

Laniwyn Care Services

Laniwyn Care Services

Inspection report

54 Wilbury Way
Hitchin
Hertfordshire
SG4 0TP

Tel: 01462429759
Website: www.laniwynservices.com

Date of inspection visit:
19 February 2020
13 March 2020
16 March 2020

Date of publication:
06 April 2020

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

About the service

Laniwyn Care Services is a domiciliary care agency providing personal care. At the time of the inspection they were supporting nine people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe and well cared for. Staff knew how to keep people safe from harm and when to raise any concerns they may have had. Sufficient numbers of appropriately recruited staff were available to meet people's needs. Risks to people's health and welfare were identified and actions taken. People received their prescribed medicines safely from staff who were appropriately trained. Staff followed the provider's infection control policy and used the appropriate protective equipment and clothing, when required.

Staff felt supported by management and received appropriate training to carry out their role. When people required support from the service an assessment was carried out, and care was provided in line with recognised good practice. People were supported to access health care services when required. Where people needed help with eating and drinking staff assisted them with this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by a staff team who treated them with kindness and respect. People were involved in developing their care and their views and wishes were respected. People said staff respected their privacy, dignity and confidentiality.

People were given enough information to make their own decisions and were given choices and support to follow their routines. People and relatives felt able to raise concerns or complaints and were confident these would be responded to.

The service had an open, honest and positive culture with transparent management and leadership. Quality assurance systems were in place and were being developed further to help monitor the quality of the service and identify any areas which might require improvement. Staff told us they enjoyed working at the service and that they were supported by the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 19 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Laniwyn Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to children and adults living in their own homes.

The service did not have a manager registered with the Care Quality Commission, however they had made their application to do so. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care agency and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 February 2020. We visited the location on 13 March 2020 and reviewed further information on 16 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke with the local authority commissioning

team for feedback about the quality of care provided. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and two of their relatives. We spoke with two members of staff, the manager, deputy manager and the provider.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at development plans for the service and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found that documentation relating to people's care had not been completed, updated or reviewed. At this inspection we found this had improved.
- Risks to people's health were identified and actions taken to mitigate the risk. These included the risks associated with physical disabilities, skin damage and nutrition. Where needs changed, staff quickly reported any changes to the management team, who reviewed these.
- Staff demonstrated a comprehensive understanding of people's changing needs and were able to tell us how they safely supported them. This helped to ensure people and staff were safe in the persons home to provide care.
- In addition to assessing risks to people's health, staff carried out a range of internal and external environmental assessments. Staff considered how to assist people to leave their home in an emergency.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe using the service. One person said, "I feel very safe with them, they know what they are doing and because they are caring people I know I am in good hands."
- Staff knew how to keep people safe from harm and how to raise any concerns they may have. Staff received safeguarding training and records confirmed this. As both adults and children were supported, training had been provided relevant to both. One staff member said, "That's keeping them safe and well cared for. Reporting anything unusual like a bruise or if they are not themselves."
- Policies were in place to keep people safe, such as safeguarding and whistleblowing. Any accidents, incidents or injuries recorded were reviewed by the management team. This triggered a review of people's care and a referral sent to the local authority safeguarding team if necessary.
- Staff discussed and reviewed incidents to share lessons learned. Staff spoken with were able to describe how meetings were used to learn lessons and discuss incidents to improve care. However, these were not formally recorded in meeting minutes.

Staffing and recruitment

- Sufficient, suitable staff were available to meet people's needs. One person said, "I have the same carers, they arrive on time and stay as long as they should. Some days I need a bit more things doing so they will stay until I'm ready."
- Staff said there were enough staff and that short notice absence such as sickness was covered. One staff member said, "Organising calls and getting there is fine, if we are running late the office will phone ahead. They can cover the sickness, we aren't short." One relative said, "The staff arrive on time and I rely on that if I have to run around doing other things." Management were able to monitor electronically when staff arrived

and left the care call and regularly monitored this.

