

Linday Medicare Services Enterprises Limited

Linday Medicare Services Enterprises Limited

Inspection report

71-73 Nathan Way
London, SE28 0BQ
Tel: 02083110973
Website: www.lindaymedicare.services.com

Date of inspection visit: 06 November 2015
Date of publication: 17/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 06 November 2015 and was announced. We gave the provider 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was the first inspection of the service since they registered with the Care Quality Commission in September 2014.

Linday Medicare Services Enterprises Limited provides support and personal care to people in their own homes.

At the time of our inspection, only two people were receiving care and support from the service. The service operates in the Royal borough of Greenwich and Bromley local authority areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The provider did not have safe recruitment practices in place. The provider had not obtained two references for staff before they began working with the service as required. Staff had not completed a health declaration to demonstrate they were fit to perform the role which they were being employed to do and the provider did not ask for a full employment history to protect people from the risk of being supported by unsuitable staff.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff records were not always fit for purpose. The provider informed us that all staff completed a week induction and staff we spoke with confirmed this. However, there was no record of this induction to demonstrate staff had acquired appropriate skills and training to undertake the role which they had been employed to undertake. Staff supervision records were also not updated in line with the provider's policy. The provider had a supervision matrix in place which was a monthly tick box. The provider could not provide any additional evidence of discussions that had occurred at these meetings to demonstrate that staff were receiving the appropriate support required to perform their role safely.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider informed us they carried out regular telephone monitoring checks and spot checks. Both people who used the service and staff we spoke with

confirmed these monitoring checks were done. However, these were not recorded to demonstrate there were processes in place to assess and monitor the quality of the service.

We have made a recommendation about quality monitoring systems.

You can see the action we have asked the provider to take in respect of these breaches at the back of the full version of the report.

People said they felt safe using the service. We found that provider had safeguarding policies and procedures in place to ensure people using the service were protected from abuse. Relevant risk assessment and action plans were in place to ensure people received appropriate care and support. Each person using the service had a care and support plan in place and the care plans were reviewed regularly to meet people's needs. People's privacy and dignity was respected and their independence promoted. Staff understood people's needs and provided care and support that met their needs. The provider had arrangements in place to deal with emergencies and staff had received adequate training to ensure they had appropriate skills to support people in the event of an emergency.

People were involved in making decisions about their care and treatment and were supported to be as independent as possible. People's privacy and dignity were respected. Staff had received appropriate training to ensure they could undertake the roles which they were employed to do.

The provider had a complaints policy in place which was included in the service user handbook. Staff we spoke with said they were happy with the service and could raise any concerns with the manager.

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 not always safe. The provider had a system in place to carry out recruitment checks for staff before they began working at the service; however this was not always effective and did not always comply with requirements. People's full employment history, two references and a health declaration were not obtained to protect people from the risk of being supported by unsuitable staff.

The provider had safeguarding vulnerable adults' policies and procedures in place and staff had received appropriate training about safeguarding people from abuse and knew how to raise an alert.

People's risks were assessed and relevant action plans were in place to minimise or prevent the risk.

People told us they were not supported to take their medicines because they could do that themselves or were not taking any medicines. Staff had received appropriate training on medicines to ensure they had the appropriate skills to support people when required. The appropriate numbers of staff were deployed to support people.

Requires improvement



Is the service effective?

The service was not always effective. The provider informed us that all staff had undertaken an induction before they started work and were supervised monthly to ensure they had adequate support in place. However records of the induction training and supervision were not complete.

Care staff had completed mandatory training to ensure they had the skills to support people appropriately.

The registered manager was aware of the Mental Capacity Act 2005 and actions to take to comply with this legislation.

Where required people were supported to have sufficient amounts to eat and drink for their wellbeing. People had access to relevant healthcare professionals when they needed them.

Requires improvement



Is the service caring?

People and their relatives were complimentary about the service. People said staff were caring and respected them. They said they were happy with the care and support they currently received. We found that people had the same care workers to promote consistent care.

Good



Summary of findings

People and their relatives told us they were involved in the care planning and people had signed their care plans to demonstrate they had been involved in making decisions about their care and support.

People said their privacy and dignity was always maintained and their independence promoted.

Is the service responsive?

The service was responsive. The provider had a complaints policy in place and people and their relatives knew how to complain if they were not happy with the service.

People's needs were assessed and each person had a care and support plan in place to ensure the care delivery was in line with the care that was planned for.

Good



Is the service well-led?

The service was not always well-led. The provider carried out monitoring checks such as telephone monitoring calls and unannounced visits but they did not have a system in place to record the monitoring checks to ensure that where issues were identified, they were learning from it to improve the quality of the service.

