Lean on Me Community Care Services Ltd

Northolt

Inspection report

16 Arrowscout Walk
Ruislip Road
Northolt
UB5 6EE
Tel: 020 8842 3329
Website: www.leanonmecc.co.uk

Date of inspection visit: 15 and 16 September 2015
Date of publication: 11/11/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 15 and 16 September 2015 and was announced. We gave the provider short notice of the inspection to make sure they and the branch manager would be available. At the last inspection on 8 and 9 April 2015, we asked the provider to take action to make improvements to care planning, care recording and the way they notified the Care Quality Commission (CQC) about significant incidents affecting people using the service. We issued two Warning Notices that required the provider to improve care planning and the management of the service. We found at this inspection the provider had taken action to meet one of these Notices and partially meet the other.

Lean on Me Community Care Services Ltd is registered with the Care Quality Commission to provide personal care. Lean on Me Northolt is a domiciliary care service providing personal care to people in their own homes. 105 people were using the service when we carried out this inspection. Most people using the service were aged over 65.

Summary of findings

Mrs Agbor-Baxter, the Nominated Individual for Lean On Me Community Care Ltd, is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider needed to review people's assessments regularly, to make sure people were cared for safely.

The provider did not always ensure enough staff were deployed to meet individual's care needs.

The provider had improved the ways they assessed and recorded people's care and had reviewed their procedures for supporting people with the medicines they needed.

The provider operated effective recruitment procedures to make sure staff were suitable to work with people using the service.

People told us their regular staff were skilled and knew how to support them and they had consented to their care and treatment.

Training records showed staff were up to date with their training and staff told us they felt well supported. The provider had arranged dignity and respect training for staff and staff had improved the way they wrote about the care and support they provided to people.

People using the service told us the staff, particularly the ones who visited them regularly, were kind and caring.

People told us staff were punctual and always stayed the correct amount of time.

People were receiving care that met their individual needs and reflected their preferences.

The provider and branch manager had worked to review the audits they carried out on the day-to-day operation of the service and delegated responsibility to other members of staff. The audits we saw were clear and up to date.

The provider had also completed monthly reviews of most people's care plans and risk assessments and ensured they kept a record on each person's file to highlight when the next review was due.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Following our last inspection, we placed the service in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five questions, it is no longer in special measures.

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?

Requires improvement

The service was not always safe.

The provider did not always deploy sufficient numbers of staff to meet people's care needs.

Staff completed safeguarding training as part of their induction and the provider arranged regular refresher training.

The provider operated effective recruitment procedures to make sure staff were suitable to work with people using the service.

Is the service effective?

Good

The service was effective.

People told us their regular staff were skilled and knew how to support them and they had consented to the care they received.

Staff completed the training they needed to care for and support people.

People told us they had the support they needed with their health care.

Is the service caring?

Good

The service was caring.

People using the service told us the staff were kind and caring.

The provider had arranged dignity and respect training for staff and staff had improved the way they wrote about the care and support they provided to people.

People's care plans included information about what was important to them, their daily routines and preferences.

Is the service responsive?

Requires improvement

The service was not always responsive.

The provider had not always ensured people's care plans were reviewed when their care needs changed.

People's care notes showed the care and support they received and we saw this was in line with people's care plans.

People told us staff were punctual and always stayed the correct amount of time.

People were receiving care that met their individual needs and reflected their preferences.

Summary of findings

Is the service well-led?

Good

The service was well led.

The provider carried out regular audits of the service took action where needed.

Staff told us they felt well supported.

The provider had increased the number of supervisors employed in the service to provide support and advice to people using the service and staff seven days a week.

Northolt

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 15 and 16 September 2015 and was announced. We gave the provider short notice of the inspection to make sure they would be available.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the last inspection report, the action plan the provider sent to us to show how they would address the issues we identified and notifications the provider sent us about significant incidents that affected people using the service.

We spoke with six people using the service and the relatives of three other people and we received comments from and spoke with seven members of staff, including the branch manager and the provider's training manager. We reviewed the care records for 10 people using the service and personnel files for three members of staff. We also looked at other records related to the management of the service, including training records and audits carried out by the provider and branch manager.

