

Laniwyn Care Services

Laniwyn Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Laniwyn Care Services Limited is a domiciliary care service that provides care and support to adults and children living in their own homes. At the time of our inspection there were seventeen people using the service. 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People were supported to take their medicines as prescribed. Medicine management procedures in place supported safe medicine administration. 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. There were enough staff to meet people's needs, however people did not always receive their care as planned. Safe recruitment practices were followed.

Right Care: People were supported by kind staff; however further training was required for staff to fully understand their needs. People told us they felt safe using the service. Staff understood how to protect people from harm and how to raise concerns. The registered manager understood their role and responsibilities in relation to safeguarding people. Care plans were in place however these required further detail to be person centred and risk assessments relating to people's support required further development. People were treated with dignity and respect however a greater understanding of people's needs through training would enable staff to better understand people and encourage them to learn new skills and participate in activities they enjoyed.

Right Culture: Systems and processes to ensure management oversight were not always effective. Records were not always accurate and did not always contain sufficient details. The registered manager implemented changes immediately after the inspection. Feedback was sought from relatives and staff who told us the registered manager demonstrated an open and transparent approach. Staff enjoyed working at the service and felt supported in their roles. The registered manager and staff worked with external professionals to drive improvement and learn lessons.

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 04 April 2020).

Why we inspected

We received concerns in relation to risk management, staffing, safe care, and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laniwyn Care Services Limited on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will follow up in a couple of months and request evidence of actions taken. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Laniwyn Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and phone calls to engage with people using the service and staff.

Inspection team

One inspector carried out this inspection.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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 available to support the inspection.

Inspection activity started on 23 February 2023 and ended on 14 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service.

During the inspection

This inspection was carried out without a visit to the location's office. We used electronic file sharing to enable us to review documentation. We spoke to the registered manager who was delivering the care and the nominated individual. We spoke to three people's relatives to gain their view about the service and two staff members. We reviewed a variety of records relating to people's care and the overall management of the service.

The nominated individual is responsible for supervising the management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's relatives gave mixed views with how staff supported them. One relative told us, "I don't know what I would do without them. [Person] is totally reliant upon the carers and we never complain of [Person] being unsafe with the care." However, a second person said, "Their knowledge of [Person] is vague, they have a general idea about them. I feel nervous, I have to watch them all the time, like with the PEG [percutaneous endoscopic gastrostomy] there is very little information in the care plan, so I have to remind them to clean the area and things like that."
- Risk assessments were generic and not developed to meet the specific needs of people. For example, one support plan addressed a different person's PEG management. This did not record how staff would monitor the PEG, the frequency or amount of water to use to flush or how to manage blockage or sign of infection. Care plans were copied and pasted with generic information for the PEG, but also for other support needs such as management of seizures, support with communication and behaviours. One relative said, "There is more work to do around that and the care plans. On one hand they need more training, then on the other they would find it hard to know what to do because the care plan is basic and not focused on [person]."
- People's relatives told us practical tasks such as hoisting or washing and dressing were managed well. However also told us that day to day support and interaction was variable. One relative said, "I don't see the carers have training in communicating with people. The carers, some of them, have no ability to be able to understand [Person] or support them positively with their behaviour. That's when [Person] will become frustrated and sometimes with better interaction this could be avoided."
- One person was identified to be at risk of skin breakdown and skin infections, caused by abrasion and lack of appropriate skin care. There was a basic risk assessment in place, but the care plan did not instruct staff clearly about how to provide appropriate a safe skin care. A relative said, "We end up in the same situation where I have to show them what to do. I don't know how many times I have to show them the right way to put on the pad at night. They do it and it's all ruffled and rubbing against the hips."
- We raised these issues with the nominated individual and were sent updated risk assessments which did reflect actions staff should take. The registered manager acknowledged there were improvements needed around risk assessment and suspended any new care packages until they had ensured all were updated and complete.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety.

