Leelin Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Leelin Ltd provides care and support for people with dementia, mental health needs, older people, people with a physical disability and younger adults. The service provides care and support to people living in their own homes in the community.

At the time of our inspection, the provider was supporting one person with personal care. There was insufficient information available to give the service a rating.

People's experience of using this service and what we found
The quality assurance systems and processes in place required strengthening to enable the provider to assess, monitor and improve the quality and safety of the service. The provider had not consistently maintained appropriate recruitment records and improvements were required to ensure people's mental capacity was assessed and any decisions taken in their best interest recorded. The provider could not evidence that 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 because the policies and systems in the service did not support this practice.

Staff mostly received the training they needed to provide people's support appropriately and safely. Staff were provided with supervision and were well supported by the provider.

People were supported to access healthcare services when needed and staff followed the advice of healthcare professionals.

People's needs, and wishes were met by staff who knew them well. People were treated as individuals and were valued and respected. Staff ensured that people's privacy and dignity was protected and spent time getting to know people.

The provider actively sought feedback from people, their families and staff to continually look at ways to improve the service and was receptive to ideas and suggestions.

There was no end of life care being delivered at the time of the inspection. The provider had an end of life policy in place and had begun to implement this.

No support with medicines was required at the time of inspection.

Minimal support with meeting people's nutritional needs was required at the time of inspection.

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

Rating at last inspection
This service was registered with us on 25 July 2018, and this is the first inspection.

Why we inspected
This was a planned inspection.

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? Full details can be found in the findings below.	**Inspected but not rated**
Is the service effective? Full details can be found in the findings below.	**Inspected but not rated**
Is the service caring? Full details can be found in the findings below.	**Inspected but not rated**
Is the service responsive? Full details can be found in the findings below.	**Inspected but not rated**
Is the service well-led? Full details can be found in the findings below.	**Inspected but not rated**

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
The inspection was carried out by two inspectors.

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 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 visit because we needed to ensure staff were available to facilitate the inspection.

Inspection activity started on 8 August 2019 and ended on 19 August 2019. We visited the office location and one person at home on 8 August 2019. We spoke with staff on the telephone after the office and home visit.

What we did before the inspection
We reviewed information we had received about the service since it registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted Healthwatch and health and social care commissioners. Healthwatch is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England. Health and social care commissioners commission care from the provider and monitor the care and support that people receive. We used all this information to plan our inspection.

During the inspection, we spoke with the relative of one person who used the service, as the person was unable to communicate with us themselves. We also spoke with four members of staff, including care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at various records, including care records for one person. We also examined records in relation to the management of the service such as quality assurance checks, staff recruitment, training and supervision records.

Inspected but not rated

Is the service safe?

Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Staffing and recruitment

- Staff recruitment processes needed to be strengthened and care taken to ensure these consistently provided assurance that staff were suitable to work in the service.
- References were requested from previous employers in the health and social care sector. However, these had not been forthcoming for one member of staff. The provider had not completed a risk assessment to assure themselves of the staff member's suitability to carry out their role.
- For one member of staff there was no record of employment history. The registered manager was aware of the staff member's past employment and recognised the need for a record of this information to be held.

Systems and processes to safeguard people from the risk of abuse

- People received support that maintained their safety and safeguarded them from abuse. A person's relative said, "They [staff] are very good, they know [person's name] well and we've never had any concerns."

- Systems and processes were in place to safeguard people from abuse and staff knew the potential signs to look for that could indicate abuse. Staff understood how to raise any safeguarding concerns. One member of staff said, "I've had safeguarding training, you report to CQC [Care Quality Commission] and the safeguarding agency."
- A safeguarding policy was in place and available to people and staff.

Assessing risk, safety monitoring and management

- Risk assessments were in place, for most areas of risk in people's lives. For example, mobility, falls and behaviour. Where risks had been identified, risk management plans had been put in place to reduce and manage the risk, these were followed by staff. A person's relative told us, "They [staff] support [person's name] to walk safely."
- Skin care risk assessments had not been completed where there was a known risk to a person's skin condition. A relative told us staff did provide appropriate support in this area, however, guidance for staff was not provided in the person's care plan. We discussed this with the nominated individual who recognised the need to undertake skin care assessments.

Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from infection.
- All staff had completed training in infection control.
- Staff had access to gloves and aprons and wore these when needed.

Learning lessons when things go wrong

● Staff recording of incidents of behaviour that may put people and staff at risk would benefit from more detail. This would enable learning and reflection and ensure risk assessments and care plans remained appropriate.

● The nominated individual reviewed records of incidents to identify themes, trends, learning and actions required to reduce risk to people.

Using medicines safely

● At the time of inspection, the provider was not supporting anyone with medicines.

Inspected but not rated

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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.

● Systems had not been implemented to ensure that people's capacity was assessed, and records kept of decisions made in their best interest. The provider had an MCA policy in place, which described how they would comply with the MCA; however this had not been followed in practice.
● The provider had not ensured that where people's support plans were signed on their behalf by a relative, the legal authority for them to do so was in place. The registered manager told us they would review the systems in place and ensure relatives did not sign records on people's behalf unless legally allowed to do so.

