

Ms. Brenda Riley

Lettershanner

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 ●

Summary of findings

Overall summary

About the service

Lettershanner is a small domiciliary care agency, who were providing support to three people at the time of inspection. Two of the people being supported, received support with personal care. Not everyone who used the service received 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.

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

People were protected from abuse by staff who had received appropriate training and had the confidence to report. Risks to people's safety had been assessed and measures were in place to mitigate the risk of harm. Staff were recruited following an assessment of their character, qualifications and experience.

Staff were trained to administer people's medicine safely and protect people from infection, by using safe infection control procedures. The provider shared lessons learnt from other organisations with the staff team.

People's needs were assessed, and outcomes were agreed as part of the care planning process. Staff received training relevant to their role and could request further training in supervision. Staff supported people to maintain a balanced diet and access healthcare services when necessary. The provider engaged with other agencies when the need arose.

People were 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.

People were well treated by the staff team. People were supported to make their own decisions and had access to advocacy services. People's privacy and dignity was respected.

People's care plans were personalised to reflect their individual needs and interests. Accessible information was available to people and alternative formats had been created. A complaints procedure was in place and people knew how to access it.

The service was not currently supporting people with end of life care.

People were complimentary of the organisation and staff felt well supported. The provider understood their duty of candour and the regulatory requirements of their role. The provider carried out regular audits and spot checks as well as, requesting feedback on the care received. They also kept themselves updated with changes within the care sector and shared any relevant information.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lettershanner

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

The 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 houses and flats.

The service was not required to have a manager registered with the Care Quality Commission as the provider retained full management control of the service. This means they 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 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started 16 December 2019 and ended on 18 December 2019.

What we did before the inspection

Prior to the inspection we reviewed information we had received since the last inspection. We sought feedback from the local authority and reviewed the provider's website. 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.

During the inspection

We spoke with one person and one relative about their experience of the care provided. We spoke with two members of staff including the provider and a care worker. We reviewed two care files and one staff file in relation to recruitment and supervision. As well as a variety of records relating to the management of the service including complaints and quality assurance questionnaires.

After the inspection

We reviewed the evidence received from the provider.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who understood how to recognise potential abuse and keep people safe. One person told us, "I feel safe with the staff."
- In the office we saw a file which contained the relevant safeguarding policies and procedures. Staff could access this information, if they needed to report a concern.

Assessing risk, safety monitoring and management

- People's care files contained detailed risk assessments and actions required to mitigate any risk of harm.
- Assessments covered people's care needs, equipment they used, and the accommodation people lived in. For example, mobility assessments included aids used and any noted hazards in the home.
- Staff ensured risks to people were minimised both during and at the end of their care call. For example, staff recorded that people had been given their pendant alarm before they left. This ensured people could call for assistance when they were on their own.

Staffing and recruitment

- People were supported by sufficient numbers of staff to meet their needs. The provider only employed one member of staff and together they worked to ensure all care calls were attended. One person told us, "The staff have never missed a call and are always on time."
- No new staff had been recruited since the last inspection. We reviewed the recruitment process in place and saw how robust checks were made to people's qualifications, character and experience. This ensured only the most suitable candidates were offered a position.
- The provider checked at each supervision that staff had no change in their circumstances which would affect their ability to work. This enabled the provider to develop a contingency plan when there was a change to staffing levels.

Using medicines safely

- People's medicine was administered by staff, who had been trained in the safe administration of medicine.
- If people could self-medicate this was documented in their care plan. If people needed support, the level of support was described to ensure staff knew what was expected of them.
- Information was included in the care plan about where people stored their medicine and the pharmacy they used to order their prescriptions. The provider told us, "We do check people's medicine when it arrives to ensure people have received the correct medicine and right dose."
- The provider reviewed staff competency to administer medicine when carrying out spot checks.

Preventing and controlling infection

- People were supported by staff who had received training in preventing and controlling infection.
- Staff had access to personal and protective equipment (PPE) which staff used when carrying out personal care.
- Staff had received training in food safety. This meant they were able to prepare people's meals following agreed best practice.

Learning lessons when things go wrong

- There had not been any accidents or incidents since the last inspection.
- The provider kept up to date with information released by the Care Quality Commission and shared lessons learnt from other organisations. This increased staff awareness of potential areas which could go wrong and actions to take.

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 good. At this inspection this key question has remained the same. 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

- People's care needs were assessed by the provider following the receipt of a referral.
- The provider used a global assessment tool to ensure people's physical, emotional and social needs were considered. Once assessed the provider developed a care plan which was shared and agreed with the person.
- People's agreed outcomes were highlighted. For example, promoting independence and maintaining good mental health.

