative of one other person who used the service. We sampled records, including seven people's care plans, staffing records, complaints and quality monitoring.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt the service kept them safe. One person told us, "They walk with me to the bathroom to make sure I don't tumble and to make sure I'm safe until I sit in the shower chair." Another person said, "When the staff give me a shower I feel safe as they go at my pace."

Staff told us and records confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff told us that they were encouraged to raise any concerns they might have about a person's welfare or how they were being supported. One member of staff told us, "It's very important to look after people here. They are all vulnerable." Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. There was clear guidance for staff to follow if they felt someone was at risk of harm including alerting the appropriate authorities.

Staff were knowledgeable about how to keep people safe from the risks associated with their specific conditions. One member of staff told us how they supported a person who could become anxious and several staff told us how they supported people who were at risk of social isolation. Staff knew the signs which could indicate people were becoming unwell and could explain the action they would take. One member of staff explained how they protected a person against the risk of developing pressure sores. We noted this was in line with good practice and reflected advice provided by health professionals.

Although records included details of people's specific conditions they did not contain an assessment of the risk associated with these conditions and how they could impact on people. There were no detailed guidelines of the actions staff were to take in order to minimise these risks and keep people safe. In response to concerns from our last inspection the registered manager and team leader had reviewed people's care records and told us they were undertaking a programme to conduct risk assessments of people's conditions in the next few months. This would ensure there was detailed information for care staff about how to minimise the risks to people.

The provider had introduced an effective system to check that staff were suitable to support people who used the service. Staff told us that the registered manager, supported by the provider's human resources manager, had taken up references on them and they had been interviewed as part of the recruitment and selection process prior to staff starting work.

There were enough staff to meet people's care needs and keep them safe from the risk of harm. People told us they were supported by the number of staff identified as necessary in their care plans and they never experienced missed calls. Several people however told us that they did not always receive calls on time and two people told us they were unsure what their planned call times were. One person told us, "I don't know what time they are meant to come, but they have never missed visiting me at any time." Another person said, "I'm not really sure what time they are supposed to come but that's okay with me." Care staff we spoke to said they continued to feel busy due to supporting agency staff who might not be familiar with people they were supporting. One person who used the service told us, "Staff can only talk to me while they are

working. They don't have time to sit and chat." There was a risk that people might not receive prompt support from care staff when required. After our inspection the provider told us that staff were instructed during quiet periods to spend time with people if requested and especially those who were at risk of social isolation

All the people we spoke with said that there had recently been a high turnover of staff and the provider had increased the use of agency staff to ensure staffing levels were maintained. We saw that the registered manager had taken steps to ensure people were supported by regular agency staff when possible and all care staff vacancies except one had recently been recruited to. The provider had taken action in response to our last inspection to ensure care staff had less non-care duties around the housing scheme. This allowed staff to remain focused on providing personal care in line with people's care plans.

The provider had recently introduced a system whereby one member of care staff was responsible each day for ensuring people were supported to take their medicines correctly. The aim of this role was for the member of staff to be able to focus on ensuring people took their medicines safely and not to be distracted by other care tasks. However, several members of staff told us that when in this role they also had to complete care tasks when other staff members were absent as there were not always additional staff available to provide cover. Staff we spoke to were confident that they could conduct both roles however this could make them busy and rushed.

People who required assistance from the service to take their medicines said they were happy with how they were supported. One person told us, "They give me my medication and I have it as prescribed." Another person said, "They give me my medication at the same time every day." The relative of one person told us, "They stay with my relative until the medication has been taken; which I am pleased about."

There was a system to audit people's medicines and monitor the appropriate use of controlled drugs. Controlled drugs have to be managed and monitored more closely due to the type of medicines they are. . One person told us, "The staff check the medication every now and again to make sure I haven't missed taking them." Records confirmed that staff received training in medication as part of their induction to the service and undertook refresher training. There was guidance available for staff in people's care plans about their medicines and how they were to be supported to take them effectively. The senior managers reviewed people's medication records and took action when they were incorrectly completed. This enabled them to monitor if people had received their medication as prescribed.



