

# Lean on Me Community Care Services Ltd

## Northolt

### Inspection report

16 Arrowscoutwalk  
Ruislip Road  
Northolt  
Middlesex  
UB5 6EE

Tel: 02088423329

Website: [www.leanonmecc.co.uk](http://www.leanonmecc.co.uk)

Date of inspection visit:  
08 March 2017  
09 March 2017

Date of publication:  
29 March 2017

### 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

This inspection took place on 8 and 9 March 2017. We gave the provider one week's notice as the service provides a domiciliary care service and we needed to make sure the registered manager was available to assist with the inspection. At our last inspection in September 2015 we identified one breach of the Regulations as the provider had not assessed the possible risks to people using the service. At this inspection we found the provider assessed risks to people and gave care staff clear guidance on how to mitigate the risks they identified.

Northolt is an agency providing personal care and support to people in their own homes. At the time of this inspection, the service was supporting approximately 180 people. The service had a 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 had improved the ways they reviewed and updated assessments of possible risks to people using the service. People and their relatives told us they felt people were cared for safely. Where people needed support with their medicines they received this safely.

Most people told us their care workers usually arrived on time, stayed for the amount of time allocated in their care plan and gave them the care and support they needed.

The provider had systems in place to carry out checks on new staff to make sure they were suitable to work with people using the service.

People told us they felt their care workers had the training and skills they needed to provide them with care and support. Staff records showed that the provider arranged for care workers to receive regular, formal supervision with a senior member of staff.

The provider assessed and recorded people's healthcare needs as part of their care plan. Where people lacked capacity to make decisions about their care, consent was obtained in their best interests by people who knew them well.

Most people and their relatives told us their care workers were caring and treated them with dignity and respect. Care workers told us they usually worked with the same people and this helped them to establish relationships and provide continuity of care. Care workers completed a daily record of the care and support they provided on each visit. We saw examples of these and care workers wrote in a respectful and caring way.

People told us they had met staff from the service before they started to receive care and support to talk

about the care and support they needed. People had a care needs assessment completed by the local authority and the registered manager told us they used this information to inform their own assessment and the person's care plan. Most people told us they received the care and support detailed in their care plans and that they were satisfied with their care workers.

Most people using the service and their relatives told us that staff from the service carried out regular checks to make sure they were happy with the care and support they received. The service had a clear management structure and the provider had appointed additional staff since our last inspection, including two supervisors and a quality monitoring officer. The provider and registered manager carried out checks to monitor standards in the service and make improvements.

## 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.

The provider had improved the ways they reviewed and updated assessments of possible risks to people using the service.

People and their relatives told us they felt people were cared for safely.

Most people told us their care workers usually arrived on time, stayed for the amount of time allocated in their care plan and gave them the care and support they needed.

The provider had systems in place to carry out checks on new staff to make sure they were suitable to work with people using the service.

Where people needed support with their medicines they received this safely.

### Is the service effective?

Good ●

The service was effective.

People told us they felt their care workers had the training and skills they needed to provide them with care and support.

Staff records also showed that the provider arranged for care workers to receive regular, formal supervision with a senior member of staff.

Where people lacked capacity to make decisions about their care, consent was obtained in their best interests by people who knew them well.

The provider assessed and recorded people's healthcare needs as part of their care plan.

### Is the service caring?

Good ●

The service was caring.

Most people and their relatives told us their care workers were caring and treated them with dignity and respect.

Care workers told us they usually worked with the same people and this helped them to establish relationships and provide continuity of care.

Care workers completed a daily record of the care and support they provided on each visit. We saw examples of these and care workers wrote in a respectful and caring way.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us they had met staff from the service before they started to receive care and support to talk about the care and support they needed.

People had a care needs assessment completed by the local authority and the registered manager told us they used this information to inform their own assessment and the person's care plan.

Most people told us they received the care and support detailed in their care plans and that they were satisfied with their care workers.

### **Is the service well-led?**

**Good** ●

The service was well led.

Most people using the service and their relatives told us that staff from the service carried out regular checks to make sure they were happy with the care and support they received.

The service had a clear management structure and the provider had appointed additional staff since our last inspection, including two supervisors and a quality monitoring officer.

The provider and registered manager carried out checks to monitor standards in the service and make improvements.