Following the inspection, we also contacted and received comments from the local authority's commissioning and safeguarding adults teams.

Requires improvement

Is the service safe?

Our findings

At our last inspection in May 2015, we found staff were not following the provider's procedures for managing people's medicines and audits the provider carried out had not identified this. We also found staff had not reviewed some risk assessments in line with the provider's procedures and the provider had not informed the Care Quality Commission (CQC) of safeguarding concerns they had reported to the local authority. The provider sent us an action plan dated 26 May 2015 and told us they would make the improvements we asked for by 16 June 2015.

The provider had reviewed their procedures for supporting people using the service with medicines they needed. Local authority support plans and care needs assessments included the level of support people needed and the agency's care plans reflected this. Where people needed support, the provider made sure they trained staff to do this safely.

The agency's branch manager made sure they informed the CQC of any safeguarding concerns and the local authority confirmed the provider reported concerns to them and cooperated with any investigations.

In most cases, the provider deployed staff to meet the assessed care needs of people using the service. People's assessments and care plans showed if they needed support from one or two members of staff and the daily records completed by staff showed the provider usually arranged the correct level of support. However, in one case, the local authority support plan showed a need for two staff to support a person with all personal care tasks and moving and handling transfers. The daily care notes completed by staff showed only one member of staff supported this person for three of the four visits they received each day. The provider's care plan and risk assessment showed staff used a standing hoist to transfer the person to and from their bed and wheelchair.

We discussed this with the branch manager and saw evidence the provider had queried the level of support this person needed with the local authority 18 months ago. However, the provider had not followed this up with the local authority and had not updated the person's care plan and risk assessments to highlight potential risks.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us they felt safe with the agency's staff. Their comments included, "I feel completely safe" and "The [staff] know what they're doing, I'm never worried about my safety." People's relatives commented, "We have no concerns, I'm sure my [relative] is perfectly safe" and "My [relative's] safety is the most important thing. If I thought they weren't safe, I'd go to another agency."

Training records showed staff completed safeguarding training as part of their induction and the provider arranged regular refresher training. The training included information for staff on what may constitute abuse of a person using the service and guidance on actions they should take. Staff were able to tell us the actions they would take if they had concerns about a person using the service. Their comments included, "It's simple, I'd tell someone straight away if I thought someone was abusing one of my clients" and "We are told all we have to do is make sure we tell someone, anyone, if we are worried about our clients."

The local authority safeguarding adults team told us there had been one safeguarding case relating to manual handling in July 2015. This has been now been closed as "No Further Action" required as the family did not want to pursue with the matter as they acknowledged that the incident was an accident.

Care records included incident and accidents forms and staff used body maps to record any injuries or bruising they noticed while supporting people.

People received the medicines they needed safely. The provider told us most people managed their own medicines or their relatives supported them. Where staff from the service needed to support people with their medicines, the provider included this in the person's care plan and gave staff clear guidance on the support they should provide and how they recorded this. For example, where staff reminded people to take their medicines, they recorded this in the daily care notes. Where staff gave people their medicines, they recorded this on the pharmacist's Medicines Administration Record (MAR) sheets. The provider collected the MAR sheets from people's homes each month and checked these to make sure people received the support they needed.

The provider operated effective recruitment procedures to make sure staff were suitable to work with people using the

Requires improvement

Is the service safe?

service. The provider carried out checks and staff files included an application form, references that the provider had verified with the referee, criminal record and Disclosure and Barring Service checks and identity checks.

Good

Is the service effective?

Our findings

People told us their regular staff were skilled and knew how to support them. Some people said that when the provider had to replace their regular staff, they had to tell the new staff what to do and sometimes the staff did not have the skills they needed. Their comments included, "They're OK, we have some good carers, the agency makes sure they're trained" and "My regular carers are very good, the only time I have problems is if they're away."

Staff completed training in areas the provider considered mandatory as part of their induction. This included moving and handling, medicines administration and first aid training. The provider's training managers told us they organised regular refresher training and that they planned to introduce the Care Certificate induction training for all staff. Training records showed staff were up to date with their training and other records showed the provider had arranged regular refresher training.

