Lean on Me Community Care Services Ltd

Northolt

Inspection report

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Ratings

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

Overall summary

This inspection took place on 8 and 9 April 2015. We gave the provider one week's notice of the visit to make sure the provider would be available to assist with the inspection.

Lean On Me Northolt is a domiciliary care agency providing care and support to people living in their own homes. When we inspected, 97 people were receiving support from the agency. Most of the agency's clients were older people, although the agency also supported some younger adults.

We last inspected the service on 12 and 13 August 2014 when we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches related to the care and welfare of people using the service, staff recruitment procedures, quality assurance and record keeping. The provider sent us an action plan on 6 October 2014, telling us how they would address the breaches we identified. At this

Summary of findings

inspection, we found the provider had made improvements in some areas, but concerns remained about the recording of care people received and the provider's quality assurance systems.

The provider of the service is also registered with CQC as the 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.

People using the service may have received care and support that was ineffective or unsafe.

The provider had not told the Care Quality Commission about safeguarding incidents affecting people using the service.

The provider did not review and update people's risk assessments.

Care workers did not follow the provider's policy on supporting people with their medicines.

Care workers did not always refer to people with respect when they wrote about the care and support they provided.

The provider did not regularly review and update care plans for people using the service.

The provider did not monitor the quality of care and support people received and failed to identify failures in the way they delivered the service.

People using the service told us they felt safe. The provider had a safeguarding policy and procedures and care workers had completed training in how to care for people safely. There were enough staff to care for and support people using the service.

Care workers completed the training the needed and the provider ensured each care worker had regular supervision and an annual appraisal of their performance.

People using the service told us they felt well cared for and involved in their care.

The provider had a complaints policy and procedures. Concerns raised by people using the service or their representatives were recorded and investigated by the provider.

We found seven breaches of the Health and Social Care Act 2008 and associated Regulations. We are taking action against the provider for the breach of the regulations in relation to the safe care and treatment of people using the service (Regulation 12) and the good governance of the service (Regulation 17). We will report on it when our action is completed.

CQC is considering the appropriate regulatory response to resolve the problems we found

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Care workers did not follow the provider's guidance and policy on managing medicines for people using the service.

Staff from the agency did not regularly review and update the risk assessments for some people.

The provider did not inform the Care Quality Commission of safeguarding incidents.

Inadequate

Is the service effective?
The service was effective.

Care workers received regular supervision (one to one meetings with senior staff) and an annual appraisal.

The provider employed a full-time training manager who was responsible for induction training for new care workers and refresher training for more experienced care workers.

Good

Is the service caring?
Some aspects of the service were not caring.

When writing daily care notes, some care workers did not always refer to people with respect.

People using the service told us they felt well cared for and were involved in planning the care and support they received.

Requires improvement

Is the service responsive?
The service was not always responsive.

The provider did not regularly review and update people's care plans to make sure they received the care and support they needed.

The provider recorded people's complaints with details of actions they took to investigate and address their concerns.

Inadequate

Is the service well-led?
The service was not well-led.

Some systems to monitor the delivery of the service were ineffective and the provider had not identified issues we found during our inspection.

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.

Inadequate

Summary of findings

The provider had completed an audit of staff training and arranged for all care workers to complete the training they needed to work with people using the service.

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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 8 and 9 April 2015. We gave the provider one week's notice of the visit to make sure managers from the organisation would be available to assist with the inspection.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of supporting a person who used care services.

Before the inspection, we looked at the previous inspection report and the action plan the provider sent us. We also looked at notifications the provider sent us about incidents and events affecting the service. We also contacted the local authority safeguarding adults and contract monitoring teams. They told us the provider reported safeguarding concerns appropriately and attended meetings to discuss the performance of the service.

As part of the inspection, we also spoke with 11 people using the service or their relatives, eight care workers, the provider / registered manager and office staff working for the agency. We also looked at the care records for 10 people using the service, staff files for nine care workers and other records about the management of the service.

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Is the service safe?

