

Leymar Ltd

Leymar Healthcare

Inspection report

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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



Overall summary

This inspection took place on 22 and 27 July 2015. Leymar Healthcare is a small domiciliary care service which provides personal care and support to people in their own homes. On the day of our inspection five people were using the service.

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. On the day of our inspection the registered provided assisted us with the inspection process.

People felt safe whilst receiving care from staff. We found staff had received training to ensure they had the knowledge and skills to care for people effectively and they understood their responsibilities in protecting people from the risk of abuse.

Summary of findings

People received the support required to safely manage their medicines and people received the support they required to have enough to eat and drink.

Risks to people's health and safety were managed and people were supported by a sufficient number of staff.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA).

We found the registered provider was aware of this legislation and ensured it would be used correctly to protect people who were not able to make their own decisions about the care they received.

People were treated with kindness by staff who had developed caring relationships and people told us they

were treated with dignity and respect. People were also encouraged to be involved in the planning and reviewing of their care package to ensure their care package was responsive to their changing needs. Staff helped people to maintain any hobbies and interests within their home and the community when able.

People could make comments on the quality of the service and there were effective systems in place to monitor the quality of the service. The culture of the service was open and honest and the registered provider encouraged open communication. People also felt able to make a complaint and felt any complaints would be taken seriously.

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 safe.

People received the support required to keep them safe in their own home and to manage any risks to their health and safety.

People received the support needed to manage their own medicines.

There were sufficient numbers of staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

Whilst all of the people who used the service had the capacity to make their own informed decisions we found staff had an understanding of the Mental Capacity Act (MCA).

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected at all times.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and care plans were regularly reviewed to ensure they contained accurate information.

People knew how to make a complaint and felt able to do so.

Good



Is the service well-led?

The service was well led.

There was an open, positive culture in the service.

People were asked for their views about the service and there was an effective quality monitoring system in place to check that the service met people's needs.

Good



Leymar Healthcare

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 was an announced inspection. We gave the provider 48 hours' notice of the inspection because the service is small and the registered manager or person in charge is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with five people who were using the service, two people's relatives, one member of staff and the registered provider. We looked at the care plans of four people and any associated daily records. We looked at one staff file as well as a range of records relating to the running of the service such as quality audits and staff training records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff were caring for them. One person told us, “They (care staff), always look out for me and I feel safe with them.” People’s relatives also said their relation’s safety was promoted. Comments included, “I am delighted with the service and there is no question that our safety is being promoted.”

People were supported by staff who had received training to ensure they knew how to promote people’s safety and what actions were required to report any concerns to the local safeguarding team. The staff we spoke with were aware of the different types of abuse which people could experience within their home setting and told us they were confident in reporting any issues of concern to their management team. We also found that whilst no safeguarding concerns had been highlighted since the service was registered, the registered provider was fully aware of what constituted abuse and understood their roles and responsibilities in protecting people.

Procedures had been initiated to protect people within their own home and promote their safety. For example prior to people receiving services from the agency a comprehensive risk assessment process was undertaken to ensure any potential risks associated with the environment could be identified and discussed with people when required.

Staff told us they were made aware of any risks to people’s health and safety within people’s home environment and knew how to manage these. For example a person’s care plan provided staff with guidance on how to safely support a person to mobilise with the aid of their mobility frame whilst another provided information on how to support a person to mobilise from their bed to their arm chair in a safe manner. People told us that care staff followed the guidance within the risk assessments and felt safe promoted their safety when mobilising. One person said, “The staff help me when I am using my frame, it’s nice to think someone is looking out for me.”

People could be assured they would be supported by staff who had received appropriate training in the use of specialist equipment within their home when necessary. The registered provider told us that whilst specialist equipment such as hoists had not been needed they assured us that staff would receive the required training in

the use of the equipment before any service was provided. This shows that procedures were in place to ensure people’s safety and wellbeing when specialist equipment was required.