● Staff had received training in MCA and understood the importance of seeking consent from people. The person was supported in the least restrictive way possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The person's needs had been fully assessed before any care was agreed and delivered. The nominated individual visited the person and their family to discuss their needs and expectations of the service. Support plans were implemented based on the findings of the assessment.
● The provider and staff used recognised good practice and guidance to ensure that people's care was provided appropriately. For example; systems were in place to ensure people's needs were regularly reviewed using recognised assessment tools and the findings of these reviews used to support people in the most appropriate way.

Staff support: induction, training, skills and experience
● Staff received induction training that involved shadowing experienced staff and covered areas such as; safeguarding, fire safety and equality and diversity. The nominated individual had recognised that the

induction would benefit from incorporating the Care Certificate and had begun preparation to implement this. The Care Certificate is a set of standards that ensure staff new to care receive appropriate induction and training.

● A person's relative told us they thought staff were well trained and understood how to meet their family member's needs. However, staff would benefit from training specific to the needs of the people they are providing support to. This would ensure they are aware of current guidance and best practice in relevant long-term conditions and health needs.

● Staff were happy with the support they received from the provider. Staff told us they had regular contact with the registered manager and nominated individual and had regular supervision meetings. However, policies describing the frequency of supervision were not consistent; this was addressed by the nominated individual.

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

● People received support to meet their health needs. A person's relative told us that staff knew the person well and were vigilant to changes in their health.

● Staff worked in partnership with external health and social care professionals. Regular reviews were held to ensure health care was provided in the most appropriate way and any changes to health needs were met. For example, by requesting support from other professionals such as an occupational therapist and following the guidance provided.

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

● At the time of inspection staff were providing minimal support with eating and drinking. Staff told us that, although they did not support with meals or snacks, they always ensured the person had a hot drink of their choice before they finished the support visit.

Inspected but not rated

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Ensuring people are well treated and supported; respecting equality and diversity
- The person was supported by a small team of staff that were kind and caring. The person's relative told us, "They [staff] are nice and kind to [person's name]."
- The person's relative told us their support was not rushed and staff had time to provide emotional support and reassure them when they were anxious.
- Care plans detailed the person's preferences as to how they liked their care to be delivered and provided information about their social, cultural and religious needs.

Supporting people to express their views and be involved in making decisions about their care
- Systems were in place to ensure people and their relatives if appropriate were involved in the planning of their care. Regular review meetings took place to discuss any changes to support needs.

Respecting and promoting people's privacy, dignity and independence
- The person's privacy and dignity was respected.
- Staff recognised the importance of confidentiality and personal information was stored securely.
- Staff understood the importance of promoting independence. Staff worked with the person to maintain their independence. For example, staff had consulted with health care professionals to obtain guidance in how best to support the person's mobility.

Inspected but not rated

Is the service responsive?

Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- People received their support from staff who knew them well and provided personalised support. A person's relative told us staff were responsive and often helped them by doing extra household jobs. They also said that the timing of staff visits were flexible, and were adjusted if the person had an appointment.
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained information on the person's personal care needs and cultural needs.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint. They were confident if they did have a complaint they would be listened to and the issue addressed.
- A person's relative said, "If I had any concerns I'd have a word with [nominated individual] and would trust her to do the right thing."
- There was a complaints procedure in place. The provider had received no complaints since registering the service.

End of life care and support

- There was no end of life care being delivered at the time of the inspection.
- The provider had an end of life policy in place. The nominated had begun discussions about a person's end of life wishes, however these had not yet been recorded in the person's care plan.

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.

- People's communication needs were considered as part of their pre-assessment.
- Relatives supported the information needs of a person currently using the service. The registered manager said that they would provide information in an accessible format to people where needed.

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

- At the time of inspection, the service was not supporting people with social needs.

Inspected but not rated

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The registered manager and nominated individual had regular contact with people and staff and had a good overview of the person's needs.
- Quality assurance systems were in place to monitor and improve the service. However, these had not enabled the provider to identify all areas where improvements were needed. For example; systems to ensure compliance with the MCA 2005.
- Audits had been carried out but areas for improvement had not always been identified; for example, improvements to staff recruitment records, care documentation and record keeping.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the provider. They received regular support and told us the provider was accessible to them. One member of staff said, "I have confidence in the manager."

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

- The provider was committed to providing a responsive, personalised service to people. The feedback we received from a relative was positive. They told us, "I see [nominated individual] fairly frequently, she's very nice…I would trust her judgement in relation to [person's name's] care needs."

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 and nominated individual were aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The person using the service had regular reviews and their relative was regularly asked for their opinion of the service.
- Staff feedback was collated during supervisions and meetings. We saw minutes of staff meetings where discussions had taken place about people's needs. The meetings would benefit from having a planned agenda, to give staff the opportunity to consider the things to be discussed prior to the meeting.

● Staff felt valued by the provider. One staff member said, ""I see [registered manager] three of four times a week, we can always get help if needed."

Continuous learning and improving care

● The registered manager and nominated individual recognised that some improvements were needed and had begun to take the action needed to improve the service. For example. in relation to the implementation of the Care Certificate and end of life care plans.

Working in partnership with others

● The nominated individual worked in partnership with other health and social care professionals to ensure the service developed and people received safe appropriate care.