## Is the service effective?

### Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. One person told us, "I'm very pleased with the carers who come and help me and what they do for me." Another person said, "I think the staff are well trained as I feel confident around them as they know what they are doing." Several people told us they felt the quality of the service they received had improved recently. The relative of one person said, "Up until recently we had concerns about the care provided in relation to quality and consistency. There was a lack of commitment and no passion shown from the staff. However over the last six months we have noticed an improvement."

The relative of one person said, "The carers are good at their job, so they must have had all the training that they needed." Staff told us and records confirmed that all staff had received induction training when they first started to work at the service. This covered the necessary areas of basic skills needed to carry out their role. Staff then received updates in relation to areas such as safeguarding, medication, health and safety and first aid. All the staff we spoke with said they had the skills and knowledge needed to meet the needs of the people they supported. One member of staff told us, "It's not just about the training. People like you to have the life skills so you can engage with them." One member of staff however told us they had not had received training for some time. The registered manager told us that staff had not always attended planned training events and told us of the measures they were taking to ensure staff were up to date with their individual training plans.

Staff we spoke with knew and understood how people liked to be supported. One member of staff told us how a person could become anxious if they felt rushed and another member of staff told us about some people who occasionally liked to lay in bed in the morning. Staff told us that senior staff were always available to offer advice and guidance. Records of staff meetings and supervisions demonstrated that people's conditions were regularly discussed with care staff. The registered manager had introduced a shift handover sheet which enabled staff to share peoples' current care needs with other staff coming on duty. This gave care staff the opportunity to reflect on their practice and agree on plans and activities in order to meet people's current care needs.

Several people we spoke to raised concerns with the knowledge of agency staff who occasionally supported them. One person told us, "One evening I buzzed care staff to help me get into bed. It was two agency staff [on duty] and it took them an hour to find me as they didn't know their way around the building." Another person told us, "Sometimes it's an agency worker who don't know what I need doing so I have to tell them." The team leader told us and we saw that they usually employed the same agency staff who knew people's specific care needs. During our inspection a member of agency staff was working at the service for the first time. The team leader said they had given the person an induction to the provider's health and safety policy including fire and emergency evacuation. They had also been given an itinerary of the people they were to support and the tasks they were required to complete. They were not given any insight into people's conditions or how they liked to be supported. There was a risk that people would be supported by someone who did not know their individual preferences.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the people we spoke with said that staff would seek their consent to provide care. A person who used the service said, "My medication is locked away, which I agreed to." Another person told us, "[Care staff] tell me what they would like to do and was that okay with me." The provider had taken action in response to concerns at our last inspection about how they involved people in making decisions about their care. We noted that people were regularly approached by senior staff about how they wanted to be supported. When a person was assessed at risk of lacking mental capacity the provider had worked with the person and a local law firm to assist people of their choosing to obtain the legal power of attorney to make decisions on their behalf. This protected people from having decisions about their care being made by others who did not have the legal power to do so.

People were regularly asked for their views of the service and we saw that when necessary action was taken to ensure people were supported in line with their expressed wishes. People told us they regularly meet with the team leader to discuss how they wanted to be supported. Staff received training in the MCA and gave us examples of how they supported people to make decisions about their care such as responding to requests to change their call times. We saw that the provider had worked with other professionals to enable people to express their views and receive support which was in their best interests.

People who required assistance from the service to eat and drink said they were happy with how they were supported. One person told us that their meals were, "Always nice and hot and they give me several things to choose from." Staff we spoke to knew what people liked to eat and these preferences were reflected in people's care records.

The registered manager and team leader told us how they reviewed people's nutritional needs and involved other professionals, such as nutritionists, when they were concerned with a person's dietary intake. People's care records contained details of people's nutritional needs. Staff we spoke with were aware of supporting people to eat and drink enough to keep them well. One member of staff told us, "I will always ask people what they want to eat and make sure they have a drink when I leave."