- A thorough staff recruitment process was in place. Records demonstrated that references were sought from recent employers and Disclosure and Barring service security checks were carried out prior to staff starting in post. There were occasions where not all information was available when staff began work, however the provider carried out assessments to ensure the staff member was safe to work.

Using medicines safely

- People's medicines were usually administered by their relatives. Where people were unable to do this, staff supported them to take their medicines as prescribed and to manage them safely.
- Staff completed medicines training and senior staff undertook competency checks. Managers completed regular spot checks of medicines and the accurate completion of records.

Preventing and controlling infection

- People's personal care was provided by staff who had received training for infection prevention and control. Due to a recent epidemic, additional measures had been taken by the provider to ensure appropriate practises were followed, in line with revised national guidance.
- Staff had access to sufficient personal protective equipment such as disposable gloves and aprons.
- Managers monitored that infection control policies and procedures were followed as part of their regular spot checks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to care being provided. Assessments included the views of the person where possible, their relatives and any health professionals relevant.
- People told us they received effective care and support from staff who knew how they liked things done. Staff demonstrated a good understanding of people's needs and the support they needed. Advice and guidance from health professionals helped staff deliver care in line with good practice.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained to meet their needs. One person said, "They know what they are doing for me, they get on with things confidently so they must have good training."
- Newly employed staff completed an induction that provided them with the skills and knowledge to carry out their role effectively. Staff undertook a period of shadowing senior staff and had their competency assessed to demonstrate they could provide care effectively. One staff member said, "I came to the office for training, and then shadowing with an experienced carer. After shadowing they asked the carer for feedback, then I started." However, new staff did not receive a face to face induction meeting and felt this would be helpful. The manager said this would be reviewed.
- Staff told us they received regular supervision of their development and performance. Staff told us they felt supported by the management team and had received an appraisal of their skills. Staff felt supervision would be more effective if face to face. One staff member said, "We have spot checks, but it would be good to be able to discuss other things face to face. It would be a good way to get feedback on my progress." The provider showed us they had changed their approach to supervision and appraisal, and this was due to be implemented for all staff.
- Staff received training in key areas and training was up to date. Training plans were in place for staff to develop their skills further, for example by becoming a champion in certain areas, such as skin integrity or safeguarding.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to prepare their food where this was required. Staff prepared meals according to people's preferences but also encouraged people to make healthy choices.
- Risks associated with poor nutrition, dehydration or other medical conditions were known and responded to appropriately. Staff were aware of particular dietary needs or allergies and supported people to maintain a balanced diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff worked well as a team to provide consistent, timely care and support to people that achieved good outcomes.
- Staff worked well with other healthcare professionals and organisations. Staff described how their liaison with other health and social care professionals and other care services supported people's health and well-being.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us they had consented to the care and support and were aware of the information written in their care records.
- Staff we spoke with understood their responsibilities regarding the MCA. Consent arrangements were managed for people who lack capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care.

- People said staff were caring, sensitive and treated them well. One person said, "I have the same staff help me and they are lovely to me. To do the job they do they have to have a warm heart and these ones have that."
- Staff built meaningful relationships with people, getting to know them well and understanding people's differences. This helped staff ensure they treated people well, in a way that met their needs, treating them equally.
- When staff spoke about people they did so with passion and affection. Staff knew people's personal preferences and small things that mattered to people.
- People and their relatives were involved in reviewing and developing their care and support.
- The manager and staff understood the importance of involving people in decision making. Discussions were held with people and their relatives when needed.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff treated them with respect and promoted their privacy and dignity. One person said, "I don't feel at all uncomfortable when they are helping me. I can have as much privacy as I need, and when I do need help then they help me in a very dignified manner."
- People's care plans promoted their independence and staff encouraged people. One person told us, "I can do most things and they will give me time to keep my independence and keep doing those things for as long as I can."
- People's confidential information was stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care.

