Leymar Ltd

Leymar Healthcare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Leymar Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults in and around the Ashfield District. The organisation provides other support that is not regulated by us including support in the community.

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.
Risks to safety had been assessed and measures were in place to reduce risk. But they were not person-centred or always recorded to ensure the care would be effective.

Medicines were not administered or handled in a safe way.

Staff were knowledgeable about the risk of abuse and how to report this however there were concerns that not all incidents would be reported especially to outside agencies.

Staff were given training for the role, they shadowed other staff and had competencies signed off for each child/young person they were caring for.

Systems were in place to ensure people were protected against the spread of infection, they were following GOV.uk guidelines for COVID 19.

Staff were recruited safely.

Systems in place to learn lessons if things went wrong and to improve safety within the service.

Quality monitoring systems and processes were in place to monitor and improve the service.

Feedback from staff and families was collected and used to improve the service.

Staff received supervision, and the service had various methods of communicating with staff in order to keep staff updated and informed

People and staff told us support from management was good.

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 Good(published 06 December 2017).

Why we inspected
The inspection was prompted in part due to concerns received about medicines. A decision was made for us to inspect and examine those risks.
We have found evidence that the provider needs to make improvements. Please see the safe sections of this full report.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leymar Healthcare on our website at www.cqc.org.uk.

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?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Leymar Healthcare

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 team comprised of two inspectors. In order to minimise time spent on the location, an Expert by Experience performed phone calls to families of service users.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. There were 31 persons using the service at the time of our inspection.

The service had a manager registered with the Care Quality Commission. 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 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and safeguarding teams who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the providers representative and care workers.

We reviewed a range of records. This included four care records and medication records. We looked at six staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing rotas, staff files, care plans, policy and procedures and quality assurance records.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicines were not always managed safely. The care manager told us on the day of inspection no medicine administration records were in use as no one using the service requires administration of medications. Whilst most people told us they manage their own medications, one person told us 'yes the staff do medication for me, they get them out for me' and another person told us 'staff do the main part of my medications morning and night'. It was unclear who was responsible for the administration of medications for some people using the service.

● Medicines were not always handled safely; the service had started filling multi-compartment aids for service users during the covid-19 pandemic due to pharmacy stopping this service. Prior to inspection advice was given and the service was signposted to relevant legislation, it was found on inspection that the service had continued this practice despite assurances that this had stopped, this puts people at risk of receiving incorrect medication. The Care Manager assured us on the day this would stop immediately.

● Staff were not always provided with instructions on how and where to apply prescribed creams, this puts people at risk of creams being applied incorrectly.

● Staff received training on how to administer medications and this was updated yearly.

Assessing risk, safety monitoring and management

● Risks assessments had been completed covering various aspects of peoples care, these were generic in nature and did not always safely assess individual needs, for example, two different people had identical home risk assessments in place. This places people at risk; risk assessments should be person centred to mitigate specific risks associated with each individual.

● Evacuation plans were in place but lacked sufficient detail for staff to safely assist people out of their homes if an emergency occurred.

● Some people required specialist moving and handling equipment and records showed us they were trained in how to use specialist equipment prior to using it.

Staffing and recruitment

● People told us their calls were on time, one person told us 'timekeeping is good which is one of their strengths', However staff told us that they felt rushed, staff told us 'I just tend to pinch a couple of minutes from the end of the call so I can be on time to the next call. We don't get travel time.'

●The care manager told us staff recruitment was an ongoing process to ensure there was always sufficient staff to meet people's needs.

● Safe recruitment checks were in place to ensure only suitable staff were employed by the service.

● There were processes in place to introduce new staff safely. People we spoke to told us that new starters always shadowed someone they knew well.

Preventing and controlling infection

● The provider had an infection control policy in place although this had not been updated to reflect the current covid-19 pandemic, advice was given on the day of inspection to update the infection control policy to reflect the changes made to infection control practice.