Records showed the branch manager met with staff individually every six to eight weeks to discuss their work, their training needs and any concerns. Staff records also included a record of annual appraisals. The provider arranged regular team meetings and we saw records of these. They included information sharing and opportunities for the staff to contribute their ideas.

People told us they had consented to their care and support. They said the staff always asked them whether they consented when they were offering support. The branch manager was aware of their responsibilities under the Mental Capacity Act 2005. The provider developed care plans with the person they were about. Some people had signed their care records and recorded that they had been part of the development of these and their risk assessments. Where people were not able to sign their care records, we saw the provider had worked with the person, their family and other professionals to agree decisions in the person's best interests.

People had signed consent to staff supporting them with medicines, their money and for having records kept about their needs. Staff had completed training about the Mental Capacity Act 2005 and there was information about this available at the service for staff and people using the service.

People told us they had the support they needed with their health care. People's records included an assessment of their health care needs and the support staff needed to provide on each visit. The records also included information and guidance for staff on people's prescribed medicines. Staff monitored people's healthcare each day and recorded their health and wellbeing in daily care notes.

Where people needed support with their nutritional needs, the provider recorded this in their care plan and gave staff clear guidance on the support they needed to provide. Daily care records showed staff supported people with their food and drink, in line with their care plans.

Good

Is the service caring?

Our findings

People using the service told us the staff, particularly the ones who visited them regularly, were kind and caring. Their comments included, “They are very caring, they’d do anything for you” and “The [staff] are very kind, nothing’s too much trouble for them.” Relatives also commented positively on the care and support their family member received. Their comments included, “We’re very happy with the carers, we trust them completely” and “The [staff] are very good, they really do care for my [relative].”

One member of staff commented, “I find it very satisfying that I am helping people in need. One of the best things about my clients is the mutual respect we have for each other. When I’m older, I would love to be treated the way I treated my clients.” A second member of staff said, “I always try and treat people the way I would want my mother or father treated when they are old.”

At our last inspection in May 2015, we found some staff some daily care notes included inappropriate language that objectified or infantilised people using the service. The provider sent us an action plan dated 26 May 2015 and told us they would make the improvements we asked for by 16 June 2015.

During this inspection, we saw the provider had arranged dignity and respect training for staff and staff had improved the way they wrote about the care and support they provided to people using the service. Daily care notes included people’s names and we saw no examples of inappropriate language in the notes we reviewed. The daily care notes also showed people were generally content and felt happy and supported by staff from the agency. The ways people had made choices about how staff supported them were also recorded by staff.

People’s care plans included information about what was important to them, their daily routines and preferences. Plans also emphasised for staff the importance of maintaining people’s independence and allowing them to make their own decisions. For example, each care plan contained guidance for staff on the tasks they needed to complete on each visit. The first task for each visit was for staff to greet the person they were supporting, using their preferred name, and to ask what care or support they needed.

Requires improvement

Is the service responsive?

Our findings

People told us staff were punctual and always stayed the correct amount of time. Their comments included, “My carer’s very good, always on time,” “My carer is never late and she always does what I ask her” and “If they’re running late because of traffic, they always give me a call.”

People using the service and their relatives told us people had been involved in planning their own care, and most told us staff from the service had visited them to review their care plans. They also told us the provider had contacted them on the telephone to ask for their views on the service and the care and support they received. Their comments included, “They do check to make sure I’m happy with my care. I always tell them I’m very happy, I get a good service” and “It’s all working well, no problems.”

At our last inspection in May 2015, we found the provider had not reviewed and updated some people’s care plans. We also found it was not possible to confirm from the daily notes staff completed that people received the care and support detailed in their care plan. The provider sent us an action plan dated 26 May 2015 and told us they would make the improvements we asked for by 16 June 2015.

The provider did not always have up to date information about people’s care needs and risk management plans. During this inspection, we saw care records for 10 people and found the provider had reviewed and updated nine of them at least once in the last 12 months. The care plans covered people’s health and personal care needs and the provider gave staff clear guidance on how to meet people’s needs during their visits.