People told us that staff had supported them to access healthcare services when necessary. One person told us, "If I need to see my doctor or other professional the carer would arrange this for me." Another person said, "If I'm poorly staff arranged for the doctor to come and see me so that was nice of them." We also saw evidence that the registered manager had informed a person's social worker when they felt the person's condition was deteriorating. There were arrangements in place to ensure a GP regularly visited the housing scheme to support the people living there. The registered manager had also developed individual quick reference guides for use by other health professionals should they need to support anyone who became unwell.

## Is the service caring?

### Our findings

All the people who used the service and relatives we spoke with told us that the registered manager and staff were caring. One person told us, "I think the care and staff are wonderful and I don't need to change anything." Another person said, "I feel I can trust them to do anything for me." The relative of one person said, "Our parents have lived at the service for nearly three years and they absolutely love it."

People who used the service told us they were generally supported by regular staff and this had enabled them to develop positive relationships with them. A person who used the service told us, "We have a laugh and joke." The relative of one person told us, "The staff talks to my relative in a nice way and if they have time will stop for a chat to make sure everything is okay." Staff we spoke with could explain people's specific needs and how they liked to be supported. One person told us, "If I'm upset the carers will sit and talk to me and reassure me that everything is okay." Staff spoke fondly and respectfully about the people they supported. One member of staff told us, "The people we care for are lovely."

The provider had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. One person told us, "I sometimes see the team leader who comes for a chat every now and again." Another person said, "The team leader comes and chats to make sure everything is okay, she asks me about my care and was it what I wanted." People told us they felt listened to and staff would take their views into account as much as possible when providing care. One person said, "The carers listen to what I say so I feel listened to." Further action was required to ensure people were involved in planning their care as several people we spoke with were unaware of their planned call times or which members of staff would be supporting them. During our visit we noted that people had not been told that they would be receiving support from a member of agency staff who they had not met before.

The service promoted people's privacy and dignity. One person said, "They respect my privacy by closing the curtains and doors." Another person told us, "They ring the bell open the door and say who it is." People told us that they felt respected by care staff. The relative of one person told us that the care team had worked with, "Passion," to improve the service and felt this was reflective of the staff's respect and care for the people they supported. The relative told us that they felt, "A weight had been lifted," since the service had started to improve. One person also told us, "They always make sure my flat is clean and tidy after they have done their work so that's respectful too."

## Is the service responsive?

### Our findings

People who used the service and relatives told us that the registered manager and staff were approachable and they would tell them if they were not happy or had a complaint. They were confident that staff would make any necessary changes. A relative of one person told us, "If I was worried or concerned about anything I would talk to the manager or one of the carers hopefully they would put things right but so far I haven't had to."

Three people we spoke with said that staff generally responded promptly to their requests for support. Comments included; "If I press my call button they come more or less straight away after they have talked to me on the intercom;" "Once I fell over and the staff came straight away. They were brilliant and called the paramedics," and "If I buzz them they answer straight away."

People told us they were generally supported by consistent staff who knew how to support them in response to their preferences. We saw that the provider had taken prompt action when people requested changes to their call times or had raised concerns about the service they received. Some people told us that due to recent increased use of agency staff they had not always been supported by staff of their preferred gender. However the senior care team had taken action when possible to resolve these concerns. A robust system to share information between shifts ensured staff knew how to respond to people's current care needs.

Care plans contained guidance for staff about how people wanted to be supported and the hobbies and interests they wanted to engage with. This enabled staff to identify how to provide support in line with people's views as well as identifying topics people would enjoy discussing. We saw that plans had been regularly updated in response to changes in people's needs or behaviour. One person told us how care staff were quick to respond when their care needs changed after returning from hospital. They told us, "When I came back they looked after me very well."