# 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 checked 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 March 2017. We gave the provider one week's notice as the service provides a domiciliary care service and we needed to make sure the registered manager was available to assist with the inspection. One inspector carried out the inspection. A second inspector conducted phone interviews with people using the service and their relatives.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report, the provider's action plan and statutory notifications the provider sent to the Care Quality Commission (CQC). Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify CQC about. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with 28 people using the service and received feedback from the local authority's commissioning team. We sent emails to 11 care workers and asked for their views and experiences of working in the service. Two care workers responded.

During the inspection we looked at the care records for 13 people, including their care needs assessments, support plans, risk assessments and daily notes their care workers completed when they provided support to people. We also looked at the recruitment and other staff records for six care workers, the service's complaints and safeguarding records, staff training records and audits and checks the provider and registered manager carried out to monitor quality in the service and make improvements.

# Is the service safe?

## Our findings

At our last inspection in September 2015 we found people may have been at risk of unsafe care as the service was not reviewing and updating their assessments of possible risks. At this inspection we found the provider had improved the ways they reviewed and updated risk assessments. All of the risk assessments we saw were up to date and had been reviewed regularly. Risk assessments considered the person's home environment as well as other possible risks, including managing medicines, specific health care issues, mobility and falls. Risk assessments included clear guidance for care workers on how to mitigate risks the provider had identified. People's comments included, "I've had a recent risk assessment due to changes in my mobility but I've not heard anything back yet" and "I am a wheelchair user and I have a risk assessment in place, I feel safe when carers support me with transfers."

Where the provider identified a risk to a person using the service we saw they responded appropriately. For example, following a fall, the provider reviewed the person's risk assessments, requested an increase in the person's allocated care package and also requested an updated assessment of their care needs.

People and their relatives told us they felt people were cared for safely. Their comments included, "I use a bath lift, the carers are competent using it, I do feel safe with them," "I am happy with my carers, I feel safe with them and have no concerns" and "I feel safe with the carers and would recommend them to others." People's relatives told us, "I Feel my father is safe because I have another carer who is always there," "[Family member] uses a rota stand, the carers are competent in its use, [family member] feels safe" and "I've never had any concerns about my [family member's] safety and I'm not worried about leaving her alone with her carers."

The provider had systems in place to provide safe care and support to people using the service. They had reviewed their safeguarding adults policy and procedures in April 2016 and these provided clear guidance for care workers on the actions they needed to take if they suspected a person was being abused. When we asked care workers what they would do if they had concerns, their comments included, "I will report the situation or incident to my supervisor and the office" and "I will report any abuse to the appropriate authority."

The provider kept a record of any safeguarding concerns they passed on to the local authority and we saw evidence they cooperated fully with any investigations.

People were supported by a sufficient number of care workers to keep them safe and meet their needs. The support plans we saw clearly recorded the level of support the person needed at each planned visit. Where people required support from two care workers on a visit we saw the provider arranged this and this was reflected on care workers' rotas. Since our last inspection, the provider had introduced an electronic call monitoring system for most people. This meant the provider was able to monitor the time care workers arrived at a person's home and the time they left.

Most people told us their care workers usually arrived on time, stayed for the amount of time allocated in

their care plan and gave them the care and support they needed. They also said their care workers or the provider informed them if care workers were delayed. Their comments included, "She's as on time as she can be, she relies on public transport so sometimes runs late but will always text me to let me know," "Carers usually arrive on time. They are occasionally late due to traffic but they always message me to say they are on their way," "Timings are good, they are not often late and I don't ever feel rushed," "They try to keep to their allotted time but because they rely on public transport they are sometimes late. We have agreed that they message me when they are going to be late so I know" and "I've got a very good relationship with my current carer, if he's running late he always tells me and says when he expects to arrive. Sometimes it can't be helped if he has had to stay longer with the client before. The carer always stays the allocated time and doesn't rush because he's late or cut the visit short."

However, some people told us they had experienced problems with care workers' reliability. They said, "They are late sometimes, it can't be helped they have to use the buses. It can feel rushed, but they do everything and always ask if there's anything else I need before they go," "There is a problem with the timing, the girls are ok but if one carer arrives late then they have to get it done quicker to make up the time" and "They are often late but they never call to let us know. I try to do what I can so by the time they arrive it's just a quick in and out for them."