Most people’s care plans included risk assessments the provider had reviewed and updated. Nine of the 10 care plans we looked at included assessments of possible risks and guidance for staff on how to manage these. However, the provider had not reviewed one person’s risk assessments for more than 12 months. We discussed this with the branch manager who told us the person had been in hospital at the time their review was due and they had now rescheduled the date of the review.

Staff had improved the standard of daily recording. People’s care notes showed the care and support they received and we saw this was in line with people’s care plans.

People were receiving care that met their individual needs and reflected their preferences.

The branch manager told us they collected each person’s daily care notes monthly and office staff checked these, as well as financial transaction records and medicines records to make sure people received their care and support as planned. People’s care records included at least two months’ daily records sheets staff had completed. Records showed each person had recorded telephone monitoring checks in 2015 and most had been visited by a member of staff from the agency’s office at least once.

The provider reviewed and updated their complaints procedure in March 2014. We saw the provider recorded people’s complaints with details of actions they took to investigate and address their concerns. The complaints records showed the provider worked with people using the service, their families and statutory agencies to resolve people’s complaints.

Good

Is the service well-led?

Our findings

At our last inspection in May 2015, we found people using the service were at risk of receiving inappropriate or unsafe care, as the audits completed by the provider did not identify service failures. The provider sent us an action plan dated 26 May 2015 and told us they would make the improvements we asked for by 16 June 2015.

At this inspection, we found the provider and branch manager had reviewed the audits they carried out and delegated responsibility to other members of staff. The audits we saw were clear and up to date and we saw the provider took action where needed. The provider logged all occasions where the service failed to provide people with the care they needed and took action to reduce the risk of the failure reoccurring. For example, following one complaint, the provider had reviewed and updated guidance for staff when the person using the service needed two people to assist them, to make sure people received their care safely.

The provider had also completed monthly reviews of most people's care plans and risk assessments and ensured they kept a record on each person's file to highlight when the next review was due. However, we did find the provider had not reviewed or updated the risk assessment for one person and the care plan for a second person, in the records we checked.

Staff told us they felt well supported. They said the branch manager and the provider gave them opportunities to talk about their work or any concerns they had. They said they felt managers listened and responded to their concerns. They told us they were given information about the people they were caring for before they visited them and care records included the information they needed to care for and support new people using the service.

Staff also told us the provider expected them to read and follow their policies or procedures and offered them regular training opportunities. They told us there had been changes in the office staff and managers and they felt the new staff were supportive and understood their jobs. The provider told us they had increased the number of supervisors employed in the service to provide support and advice to people using the service and clients and staff seven days a week. Care records also showed the increase in office staff had resulted in increased communication between the service and clients, with more regular phone checks and home visits.

The provider's records showed staff had received regular supervision with a senior member of staff and annual appraisals of their work. Where staff needed to update their training, the provider had arranged this. Field supervisors collected records of the care people received from their homes and checked these, so the provider was able to verify people had received their care as planned.

The registered provider of the service is also the registered manager. They held a relevant professional qualification. The provider had produced a Statement of Purpose in July 2014 that detailed the aims of the service. These included the delivery of, "A quality care service to people in their own homes. This will be carried out by the delivery of personal care……...that is constantly monitored to achieve a standard of excellence that includes the principles of good care practice."

The provider told us they met regularly with the local authority that commissioned care to discuss the service, their action plan and any improvements or concerns.

The provider asked people using the service for their views on the care they received. At our last inspection in May 2015, the provider told us they had sent 113 people a questionnaire asking for their views on the care they received in the period October 2013 – October 2014. 98% of people using the service returned the questionnaire. 57% of people rated their care and support as 'Excellent' or 'Very Good'. Where people felt the provider could improve the service, the provider took appropriate action. For example, the provider told staff to tell the office if they were late for a call so they could inform the person using the service. At this inspection, the branch manager told us they had sent questionnaires asking for views on the service provided from October 2014 – September 2015. We saw copies of the questionnaires in the care records we reviewed but the date for completion and return came after this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not do all that is reasonably possible to mitigate risks to service users.** Regulation 12 (2) (b)