- People received personalised care that met their individual needs. One person said, "I can do a lot of things myself, but when I do need them to help then they do help me how I like things done, and in the order I like. I should say I feel very much in control of my care."
- Staff demonstrated a good awareness of people's needs and preferences. People's care plans recorded their choices around the tasks they required support with and their preferred daily routines. One relative said, "Our views are listened to, care is how we need it to be."
- People's care was regularly reviewed, with both people and their relatives involved. . One person said, "The manager did the first assessment and then they will keep checking things are working well. If anything needs changing I can call up, or they will come and see me to talk about it."
- No person at the time of the inspection required end of life care. End of life training was planned to be provided to staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager considered people's varying communication at the point of assessment. One person said, "If I can't understand something, the staff are very patient and find ways to help me understand."
- Staff described the different ways they communicated with people, including those people with limited communication or hearing impairments. One staff member said, "Nobody uses a communication aid, we just know them. [Person] makes up words to say they want to go to the park or agreeing you can sit beside them."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of the complaints process and knew how to use it. People and relatives told us they were able to raise concerns with the registered manager, at the earliest opportunity, to avoid needing to make a complaint. One person said, "I have the number for the office and the managers pop round every so often, I would raise things, but I don't feel I need to at the moment."
- Complaints received since the last inspection were logged, investigated and responded to.
- Complaints and their outcomes were not shared with staff to help develop staff awareness of knowledge as part of lessons learned. The provider said they would embed this into meetings and communications with staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection, systems were not in place to monitor the quality of care provided or ensure safe care was provided. Incidents and complaints were not monitored for trends emerging, and the service development plan did not seek to improve the quality of care. At this inspection the required improvements had been made.
- A new manager had been employed who had the skills, knowledge, and experience to lead effectively. Regular checks were in place to maintain quality and safety. Action was taken where needed following checks on quality of the care provided.
- At this inspection there were clear quality assurance and governance processes in place, which were effectively operated by the manager and provider. A service development plan captured the areas for continual improvement and was planned to be regularly shared with staff. Areas for development were around restructuring staff supervision, developing further training opportunities and increasing the frequency of team meetings.
- There was now a clear management structure within the service. The manager and deputy manager were visible, approachable and gave clear leadership. One staff member said, "Before, it was disorganised and mismanaged but now it has definitely got better, more organised."
- The registered manager was aware of their responsibilities to report significant events to the Care Quality Commission (CQC) and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt supported and engaged by the management team and said they felt morale was positive. One staff member said, "Management are good, it's a lot better than last year, I think they have learned a lot. I feel like they manage us well and we know what we need to do and how, if we need anything then we just ask or phone the office and it's done." This enabled staff to achieve good outcomes for people.
- Management were open, honest and positive. Their vision and values were understood by staff who in turn provided care that was person centred and inclusive for people.
- Team meetings provided staff with the opportunity to discuss ideas to develop the service. Staff told us they felt their opinions mattered.. One staff member said, "The last team meeting was in January but there isn't a sort of frequency about them. That was over two days, so all the staff could talk and get to know the

manager. We were able to say what we wanted to change. We said about problems with co-ordinating calls. Sometimes we didn't know, but now we do as [Manager] has made things more co-ordinated. We need to have meetings more often though."

- People and relatives felt engaged with the service. One person said, "It's easy to get hold of the managers, when they visit they talk about how things are, what I need done differently. They sometimes phone to check I am happy with things."
- People and their relatives were encouraged to express their views, and this was confirmed by those we spoke with.
- People and relatives views about the quality of care were sought, via telephone interviews, visits to people, and feedback questionnaires and surveys.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was fully aware of their responsibilities under the duty of candour. They understood the importance of honesty and transparency, when investigating something that went wrong.
- The service had processes in place to communicate with families, the Care Quality Commission (CQC) and other relevant agencies.
- When lessons could be learned, the service did so and made the necessary improvements.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people.
- Staff worked together to ensure that people received consistent, coordinated care and support.