● Staff were trained in infection control. All of the people we spoke to told us staff wore PPE, this included masks, aprons and gloves to reflect the current covid-19 pandemic.

● Staff were supplied with enough PPE and told us what they wore during visits.

Systems and processes to safeguard people from the risk of abuse

●Staff were trained in safeguarding and felt confident in raising concerns to the care manager and care co-ordinator. Staff were unable to tell us how they would raise concerns outside the provider, we advised during the inspection to have local safeguarding details on display and within the safeguarding policy.

● People told us they felt safe with staff, one person told us 'I feel safe, they are very nice people'

Learning lessons when things go wrong

● Complaints were logged and investigated appropriately. Safeguarding incidents were dealt with appropriately and reported to the local safeguarding team.

● The service demonstrated learning from incidents and had implemented new processes to mitigate risk.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Risks were assessed when the person first started using the service, but not all known risks were recorded to identify how staff should support the person effectively. For example, people with the condition of diabetes. There was no risk assessment if the person was to have high or low blood sugars. There were no instructions what staff should do if an emergency should arise due to the persons condition.
- One person used a percutaneous endoscopic gastrostomy (PEG) feeding tube. Although the persons family were responsible most of the time to support the person with this and staff confirmed they had been trained to care for this type of equipment. There was no risk assessment in place for staff when providing personal care. There was a risk the peg feed could be dislodges or pulled out.
- Risk assessments in place were generic and not person centered to reflect the risk needs of the person.
- People told us their experience of using the service was good. One person said, "The management are easy to talk to, every so often they call and say can I have a few minutes to ask about the care staff and care received".
- Staff told us communication from the management team was via phone or email to keep them updated. One staff said, "We get a copy of the person's care plan and tasks required prior to the first visit. There is also a system we can access for general information if we need it." Another staff member told us they received regular updates on peoples care needs and that they found this to be sufficient to help with personal care needs and health requirements for the person.
- Staff we spoke with confirmed they had received supervision regularly to support their training and professional development.

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

- The registered manager was unavailable on the day of the inspection. Their representative told us they were in the process of making changes to the management structure and they were in the process of submitting a new application to be the registered manager.
- The providers representative was responsible for the day to day running of the service.
- Robust systems were in place to audit the quality of the service to ensure the service was providing good quality care. Spot checks and staff supervision had taken place.
- Staff told us they felt the manager was supportive. All staff said they had a good relationship with the management team who were approachable, and it was a good place to work. One staff member said, "Great

Management who look after their staff and people they care for. Another staff member said, "We all work well as a team."

Continuous learning and improving care

● There had been two safeguarding referrals since our last inspection. Lessons were identified and processes put in place to ensure the service learnt from the outcomes. For example, staff following procedures for behaviour and conducts and not overstepping boundaries. Processes for dealing with people's finances to be more robust.

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

● The providers representative told us they were aware of notifications they should submit to the care Quality Commission (CQC) and would notify us if incidents or issues did occur. They said, "There had been no incidents to report. Where minor concerns had occurred, the provider contacted relatives and next of kin to ensure they were kept up dated and informed of their relations condition.

● Staff told us they always reported incidents to the family and to the management team, which were then investigated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People provided feedback on the service they received and overall this was positive. One person said, "The manager asks my opinion on how I get on with staff." Another person told us the manager will sit and chat about the care given. All people we spoke with had not completed a recent survey but had regular contact with the management team. We spoke with the providers representative and they told us surveys had been completed before the pandemic.

● Surveys we viewed identified concerns with the call times. One person told us staff do not always stay the allocated time, but they had no concerns. They said, "Once the staff have finished what they need to do they can go." Staff felt there wasn't always enough time to travel between calls, but this did not happen often.

Working in partnership with others

●The provider worked alongside GP's, district nurses and other healthcare professionals when people required input or escalation to healthcare teams, to ensure their health was maintained. Staff shared examples where they had followed recommendations given by the mental health team.