The registered manager was reviewing how they supported people to express their views and showed us new person centred care plans they had introduced. People, supported by their families when necessary, had been involved in creating these plans so they would reflect their preferences. Staff could access these plans to identify how to provide care in line with peoples' expressed wishes.

All the people who used the service told us they could raise any concerns with the staff who supported them or the senior managers. One person told us, "If I needed to complain or have a grumble I would talk to the carers because they know me and would help me." The relatives of another person who had previously expressed concerns about the quality of the service told us, "We felt our concerns were being listened to by the registered manager and attempts made to act upon them. These improvements have been developed further since the appointment of the new team leader." There were regular meetings for people living in the housing scheme where they could raise concerns about the care service and we saw that people were also given the opportunity to discuss any concerns in private. In response to our last inspection the provider had installed a comments box in the public area of the scheme which assisted people to express their views.

People had access to a formal complaints process which respected their rights to a full investigation and response. People were given details of the formal complaints process when they started to use the service.

## Is the service well-led?

### Our findings

People who used the service and their relatives told us that generally they felt the service was well-led. The relative of one person said, "I know the manager and the carers and I think this place is well run. I can't think of anything I would want to change or alter." Relatives of another person told us, "The service has been further improved with the appointment of the team leader. We are happy to say that we now feel comfortable that things will continue to improve."

People who used the service and their relatives described an open culture where they felt they could raise and safely discuss issues which could impact on people's well-being. People were comfortable to approach staff and felt they would be listened to. All the care staff we spoke to expressed their confidence in the leadership and management and one member of staff said, "The managers have had to make some tough choices but it is for the best." Several members of staff said they felt that several concerns they had raised about the service hadn't been listened to and one person said they felt, "Uncomfortable," to raise some issues at staff meetings. Staff suggested that staff turnover and a reliance on agency staff had affected the quality of the service people received. We saw however that the provider was taking action to address this by recently recruiting four new permanent care staff.

Staff were aware of the provider's philosophy. The provider's drive to promote their philosophy of person centred care was supported with the introduction of new care plans and staff training to ensure people would receive care which met their specific needs. Staff told us and we saw that they had supervisions and meetings to identify how the service could be developed to improve the care people received. Staff told us however they did not always feel comfortable at these meetings to challenge how the service could be improved and one member of staff told us that they, "Had not had supervision for ages."

There was a clear hierarchy which staff understood. We saw there was guidance for staff about how to escalate concerns and seek advice from senior staff when necessary. Staff told us they could speak to senior staff promptly when they needed to. The roles and responsibilities of care staff were clearer since our last inspection and several non-care tasks which care staff had been responsible for in the past were now reassigned to other staff employed by the provider. There was some confusion however amongst care staff about the recently introduced role of the service's medication lead and the impact this would have on how they supported people to take their medication.

The nominated individual and registered manager understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. The nominated individual had taken action such as increasing staffing levels in response to concerns raised at our last inspection although some action such as protecting people from the risks presented by people's conditions had not been addressed promptly and were still outstanding. They had obtained the appropriate authority and funding from the providers' board members to support the proposed improvements. The provider displayed their latest ratings at the service however they were failing in their statutory duty to display the ratings on their web site. The nominated individual however took effective action to rectify this a few days after our visit.

The provider was reviewing their processes for monitoring and improving the service and was setting up an electronic quality monitoring system. This would enable them to check that people were receiving calls in line with their care plans and were being supported by suitable staff. We looked at some care records which had been reviewed. The provider's review process had failed to identify that records did not always provide details of how staff were to manage specific risks associated with people's conditions. The registered manager and team leader acknowledged these omissions and explained the action they would take to address these errors.

The provider had introduced several initiatives to improve the quality of the service people received and a new electronic quality monitoring system which was shortly to be implemented would identify when specific quality checks were due to be conducted. This would enable the provider to monitor the quality of the service and identify any adverse trends.