

Leelin Ltd

Leelin Ltd

## Inspection report

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Tel: 01908392381

Date of inspection visit:

24 May 2021

26 May 2021

Date of publication:

18 June 2021

## 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

### About the service

Leelin Ltd. is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who uses domiciliary care services receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection there was one person who received personal care support.

### People's experience of using this service and what we found

The person was safely cared for. Risk assessments were in place and reviewed regularly and as the person's needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

The person received their support calls on time from a small team of consistent staff. Medicines support was provided safely if this was required. Infection control measures were in place including staff use of personal protective equipment (PPE).

The person's care records contained clear information about their care and support needs. Staff had a good understanding of the person's needs and individual preferences. Staff received training appropriate for their roles, and additional training as needed.

Support was offered to ensure the person's dietary needs were met. Communication with health and other professionals took place when required.

The staff team were reliable and caring. Staff enjoyed working at the service and were well supported by the provider and registered manager. The person was treated with respect. Staff maintained the person's dignity and promoted their independence. Consent was sought before any care was delivered.

The registered manager and provider monitored the quality of the service provided and a range of quality assurance audits took place regularly. They were aware of their legal responsibilities and worked in an open and transparent way. The person was confident any issues or complaints would be addressed and resolved.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This was a planned inspection based on the previous rating of inspected but not rated.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# Leelin Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2021 and ended on 26 May 2021. We made telephone calls to the person and staff on 24 May 2021 and visited the office location on 26 May 2021.

#### What we did before inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including the nominated individual, registered manager and two care staff.

We reviewed a range of records. This included one person's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures, training records and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was cared for safely. They told us, "Yes, I feel safe. They (the carers) are doing a great job."
- The provider had systems in place to safeguard people from abuse and were aware of how to follow local safeguarding protocols when required.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns following safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- The person's known risks were assessed at regular intervals and as their needs changed. We saw an additional risk assessment was added recently when a new risk emerged.
- Care and risk support plans identified the risks and informed staff how to provide care that reduced these as far as possible. For example, this can be for risks such as falls, skin integrity or moving and handling.
- The person was happy with how risks were managed whilst enabling and encouraging their independence.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- Consistent care was provided by a small team of staff which included the provider. Support visits took place on time and lasted for the correct length of time. Records and feedback confirmed this.

Using medicines safely

- Systems were in place to ensure people received medicines as prescribed and in the way they preferred. The provider liaised with the district nurse to ensure new medicine administration records (MAR) were delivered and completed when necessary.
- Staff received training in medicines administration and their competency was checked.
- Regular audits of medicine administration records (MAR) took place which informed managers of any issues.

Preventing and controlling infection

- Staff had sufficient stock of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. This ensured care was provided which reduced the risk of infection spread. Feedback confirmed this.
- Staff received additional training during the pandemic to enhance their understanding of COVID-19 and

skills in infection control practice. This included hand hygiene and how to put on and take off PPE safely.

- Staff participated in regular testing for COVID-19. The log of results showed staff did not always do this strictly weekly, but the registered manager followed up on this immediately when it was brought to their attention to ensure government guidance was followed.

Learning lessons when things go wrong

- Processes were in place for staff to follow should an incident or accident occur. We saw copies of incident and accident forms kept in the care folder which remained in the person's home.
- Systems were in place to monitor and review accidents. The audit form included a section for 'lessons learned'. This supported the management team consider how to reduce the risk of recurrence or how their response could be improved. At the time of inspection, no incidents or accidents had taken place.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's needs were assessed before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- A range of care plans were in place to show key areas of a person's support needs were considered. For example, skin integrity, mobility and personal care. Some areas could be strengthened which the registered manager began work on immediately when it was brought to their attention. For example, religious, cultural or spiritual needs, social and emotional welfare, and oral care.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing the provider and experienced care staff. Mandatory training included safeguarding, equality and diversity, moving and handling and infection control.
- Staff undertook additional training when required to support the person's care needs. For example, this could include health or mobility needs, or use of specialist equipment.
- A record of staff training was kept which showed when refresher training was due. Staff confirmed they had received suitable training and they felt competent in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- Care records included information about a person's nutritional needs. They were supported by staff to ensure they ate and drank what they wanted in the way they preferred. A person told us, "In the morning they will ask, 'what do you want for breakfast and lunch', and they do all of that."
- Systems were in place to monitor food and fluids for anyone who may require it.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with health and social care professionals to maintain people's health. For example, district nurses, occupational therapists, and emergency support if needed.
- The provider and staff had a good knowledge and understanding about the person's healthcare requirements.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff demonstrated they understood the principles of the MCA.
- The person had signed and consented to the care and support being provided.
- Systems and records were in place to assess people's capacity to make their own decisions, as and when this may be required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person was well cared for and treated with respect and kindness by staff. The person told us, "They're great, no complaints at all. They do everything well, they help me when I need it. I get on well with them."
- The provider, registered manager and staff knew the person well, and provided good quality care which met their needs.