Staffing and recruitment

- People's relatives said consistency among care staff was variable. One relative told us, "Generally, they are on time, but they don't stay the full length even when there is time they go and don't offer to help in other ways. We don't get a rota, it's sometimes a bit last minute where they will phone at the last minute to say an extra shadow carer is observing. It would be nice to have notice." A second relative said, "We always have two carers, yes one is late sometimes but they are never alone. They stay for as long as I want them to, but if they finish up early then I ask them to leave." A third relative said, "I am not happy that I haven't had the consistency I was promised."
- Staff told us there were enough staff, but also said that more consistency was needed to get to know people and build relationships. One staff member said, "I do have my usual route, but then it gets changed. The office don't want people to rely on us so things do get mixed up so they [people] don't depend on us. They say that is about becoming over familiar with the client." Relatives told us this consistency was exactly what they wanted so staff formed a relationship with people to get to know them well and support them better.
- The nominated individual told us the policy was to match the person with the staff to provide a consistent team. However, this had become more of a challenge with recruitment difficulties locally. As recruitment was ongoing they said they would be able to bring more consistency with staff deployment.
- Staff were recruited safely, and the provider followed safe recruitment practices. They ensured appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were completed before staff began working with people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe using the service. A person told us "[Person] is totally reliant upon the carers. I don't know what I would do without them. All of them are very caring people and I have never worried about [person] being safe. They are all very gentle and very respectful."
- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place. Staff were aware of how and when to raise concerns to the management team or externally. One staff member said, "Incidents, we report to the office. I reported a fall because I was worried about [Person]. The office team were really supportive and followed up with the doctor, family, reviewed everything all over and no more falls, so it was good."
- The nominated individual and registered manager understood their responsibilities in relation to safeguarding. Where safeguarding enquiries were undertaken, both investigated concerns thoroughly, reported their findings to support local authority reviews and made the required improvements.
- Systems were in place to respond and monitor accidents and incidents when they occurred.
- The nominated individual told us that any lessons learnt would be used to improve the quality of service and relayed to staff to embed good practice. We saw that individual lessons learned were discussed with those staff involved and discussed this with the provider. They agreed that sharing learning for incidents across the whole staff team would further embed an open and reflective culture within the team.

Using medicines safely

- People's medicines were managed safely. Relatives told us they were happy with the way they were managed. One relative said, "They [staff] give my [family member] their medication on time and there have been no issues. It is all recorded for me to check."
- Staff had received medication training and told us they were subject to regular competency checks. Medicines audits were completed which included reviewing the MAR chart (Medicine administration records).

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) as required and disposed of it safely.

- Staff had access to PPE supplies, such as masks, gloves and aprons and were able to access this PPE when required.
- Infection prevention and control training was provided and completed by all staff. Following a recent change in guidance around the use of PPE during the pandemic, where staff did not wear PPE, a risk assessment to support this decision had not been completed. The registered manager took immediate action to assess this area during the inspection.

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to ensure the registered manager and provider had a good oversight of the service required improvement.
- There were no audits completed by the provider to monitor and assess the quality of the service and ensure the registered manager had maintained effective oversight. They immediately implemented a quality assurance system after the inspection.
- The registered managers audits had not always been effective in improving the quality and safety of care. For example, daily notes by care staff had been retrospectively entered into people's care record. This included when medicines had been administered. This posed a risk that information may be inaccurate given the delay in updating the record.
- The registered manager had identified improvements were required around risk assessments but had not identified some were not in place or had been copied and pasted and lacked sufficient detail.
- Further improvements were required around the sign off for new staff and developing existing staff knowledge. Relatives told us that when staff supported people their understanding of people's support needs was limited as was engagement. The registered manager had sought support from a training provider but recommended higher level specialist training had yet to begin. One staff member told us, "I think we need better training knowing how to respond when the clients are upset, or new techniques to use to support them."
- Although improvements have been identified at this inspection, the registered manager demonstrated they were capable of driving improvement. For example, shortly after taking up their post last year, they had eradicated the practice of one carer providing personal care when two were required.

We found no evidence of people being harmed. However the lack of accurate recording and effective monitoring of the service was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they felt involved in their care and that their views were sought regularly through telephone monitoring and surveys.
- Relatives and staff were positive about the registered manager. One relative said, "Management has got

better, it was disorganised during the pandemic. I think the change of manager helped. [Registered manager] is good, easy to talk to, and really does help us both out when we need it." One staff member said, "They are a good manager and have done really well since being here, they are really nice and always on hand if we need him."

- Relatives however did say communication with the office could be improved but that they were consulted regularly about the service and felt their feedback was listened to.
- Staff spoke positively about the management of the service and said they were approachable, and they felt their views were listened to. Regular team meetings were held with staff to ensure good communication and discuss policies and any issues.
- The provider worked with the local authority and worked in partnership with health professionals and any other relevant agencies.

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 registered manager was aware of the need for openness and transparency and to report issues or concerns to people or their families, the local authority and CQC when required.
- Records showed and relatives told us that the registered manager had apologised where necessary when things went wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014 Good governance</p> <p>People's care records did not provide an accurate account of people's health related needs.</p> <p>Systems and processes were not operated effectively to mitigate risks relating to the health, safety and welfare of the service users in a timely manner.</p>