People told us there were sufficient numbers of suitably qualified staff to meet their individual needs. They also told us that staff were punctual and they had never experienced a missed call. One person said, “I have never had a missed call and they are never late, always punctual and on time,” whilst another person told us, “They (care staff) are brilliant, I cannot fault them, we haven’t had any missed calls whatsoever.”

We found a computerised system was utilised to calculate how many hours of care were required each week to meet people needs. The registered provider told us that whilst they only had one member of staff in employment at the time of our inspection any unplanned absenteeism or staff holidays could be covered by members of the management team when required. This showed that systems were in place to ensure there was always enough staff available to meet the aims and objectives of the organisation.

People could be assured that procedures were in place to protect people from staff who may not be fit and safe to support them. Records showed that before staff were employed the provider had requested criminal records checks, through the Disclosure and Barring Service (DBS). These checks were undertaken to assist employers in making safer recruitment decisions.

People told us they received the support they required to safely manage their medicines. One person said, “They (care staff) help me to take my tablets.” Another person told us that whilst they were independent in taking their medicines they felt the care staff would always check that they had done so.

Records showed that staff had received training in the principles of medication management in September 2014. They had also undertaken a competency assessment from their line manager in October 2014 to ensure they were competent in this area. The registered provider also told us that on-going training would be provided to all staff on an annual basis. This showed that systems were in place to aid people in taking their prescribed medicines safely.

On the day of our inspection we observed a member of staff prompting a person to take their medicines. They

Is the service safe?

performed this element of care in a safe and competent manner. Furthermore they provided people with a drink to help them take the medicine and they ensured they had taken their medicines before they signed records.

Is the service effective?

Our findings

People felt that staff were competent and effective in performing their duties. One person said, “They (staff) certainly are well trained, I have no concerns at all about that,” whilst another person said, “They (staff) do an excellent job, I can’t fault them.”

Staff felt the training provision was sufficient and met their needs. One staff member said, “The training has stood me in good stead to perform my job to a good standard.” This information was substantiated by records which showed training had been provided which was pertinent to the roles and responsibilities of the staff employed at the agency. These included health and safety, infection control, food hygiene, safe administration of medicine, safeguarding adults and fire safety.

We found that on commencing employment staff were required to undertake an induction process. Staff told us they felt the induction was effective as it allowed them to familiarise themselves with the organisations policies and procedures, and also provided them with the opportunity to establish the needs of people who used the service. We found the induction process also included a period of ‘shadowing’ more experienced staff until the less experienced staff felt ready to work independently. Furthermore the registered provider had issued a ‘staff handbook’ at the time of their induction which provided staff with additional reference material appertaining to the running of the agency.

People were supported by staff who received regular support from the management team through formal supervision sessions. These processes were in place to provide staff with a forum to discuss any support they required. In addition to this the registered provider told us, and records showed, that periodic visits were undertaken to people’s homes to observe staff practice. This also provided people with the opportunity to provide feedback about the competency of staff to the management team.

People told us they were always consulted before any care was provided. One person told us, “They (staff) always tell me what they are about to do, we have a routine now and they follow that,” whilst another person said, “They (staff) tend to stick to what’s in the plan but they are flexible to my needs and I’m in control.”

People who use the service, and their relatives, told us they felt fully involved in the creation of their individual care plans. One person told us, “I have read the care plan from cover to cover and I’m in full agreement with it,” another person told us, I’m not really bothered with looking at the plan, my daughter sorts all that out, she reads it all the time.” Whilst the care plans we viewed had not been signed by people who used the service, people told us they had been asked to provide verbal consent to the content of their plan. They also told us a copy of their care plan was made available to them in their homes and all times for reference if required. We discussed the issue of recorded consent with the registered provider and they assured us they would address this as a matter priority when the planned reviews were next undertaken.

Staff we spoke with had an understanding of the Mental Capacity Act (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Whilst they told us that none of the people who were using the service lacked capacity to make their own informed decisions, they were aware that best interest’s assessments should be considered if people’s capacity was in question.