Supporting people to express their views and be involved in making decisions about their care

- Care plans clearly set out how the person preferred to receive their care and their regular routines.
- Care plans were completed alongside the person, and regularly reviewed. The person told us, "I've got a care plan and they write down what they are doing. I have regular reviews with [the provider], we change things if we need to. I used to have three calls a day and then we cut out the middle one as I didn't need it anymore."

Respecting and promoting people's privacy, dignity and independence

- Staff provided care which respected the person's privacy and dignity. Feedback confirmed this.
- The person's independence was encouraged and promoted. Staff followed the person's requests and preferences. The person told us, "They do what I want. They are always listening, if I ask them to do it, they do it without question."
- Personal information was kept securely at the office location. Staff were aware of the importance of confidentiality and keeping information safe.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person's personal history, interests, choices and preferences were documented in their care records. Care plans included details of what tasks should be delivered during each visit. This meant the person could receive personalised care which met their needs.
- Staff had built positive, professional relationships with the person using the service. Staff had a good understanding of the person's needs and their individual preferences. One staff member said, "I read [the person's] care plan, and then I shadowed [the provider]. We got along straight away. We laugh a lot, we talk about our families, we just connected well from the start."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be made available to people in a variety of formats, such as easy read or large print, as required.

Improving care quality in response to complaints or concerns

- Complaints policies, procedures and quality assurance processes were in place. At the time of inspection no formal complaints had been received.
- The person receiving support told us they were confident any issues raised would be dealt with appropriately. They said, "I've never had any problems to be sorted out."

End of life care and support

- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes. The provider was aware of what was required, including staff training, in the event this kind of support was required.
- The person's views on end of life care including DNAPCR (Do Not Attempt Cardiopulmonary Resuscitation) preferences were known and documented.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated as good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider were committed to delivering good quality care for people in their homes. The provider undertook support visits to the person receiving support to ensure they remained involved in their care, alongside the staff team.
- Staff put the person at the centre of the service and provided good quality care that focussed on their care and support needs.
- Staff told us they were happy working at the service and felt supported by the provider and registered manager. One member of staff said, "I would recommend it 1000% as a place to work. They are running it really well. They have the balance right between supporting carers and supporting clients. They are great."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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

- The provider and registered manager were clear about their roles and responsibilities to people using the service now and in the future.
- There were effective systems in place to monitor the quality and standard of the service. The provider had regular audits in place relating to the running of the service. Follow up actions were recorded when any issues emerged. For example, it had recently been identified that daily notes required more detail. Additional training for staff was in the process of being arranged to address this.
- A system of 'spot checks' was in place to ensure staff provided care and support at the standards required. Guidance and additional training could be offered if any improvements were identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- A system was in place to regularly seek feedback from the person receiving support by telephone, in

person and via feedback surveys. We saw a recent survey included questions such as, 'Do you feel you are treated with dignity and respect?' and, 'What could the team do better?' Feedback was reviewed and used to drive continuous improvements of the service.

- Team meetings were held regularly, and minutes were recorded. In the last minutes, from March 2021, we saw the provider encouraged staff to, "Be polite, smiley, cheerful and professional always when doing home visits and delivering personal care."

Working in partnership with others

- The provider and staff team worked in partnership with other health and community organisations. They provided examples of how they did this recently and the positive impact it had on the person they supported.