The provider had systems in place to carry out checks on new staff to make sure they were suitable to work with people using the service. The staff records we checked included application forms, references from previous employers, proof of the person's identity and eligibility to work in the United Kingdom and Disclosure and Barring Service (DBS) criminal records checks. We saw that, in all cases, the provider called referees to confirm they knew the care worker and had provided a reference for them.

People received the medicines they needed safely. One person told us, "Carers remind me to do the injection as sometimes I forget, I do it myself but they check the dose and watch me do it". The local authority funded the care and support of most people using the service and the provider followed the local authority's guidelines for supporting people with their medicines. Where support with their medicines was included in a person's support plan, we saw care workers recorded this in the person's daily care notes, if they reminded people, or on Medicines Administration Record (MAR) sheets, if they gave the person their medicines.



## Is the service effective?

### Our findings

People told us they felt their care workers had the training and skills they needed to provide them with care and support. Their comments included, "The carers are pretty good, one or two not so good in the past but the carers I have got now are reliable," "I feel safe with my carer and feel she knows what she is doing. I believe she has been trained. I've had carers in the past that have not been so good, so I know what a good one looks like," "I feel my carer has had the right training to do the job, she's always gentle and seems to know what she's doing" and "They make sure you get the right person but they don't tell you what they are qualified to do. It would be good if they turned up with their certificates so you could see the level they were qualified to."

Care workers told us, "Yes, I have the training I need and my last training was held on the 13th and 14th March 2017" and "I had the initial training and have also had a series of refresher sessions. The latest one was held last week." The provider's training records showed care workers completed induction training and other training the provider considered mandatory. This included, safeguarding adults, health and safety, dementia awareness, effective communication, manual handling and medicines management.

The registered manager confirmed the provider had introduced Care Certificate training for all new staff working in the service. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The provider included Care Certificate modules as part of their induction training for new staff and had also brought existing staff up to date with all 15 Care Certificate modules.

Staff records also showed that the provider arranged for care workers to receive regular, formal supervision with a senior member of staff. The records we saw showed care workers had the opportunity to discuss their work and individuals they cared for or supported, as well as their training and personal development needs. When we asked care workers if they had the support they needed from senior staff in the service, their comments included, "Yes, and this has been of great help in boosting my confidence level on the job" and "Yes, there are unscheduled and on the job supervision by a senior member of staff. This has continuously helped me to gain further confidence on the job as well as improve my ability to work well under pressure."

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. We saw the local authority and the provider had considered people's capacity to make decisions as part of their assessments and they had asked people to consent to their care and treatment. Care records included a consent form that people had signed to indicate they agreed to the care and support they received. Where people lacked capacity, consent was obtained in their best interests by people who knew them well. People we spoke with told us they had been consulted about their care and had agreed to this.

Where people's care plans included help with meals, they told us their care workers cooked them what they

wanted. Comments included, "They (care workers) always ask what I want to eat" and "My care workers always leave me something to eat and a drink." Where people needed this support, care workers recorded in the daily care notes what they had prepared for people to eat and drink.

The provider assessed and recorded people's healthcare needs as part of their care plan. Where they identified a specific need this was recorded and there was information for care workers about the person's condition. This included guidelines on how to support the person with eating and drinking if they had been assessed by the speech and language therapist. The registered manager told us relatives or friends of people using the service supported them to attend most health care appointments but care workers would provide this support if required.

## Is the service caring?

### Our findings

Most people and their relatives told us their care workers were caring and treated them with dignity and respect. Their comments included, "The carers who come now are all very nice," "I'm very happy with the service, the carers are very nice, polite and very caring," "I'm very pleased with my carer I've got a good one, I get on well with her," "They are kind and polite. I can't think of anything the agency could improve on," "The carers are quite nice fellows, I'm quite happy with them," "My carers are polite, respectful and I feel comfortable enough with them. Communication's not bad" and "My regular carer is OK, nothing negative to say about her. She's never late, always stays for the full 45 minutes. Above all the communication is good and the carer is flexible if I want to change the time of her visit."

However, two people told us they had less positive experiences. They said, "The carers are very task orientated, they come in and have to concentrate on getting the job done. It would be nice to have more time for a chat" and "It can be rushed, it seems like they are always rushing from one client to the next." We discussed these issues with the people concerned and advised them to speak with the registered manager, which they told us they would.