Our findings

People using the service may have been at risk of receiving inappropriate care and support as care workers did not follow the provider's guidance and policy on managing medicines for people using the service. The provider had a policy and procedures on medicines management and had reviewed and updated these in March 2014. The procedures included guidance for care workers on training, recording and managing people's medicines. The provider told us care workers only supported people with their medicines if they had completed training and the provider had assessed them as competent. The provider also said care workers only supported people with their medicines with their consent and agreement. However, two of the care records we reviewed showed care workers regularly gave medicines to people who had not signed the provider's consent form and support with medicines was not included in their care plans. We discussed this with the provider and staff from the agency who said one person was supported by a relative to take all their medicines, but the daily care notes completed by care workers recorded they carried out this task.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People may have been at risk of receiving inappropriate or unsafe care and support. People's care records included risk assessments completed by the agency's field supervisors or senior staff. The assessments covered risks in the home of the person using the service, as well as possible risks when supporting people with their care. However, we did not see evidence that staff from the agency regularly reviewed and updated the risk assessments. Although three people's care review records stated staff had reviewed the risk assessment, there was no evidence of this on the risk assessment forms, some of which had not changed since 2013. We checked the provider's policy that said staff should sign and date risk assessments when they reviewed them, but we saw no evidence this was happening. We had identified a failure to review and update people's risk assessments at our last inspection in August 2014.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before this inspection, we contacted the local authority's safeguarding adults team. They told us there were two safeguarding investigations taking place. They also said the provider reported possible safeguarding concerns appropriately, cooperated with investigations and attended meetings. However, the provider had not informed the Care Quality Commission of these safeguarding incidents.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People using the service told us they felt safe. One person said, "I feel very safe with them. They're lovely, they're very nice". A relative told us, "My [relative] feels safe." A second relative said, "My [relative] feels safe and is very pleased with the carer." A third relative told us, "My [relative] feels very safe with her two carers." A fourth relative said, "My [relative] feels very safe with her carers in all uses of the word."

The provider had a policy and procedures for responding to safeguarding concerns about people using the service. The provider reviewed and updated the policy in March 2014 and a copy of London-wide safeguarding guidance for providers was available in the office.

Staff training records showed care workers completed safeguarding training as part of their induction. The training and procedures included information for staff on what may constitute abuse of a person using the service and guidance on actions they should take. Care workers told us they found the training helpful and they were able to tell us the actions they would take if they had concerns about a person using the service. Their comments included, "I've never had any worries about a client being abused, but I would tell the office straight away if I did," "We were told to tell the office if we thought someone was being abused" and "I would tell a supervisor if I was worried about abuse."

The provider told us they based the number of care workers allocated to each client on the local authority's assessment of their care needs and the agency's own assessments. People's care records included a copy of the

Inadequate

Is the service safe?

local authority and the agency's assessments. Where the assessments indicated the need for two people to support the person using the service, daily care notes and staff time sheets showed the agency arranged this level of support.

At our last inspection of the service in August 2014, we found the provider did not operate effective recruitment procedures as information about or checks on staff were not always available. At this inspection, we found the provider carried out checks to make sure new care workers were suitable to work with people using the service. Staff files included an application form, references that the provider had verified with the referee, criminal record and identity checks. The provider also asked applicants to complete written English language and numeracy tests as part of the recruitment process.

Good

Is the service effective?

Our findings

People commented positively on the care and support they received from their care workers. One person told us, “They definitely know what they are doing.” A second person said, “Having never been in this position before, I'm surprised and full of praise for what they do. Everything has gone like clockwork.” A third person said, “They certainly know what they are doing.”

The provider employed a full-time training manager who was responsible for induction training for new care workers and refresher training for more experienced care workers. Records showed the training manager had completed appropriate ‘Train the Trainer’ courses for topics they taught to care workers.

Care workers commented positively on the training they had completed. One care worker said, “This is my first job in care and the training has been very good. I feel like I know what I must do.” A second care worker told us, “The training has been very good. Some subjects I do every year to make sure I am up to date.” A third care worker said, “Yes, the training has been good. I can’t think of anything that wasn’t included.”

Training records showed staff had completed all training the provider considered mandatory, including safeguarding adults, person centred care practice, health and safety, basic first aid and infection control.

Records showed newly appointed care staff completed a programme of induction training during their probation period. This included shadowing an experienced member of staff before they worked alone with people using the service and each care worker’s file included a clear record of the shadowing visits they carried out. A care worker told us, “The induction was good, I knew a lot of it but I learned things as well.”

Staff files showed care workers were receiving regular supervision (one to one meetings with senior staff) and an annual appraisal. The staff records we reviewed showed the care worker had met with the provider or another senior member of staff at least twice in the previous six months. The provider kept a written record of each meeting and these showed staff were given the opportunity to discuss their work with individuals and their training needs. Care workers told us, “I have supervision, it is very good for carers and clients” and “I have regular supervision to talk about my clients and my work.”

The provider’s had reviewed their policy on obtaining consent in March 2014. Care workers told us the provider expected them to explain the care and support they gave people on each visit. One person using the service told us, “The [care workers] always explain what they are doing, they’re very good.”

Where people’s care needs assessments showed they needed prompting or support with preparing and eating their meals, this was included in their support plans. Daily care notes completed by care workers showed they gave people the support and assistance they needed to meet their nutritional care needs.

Support plans and assessments showed family members supported most people using the service to attend health care appointments. Where this support was not available, the support plans included information and guidance for care workers on how to meet these needs. Care workers told us they would report any concerns about a person’s health to the office. One care worker said, “I would always tell the office if I thought one of my clients was unwell.” A second care worker said, “I see some people every day and if I noticed a change in their health, I would tell their family and my supervisor.”

Requires improvement

Is the service caring?