People could be assured that if required, they would be provided with assistance to maintain a healthy nutritional intake. The registered provider told us very little support was needed to help people who used the service to eat and drink as people were mostly independent. They said that their staff were only required to provide occasional snacks and drinks. This was confirmed by people who used the service as they told us their relations supported them with meal preparation, but felt that should they request support from the agency’s staff it would be provided to their satisfaction. One person said, “They (staff) do a very good job, anything we ask for they sort it out for us. I’m sure if I need any help with my meals it could be provided, but we are independent at the moment.”

The registered provider told us they assisted people to make healthcare appointments when needed. This was confirmed by people spoken with who told us, “I don’t need any help arranging appointment’s but I’m sure if I did I feel it would be provided for me,” whilst another person said, “It’s not very often that I need that sort of support but they (staff) have been with me to the hospital on one

Is the service effective?

occasion and have called the doctor when I needed them to.” This showed that the staff were proactive in ensuring people had support to assess health care professionals when required.

Is the service caring?

Our findings

People were highly complementary about the quality of the service they received from the agency. They told us all staff were caring and understanding to their individual needs. One person said, “You could not meet more caring people,” whilst another person told us, “At first I was a little apprehensive, but not now, they are so kind and considerate. I view them all as my friends and I really look forward to them coming.”

We found staff were fully aware of the needs and routines of people they supported. They spoke warmly about people and it was evident that they valued the relationships they had developed. Furthermore as the agency only employed a small amount of staff it was evident that this had resulted in therapeutic relationships being developed and staff confirmed this.

People told us there was always sufficient time made available for the staff to be able to develop positive relationships and carry out any tasks in an unhurried manner. One person told us, “They (staff) are so caring, They have done little extra things for me when I have been ill, such as shopping and cleaning which I really appreciated.”

People could be assured that systems were in place for them to express their views and be involved in making decisions about their care. All the people we spoke with told us they had been involved in the planning of their care

and support. We also found people contributed to the formation of care plans which we found to be individualised and informative. They contained information about people’s likes and dislikes and how they preferred to be cared for. People had a copy of their care plans in their home and they told us the plans were discussed with them on a regular basis. They also confirmed the registered provider communicated well with them to ensure any changes in their care needs would be addressed in a timely manner.

Staff told us the information in people’s care plans was accurate and helped them to understand the way people wished to be cared for. Staff were able to describe how they involved people in making decisions relating to their care and how they promoted people’s choice’s on how their care interventions were performed.

People told us that staff respected their wishes and they were treated with respect and dignity at all times. One person said, “They (staff) always respect my privacy, they close my curtains when they help me to wash and dress, they always close my bathroom door as well.” Staff spoken with also had a clear understanding of how to provide personal care in a way which protected people’s dignity, whilst promoting their independence. For example one person told us they were encouraged to perform a part of their daily hygiene needs and felt this gave them a feeling of independence and self-worth. Another person told us, “They (staff) encourage me to walk with my frame, I do all I can and that’s how I like it.”

Is the service responsive?

Our findings

The people we spoke with felt they received the support they required in line with their individual needs. One person said, “We are delighted with the service. They (staff) do meet our needs,” whilst another person told us, “We are very happy with the service, nothing is too much trouble, they (staff) are very flexible if we need to change the visit times.”

People told us they had been consulted at the point of initial assessment regarding their care and support preferences. They told us they could discuss their individual care needs which included the amount and length of calls they required. People also told us that whilst the registered provider scheduled each call at their preferred time there had been occasions when they had requested their appointment to be rescheduled. This was to accommodate hospital appointments and they said that when this was required the registered provider responded appropriately. One person’s relation told us, “They (staff) have altered the time when my relative needed to go to hospital, they are really accommodating.”

People told us the communication systems developed by the service were effective ensuring staff could attend to people’s needs at short notice. For example one person told us, “On one occasion I needed some help at very short notice, I called the telephone number in the folder and someone was here within fifteen minutes. I was very impressed, and very relieved.”