People's relatives told us, "I would recommend the agency and would give them a 9/10," "The carers are regular and are caring and understanding, particularly when my [family member] is unwell and may behave aggressively during personal care. I feel the carers are professional in their responses to this type of behaviour," "I'm happy with the care my [family member] receives," "They carers chat with him which is nice for him. I think they really care," "The carer is wonderful, I don't know what I would do without her. My [family member] gets on really well with her, I have 100% confidence in her work ability, she uses her initiative and her communication is very good. I am not so confident in the weekend carers. They are not so efficient and there have been language problems," "I've no complaints, the company are good and the carer is good too, in fact she is excellent, a lovely lady, really good. She is like part of the family, very caring, knows what she's doing" and "We are happy with the service, couldn't fault them at all, especially the two carers she's got at the moment. They treat her more like a friend than a client."

Care workers told us they usually worked with the same people and this helped them to establish relationships and provide continuity of care. Their comments included, "I usually see the same people and I get to know them. If I work with someone new, I usually meet them first so that I can be introduced. It is important that people know and trust their carers" and "I know all of my clients well, I have worked with some of them for a long time and know the care they need. With new people I would meet them first and read their care plan so that I know what help they need when I visit."

Care workers completed a daily record of the care and support they provided on each visit. We saw examples of these and care workers wrote in a respectful and caring way. They used the person's preferred name or title and often recorded that they greeted the person when they arrived and made sure they were comfortable and had something to drink before they left.

## Is the service responsive?

### Our findings

People told us they had met staff from the service before they started to receive care and support. One person said, "I received an initial one hour visit from the agency. We discussed care and completed paperwork, including the care plan and risk assessment." A second person told us, "I have a care plan but I haven't looked at in a while. I read it when the service first started and was happy that it accurately reflected my care needs." A third person said, "Initially I met with the supervisor to discuss my care needs. I have a care plan, I've read it and it did reflect what had been agreed."

We saw people had a care needs assessment completed by the local authority and the registered manager told us they used this information to inform their own assessment and the person's care plan. The care plans we saw covered people's health and social care needs and included clear guidance for care workers on how to meet these. Care plans were person-centred and emphasised what people were able to do for themselves and where they needed support. Where people's care needs changed we saw the provider worked with other agencies to ensure they received the care and support they needed. For example, we saw on two occasions the service asked for assessments to be reviewed due to people's increased care needs. The provider also referred one person to the local authority for an increase in the number of visits they received each day after a visit by the provider's supervisor had identified a change in the person's care needs. This person's care records showed the provider worked with staff from the local authority and the person's support was increased.

Most people told us they received the care and support detailed in their care plans and that they were satisfied with their care workers. Their comments included, "Both carers are very reliable, we are very pleased with them," "I've had the same two carers for a while now. Had some before who weren't so good but these two are very good. They have their strengths and weaknesses like everyone, one's very methodical and the other chats more, but both are very good," "The three regular carers I have now are reliable and notify me or the supervisor calls if they are going to be late," "I've no concerns and feel the carers do a good job, they look after me well, arrive on time, stay for the correct time allocated, let me know if they were going to be late. I can't think of anything the agency could improve on," "I'm happy with the service, now, not so good a while ago, one or two problems but definitely improved" and "I'm very happy with them, compared to the other one they are very good. I've got no complaints."

Two people told us they would like to see some improvements. They said, "If they could get someone who could speak my [family member's] language that would be good, communication is so important. Carers need to be able to speak to my [family member] to know his day to day needs" and "I'm satisfied with the care but there is always room for improvement in any company. Sometimes there is a language barrier and I feel I am teaching them."

People's relatives commented positively on the care and support their family members received. They told us, "The care is fine but the most important thing is the consistency, [family member] has had the same carer for a while now and that is important," "The current carer is really good, [family member] is happy with her, she is a young girl who is really nice. I ring her most mornings to tell her what to do, she is really good

and always does everything I ask," "[Family member] has a regular carer which didn't happen before," "If my [family member's] happy, I'm happy and he is very happy with the care" and "The supervisors are very helpful, polite, speak to you with respect. The carer I have has been with me for over a year. I have previous experience of another agency who were very inconsistent which confused my [family member], so we're very pleased to have the same person each day. The carer does have a day off every now and then but this is always covered, supervisors at the office phone to let me know who is coming and when the regular carer went sick they arranged cover."