Staff support: induction, training, skills and experience

- Staff had received training relevant to the role and the needs of the people being supported. One person told us, "The staff know how to support me."
- We reviewed the training matrix and could see that all the expected courses had been covered. We spoke with the provider and recommended renewal dates were highlighted to ensure staff training was updated, in line with national guidance.
- Staff received regular supervision and were able to request additional training as needed.

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

- People were supported with their meals in line with their agreed assessment of need.
- We reviewed people's daily records and saw evidence of staff preparing meals for one person, twice a day. Staff also documented the number of drinks that were given on each care call. This ensured hydration levels could be monitored.
- People were given a choice of what they wanted to eat based on what they had purchased for themselves.

Staff working with other agencies to provide consistent, effective, timely care

- People's care files highlighted all the other agencies who were involved in their care.
- The provider was able to give past examples of when they had worked with various agencies to ensure effective care was being delivered. For example, during a period of ill health.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and wellbeing and access additional support.
- The provider discussed any observations they made about people's health presentation with the person, their family and any involved professionals. This ensured people were aware of any changes and could respond accordingly.

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

- Consideration was given to the MCA throughout people's care plans. In the files we reviewed people were recorded as having capacity to make their own decisions and no restrictions were in place.
- Staff recorded in people's daily records that people had been asked for their consent before care tasks were completed.

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 good. At this inspection this key question has remained the same. 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

- People told us they were well treated and received good care. One relative told us, "[relative name] always seems very happy with the care given but they can confirm that themselves."
- Staff told us they had built up good relationships with people. Especially, as they had supported some people for a considerable amount of time.
- People's protected characteristics such as their race, ethnicity and sexuality were identifiable within their care file. This is in line with the requirements of the Equality Act 2010.

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

- People's voices were heard within their care plans and staff recorded in the daily records the different decisions people made on a day to day basis.
- All supported persons were given a copy of the service user guide which contained contact information for local advocacy services, which people could access.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy were protected. One person told us, "Staff support me having a shower. The staff are discreet and do things exactly the way I want."
- Care plans explained what people could do for themselves and where to promote people's independence. This ensured people did not become unnecessarily dependant on carers and continued to maintain existing skills.

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 good. At this inspection this key question has remained the same. 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

- Care plans were personalised to reflect people's individual needs and care tasks were clearly specified.
- Staff were guided to provide support in the way people had chosen. For example, what they wanted to wear after personal care and what types of food they wanted to eat.
- Care plans advised staff on the challenges people faced and how to help them overcome these challenges on a day to day basis.

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.

- The service did not currently support people who were publicly funded. However, we saw evidence of the accessible information standard being met.
- People's communication needs were assessed and information about people's sensory needs were documented. For example, if people needed to wear glasses or a hearing aid.
- A copy of the statement of purpose was available in braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained details about people's past and current interests. This information assisted staff to engage in meaningful conversation.
- Relationships and activities which were important to the person were also documented. However, the people we reviewed were able to manage these without the input of the staff team.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place and everyone was given a copy when their care package was set up.
- The service had not received any formal complaints since the last inspection.
- The provider demonstrated the process they had followed when they had received a concern in regard to someone who did not receive a regulated activity. We were able to see that an investigation was carried out and a resolution was found.

End of life care and support

- The service did not currently support anyone with end of life care. The provider informed us that they no longer took on care packages that required that level of care.
- The service had a policy in place to inform staff on what to do in the event of a person experiencing sudden death.

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 good. At this inspection this key question has remained the same. 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

- People told us they were happy with the care provided. One person said, "They are a good company and help me so much. Carers are always good to me."
- The provider worked alongside the staff and took an active role in meeting people's care needs.
- Staff told us they were well supported and enjoyed their role within the organisation.

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 understood their responsibilities under the duty of candour. The provider was able to explain the actions they would take in the event of something going wrong.

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

- The provider was aware of their regulatory requirements and had systems in place to monitor the quality of the service.
- Regular audits were carried out and spot checks were made around the care delivered. Spot checks included, the administration of medicine, infection control practices and overall caring approach. Feedback was discussed with the staff member during their supervision.
- We checked the arrangements for when the provider or staff member was on leave and saw that care schedules were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked alongside staff and delivered care on a daily basis. Therefore, they were in constant contact with people and could ensure people were happy with the support provided.
- People were given the opportunity to complete questionnaires on an annual basis to record their feedback as well as during regular spot checks.
- Staff told us they talked to the provider on a frequent basis and their thoughts and ideas were listened to.

Continuous learning and improving care

- The provider advised that they kept themselves up to date with any changes in care by monitoring websites such as CQC, Age UK and National Institute of Clinical Excellence (NICE)

- The provider was aware of areas where quality improvement was being encouraged such as oral hygiene.

Working in partnership with others

- The provider had a range of contacts in the local area who they could request support from.
- The provider discussed their relationship with the local authority and the community mental health teams who they had previously worked with. They were able to give examples of where joined up working had been required, especially when people had been transferred in and out of hospital.