Staff told us effective communication systems were in place to ensure they were aware of people’s needs before providing care interventions for the first time. They told us they were aware of the information within people’s care plans and felt they were a good reference tool when required. Staff also told us they would always try to adapt the support they provided to be responsive to people’s needs. This was confirmed on the day of our inspection as one person told us, “We have a routine and that’s in my care plan. I don’t have to stick to it and it’s left to me what they do.”

The majority of people told us they had limited opportunities to peruse hobbies and interests within the community. However when assistance had been requested we found the registered provider had responded appropriately. For example one person had expressed a desire to attend a local dog racing event. They told us the registered provider was planning the activity and it would be undertaken in the near future. Another person told us they enjoyed watching television and told us the staff ensured the television remote control was in easy reach before they left their home.

People confirmed that they had been provided with a copy of the organisation’s complaint’s procedure on commencing services and felt confident in raising any concerns or complaints if needed. One person said, “Everything is on the ball, the managers are not the sort to leave things unaddressed. I have never had any reason to have any concerns.” A person’s relative also told us they felt they could make a complaint if required. They said, “I have never needed to make a complaint but I am sure they (staff) would sort anything out for me, nothing is too much trouble.”

Staff told us they had access to the organisation complaints procedure and felt confident that should a concern be raised with them, they could discuss it with the management team. One member of staff told us, “We are only a small organisation and I would be aware if any complaints were not dealt with appropriately, but I am confident they would be.” The contact details of the service were also available via a web site which provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have in relation to the quality of the service.

Whilst there had not been any formal complaints made since the service was registered in , the registered provider told us they would take any complaints seriously and use them as an opportunity to improve the service provision.

Is the service well-led?

Our findings

People told us they felt very comfortable approaching members of staff or registered provider. They felt an open and honest culture was promoted within the service. One person said, “I feel the manager will always go the extra mile, we can discuss anything about our care needs and we see the manager on a regular basis.” One person’s relative told us, “The manager is very approachable and professional. We have contact with them all the time.”

The agency was only providing care for a relatively small amount of people. The registered provider performed visits to people’s homes on a regular basis and was an active participant at the service. People told us the high profile of the registered provider gave them with the opportunity to discuss the quality of service provision and ensured that an ongoing communication process was established. People felt the agency was well led and staff had the resources to maintain the quality of the service. For example, the registered provider had ensured that staff always had access to sufficient Personal Protective Equipment (PPE) to maintain people’s safety and wellbeing.

The staff we spoke with also told us there was an open and honest culture in the service. They felt able to raise issues of concern with the management team and also make suggestions on how to improve the service when needed. They told us they felt valued and said they enjoyed working at the agency. Staff told us they had regular communication with the registered provider and felt comfortable in discussing any aspect of service provision. We also found staff were aware of the organisation’s whistleblowing procedures and they told us they felt confident in initiating the procedures without fear of reprimand.

We found the registered provider was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC) and records showed that CQC had received the required notifications in a timely way.

We found that the registered provider had initiated staff meetings and records showed that staff were encouraged to contribute to these. The registered provider told us they would plan to increase the frequency of staff meetings once the staffing complement had increased.

People could be confident that staff received supervision from the management team on a regular basis. Staff told us they valued the supervision process as it provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. Staff also felt the meetings aided the registered provider to develop the service by ensuring effective communications systems were in place.

People were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out annual surveys. The information from the surveys was correlated and a report was formulated by the registered provider. This was to determine if the quality of the service was continuing to improve. The results of the 2014 quality audit showed that one hundred per cent of the respondents expressed positive comment on all aspects of service provision. Comments included, “Our carer is like breath of fresh air when they come in the morning, the day starts on a happy note,” and, “Everything is professionally done.”

People could be assured that the provider was proactive in developing the quality of the service and recognising where improvements could be made. Although the organisation was only providing services for a small amount of people we found the registered provider was in the process of developing internal systems to monitor the quality of the service provided which included audits of people care plans to ensure they were up to date and pertinent to people individual needs. We also found the registered provider performed unannounced spot checks to satisfy themselves that the service was meeting its aims and objectives and staff were adhering to the planned care package.