The service had a policy and procedure in place for dealing with any concerns or complaints and people told us they had received details of the procedure. People and their relatives told us they understood how to report any concerns or complaints about the service. They told us, "I know how to make a complaint and would be confident in doing so," "I've never made a formal complaint, I'm not sure of the agency's formal process. I would probably contact social services if I had a formal complaint," "My [family member] would know who to make a complaint to if she had any concerns about her care," "I'm always complaining, if I'm not happy with a carer I tell them and they get them changed," "I know how to make a complaint and would feel confident in doing so" and "I've never had to make a formal complaint. The supervisor always responds, picks up straight away and tries to sort out whatever the problem is."

The provider kept a record of complaints they received from people using the service and others. The record was well completed and included information about actions the provider had taken, the complaint investigation process and the outcome, including letters to the person who made the complaint. All complaints were dealt with in line with the provider's procedures.

## Is the service well-led?

### Our findings

Most people using the service and their relatives told us that staff from the service carried out regular checks to make sure they were happy with the care and support they received. Their comments included, "The supervisor has visited recently, within the last couple of months, to do a spot check. They do call every few months to check everything's ok," "The agency supervisors did phone to check on the service and they have done spot checks," "The supervisors let you know what's happening and visited a few weeks ago to go through everything and make sure I was happy. On the occasions when I have had to contact the office they have been helpful. If you contact head office you get an answer straight away but if you call the supervisor you sometimes have to leave a message when they are busy but they always call you back. Usually less than five minutes," The supervisor pops in sometimes, has a cup of tea and says let's have a chat to see if you are happy with the care," "Someone came round last week with some paperwork and asked if I was happy with the service," "A supervisor visited last week to collect the timesheets and asked if everything was ok," They are always helpful, they are always on the carer's case to fill in the paperwork and stuff," If I need to phone the supervisor she is very good at getting back to me, usually very quickly," "There have been a lot of questionnaires which ask about the quality of the service, but as far as I know there have been no quality checks – spot checks or telephone calls" and "The supervisor phones regularly to check if anything had changed."

Other people told us they had experienced some problems with communication. They said, "There's not much contact from the agency or supervisor, you only really see the supervisor if they are bringing a new carer or if they are stepping in to cover for one of the regular carers. I'm not aware of any spot checks or quality assurance calls from the agency," "Communication was sometimes a problem," "Communication between social services and the agency could be better. Sometimes when I receive my invoice I find I have been charged for sessions [my family member] has not had. I sign paperwork each month for the carer but I don't get a copy so I have to make my own record of their visits" and "There are four or five different numbers to call if you need to speak with someone. They always answer straight away and things get sorted out quite quickly. 'I do call when I notice things, like the cleaning not being done properly or to remind them to pick up the medication on time. I had to call once when the regular carer was off and the replacement had not turned up. [Family member] has medication in the afternoon and I called the supervisor who sorted it out in a few minutes, she said there had been a mix up / misunderstanding with the replacement carer not realising they had been allocated the visit. The supervisor apologised."

The service had a clear management structure and the provider had appointed additional staff since our last inspection, including two supervisors and a quality monitoring officer. The provider had also introduced an electronic call monitoring system and approximately 60% of people using the service used this. The registered manager told us this had enabled them to improve the monitoring of care worker's punctuality and attendance at planned calls, as well as ensuring people received the contracted amount of time for their care and support.

The provider and registered manager carried out other checks to monitor standards in the service and make improvements. They produced an annual analysis of any complaints or safeguarding incidents and

highlighted the lessons learnt from these. For example, the provider had identified the need to improve communication, the quality of spot checks, the consistency with which care workers followed the service's 'no reply' procedure and reduce the number of missed or late calls. As a result, the provider appointed additional office staff to support the registered manager.

The registered manager also carried out a monthly audit of people care and support plans. They did this by identifying the plans that were due for review in the next months and assigning them to supervisors for review. Once they had updated the person's care plan, the supervisor passed this to the quality assurance officer who ensured the plan was updated on the service's computer system. All of the care plans we saw during this inspection were up to date and had been reviewed when required.

The registered manager worked with officers from the local authority's commissioning and safeguarding teams to review significant incidents and develop and monitor improvement plans. The local authority also completed an annual audit of the service where they spoke with people using the service and their relatives and reviewed care records. The registered manager told us these audits focussed on people they identified as being at higher risk, for example people who had been subject to a safeguarding alert or had made complaints.