Our findings

Care workers did not always treat people using the service with respect. Care workers' training records showed they completed training on how to treat people with respect and promoting their dignity.

However, other records showed some care workers did not always follow the training they had received. For example, some daily care notes included inappropriate language that objectified or infantilised people using the service. Most care workers did not use people's names in their daily recording and usually referred to people as 'the service user' or 'the client.' Other examples of the inappropriate use of language included referring to one person as 'deaf and dumb' and references to 'changing nappies.' We had also identified similar concerns at our last inspection in August 2014.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt cared for. Their comments included, "Brilliant, the [care worker] does far more than I ever expected," "We are absolutely satisfied with their work" and "I'm very pleased all round with the care that I'm provided".

People felt involved in planning the care and support they needed. Comments included, "The supervisor visited several times in the early weeks to ensure that everything was satisfactory and told us to call the office if there were any problems" and "If I need anything extra I talk to the carer and someone from the office will come and see me."

Most people told us their care worker arrived punctually and stayed the amount of time agreed in their care plan. One person said, "They are very rarely late and always 'phone If they are running late." A second person said, "They come on time but they will alter the time if I ask them to". A third person commented, "They always stay the full time and quite often longer for a chat and a laugh". A relative told us, "My [relative's] carer is a very good timekeeper and always lets us know by 'phone if she will be late".

However, two people commented, "We are not notified by the office of any change of carer but it is only ever one of the two that changes" and "That's one thing they don't do, they don't let us know if they are running late. They are rarely on time and if they are late they do not stay the full allotted time". Following the inspection, we discussed this comment with the agency's assistant manager. They told us at a recent meeting with care workers, they had discussed timekeeping and the importance of contacting clients in the event of a delay. They also told us the provider had appointed additional field supervisors to monitor the delivery of care to people using the service.

Inadequate

Is the service responsive?

Our findings

At our last inspection, we found the provider was not meeting people's individual needs as care plans were not always complete and the provider did not always review care plans regularly. The provider sent us an action plan and said they would "implement a complete case records review to ensure that all documentation is present." The provider told us they would complete this work by 1 December 2014, although we later agreed to extend this deadline to 1 March 2015.

At this inspection, we found the provider had reviewed and updated some people's care plans. Files included a copy of the local authority's care needs assessment, as well as the agency's risk assessments and support plan. Support plans included guidance for care workers on the care tasks they needed to complete on each visit. However, while the provider told us they had reviewed and updated 100% of client files, information provided during the inspection showed the provider had reviewed only 20 of the 95 service user files.

This is a continued breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily care notes completed by care workers showed they delivered most people's care and support in line with their care plans. However, this was not always the case. For example, one person's support plan stated they needed support with a bath or shower each morning and evening. The daily care notes showed the care worker supported the person to have a bath each morning but care notes completed following each evening visit made no reference to the person having a bath or shower.

The daily care notes in a second person's care plan file were difficult to read and it was not possible to confirm they received the support detailed in their care plan.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the provider responded appropriately if they had a complaint. One relative said, "We did complain once about a small problem and it was dealt with." A second relative said, "We have no complaints. She is very good at the moment".

The provider reviewed and updated their complaints procedure in March 2014. The provider recorded people's complaints with details of actions they took to investigate and address their concerns. There was evidence the provider worked with the local authority's contracts and safeguarding teams to resolve complaints. For example, following one complaint, the provider suspended four care workers while they investigated allegations.

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Is the service well-led?

Our findings

At our last inspection in August 2014, we found the provider did not have systems in place to regularly assess and monitor the quality of services provided. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan and said they would formalise quality assurance processes and carry out audits to make sure they delivered people's care and support effectively and safely. The provider told us they would complete this work by 1 December 2014, although we agreed to extend this deadline to 1 March 2015.

At this inspection, we found the provider had made some progress, but some systems to monitor the delivery of the service were ineffective and the provider had not identified issues we found during our inspection.

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. For example, there was no evidence of risk assessment reviews, some recording by care workers was illegible, care workers did not always follow guidance on the care and support people needed, care workers did not always follow the provider's procedures for managing medicines and the provider did not inform the Care Quality Commission of safeguarding incidents and staff suspensions.

This is a continued breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 ensured care workers completed relevant training. Since our last inspection, the provider had completed an audit of staff training and arranged for all care workers to complete the training they needed to work with people using the service.

The provider asked people using the service for their views on the care they received. The provider sent 113 people using the service 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 service could be improved, the provider took appropriate action. For example, the provider told care workers to tell the office if they were late for a call so they could inform the person using the service.

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 9 HSCA (RA) Regulations 2014 Person-centred care **The provider did not ensure accurate records were kept to demonstrate care was delivered in line with people's care plans.**

Regulated activity	Regulation
Personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **Service users were not always treated with respect.**

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Care was not always provided with the consent of the relevant person.**

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person did not notify the Commission without delay of allegations of abuse in relation to a service user.**