Staff told us they were happy working with the service and that they could raise any concerns with the manager.

Requires improvement



Linday Medicare Services Enterprises Limited

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 inspection took place on 06 November 2015 and was announced. The provider was given 48 hours' notice because the service is small and the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be in.

Before the inspection, we looked at information we held about the provider. We found the provider has not sent us any statutory notifications including safeguarding concerns or accidents and incidents because there was no reason to do so. A notification is information about important events which the service is required to send us by law.

The inspection was carried out by one inspector. At the inspection we spoke with the registered manager and an administration manager. We spoke with two people using the service, a relative and a care worker on the phone. We looked at two care plans, two staff files including recruitment, supervision and training records and the provider's policies and procedures.

Is the service safe?

Our findings

Safe recruitment practices were not always followed. Staff told us they went through a thorough recruitment and selection process before they started working for the service. The provider informed us they had systems in place for the safe recruitment and selection of staff. At the time of our inspection, the provider had employed two care workers to provide personal care. We looked at the recruitment records of the two care workers that worked for the provider. The staff files included proof of identity, the right to work in the United Kingdom and criminal records checks for staff before they began working at the service. We saw that both staff files included criminal record check carried out by the staff's previous employer one dated February 2014 and the other 4 June 2014. The provider showed us an email correspondence to demonstrate they had applied for new criminal records checks to be carried out with their organisation.

We saw that each person employed had completed an application form which included information on their previous work experience and educational qualifications. However we noted there were gaps in people's educational and work history because staff had submitted forms that were not complete and did not include all the appropriate dates. We brought this to the attention of the registered manager who informed us that they used information on staff's curriculum vitae (CV) rather than the application form. However the provider was not able to show us the staff member's CVs to evidence that employment gaps had been accounted for. This showed that the provider was not following the legal requirement to ensure that all staff provide a full employment history.

Staff records did not contain a health declaration form to demonstrate they were fit to perform the role which they were employed to undertake. Two references were not always obtained for staff before they began work as required. One staff file contained one reference and the other did not have any reference on file. The administration manager informed us they had acquired two references for both staff through email correspondence. However, they were unable to provide us with this evidence at the time of our inspection. There was a risk that staff had been employed to work with vulnerable people without having been appropriately vetted by the provider in compliance with legal requirements.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us evidence of references, full employment history and current DBS checks for staff.

People using the service told us they felt safe. One person said, "I feel very safe, the staff are very good." The provider had safeguarding vulnerable adult from abuse and whistleblowing policies in place. The registered manager and staff we spoke with knew of their responsibility to safeguard people who used the service. Staff told us of the types and signs of abuse and the actions they would take to ensure people remained safe. They said they would call the office or report to their manager. The registered manager told us they would report any concerns to the local authority and the Care Quality Commission. The manager said there had not been any safeguarding concerns since registering with CQC and the records we held about the provider confirmed this. Staff we spoke with told us if they had any concerns they would whistleblow and would report to their manager or CQC. The registered manager informed us that all staff had completed safeguarding vulnerable adults training and the training records we looked at confirmed this.

Before people began using the service, the provider carried out risk assessments for identified risks. These included any risks related to their home environment and their health and social care needs. Where risks were identified, there were action plans in place to prevent or minimise the risk from occurring. For example, where people were at risk of dehydration staff were also informed to encourage people to drink fluids to keep them hydrated. Staff we spoke with were aware of people's individual needs and the support they should provide to ensure their needs were met.

The people we spoke with told us they were independent with the management of their medicines. One person told us they were not taking any medicines at the moment therefore did not need any support with medications. The provider and care workers informed us that they did not support people to take their medicines. Training records showed that staff had received training in the handling of medicines to ensure they had appropriate skills to support people when required.

Is the service safe?

Sufficient numbers of staff were deployed to provide the support that people required. We found that people using the service required one care worker to support them. People we spoke with told us they felt one staff was enough to support them and that staff turn up on time and stayed for the duration which they were contracted to provide the care.

The provider had arrangements in place to deal with foreseeable emergencies. The provider had a business continuity plan in place which covered areas such as flood,

fire, IT failure and staff unavailability. The continuity plan included actions staff should take in the event of an emergency. Care workers we spoke with were aware of emergency procedures. Staff told us they would contact their office in the event of no reply at a person's home and the emergency services if required. Training records we looked at showed all staff had completed fire safety and basic life support training to ensure they had appropriate skills to support people in the event of an emergency

Is the service effective?

Our findings

The provider informed us that before staff started working with the service, they completed a week induction which included familiarising themselves with their policies and procedures, training and shadowing an experienced member of staff. They said this was the period they introduced staff to people using the service. Staff we spoke with confirmed that they completed an induction when they began working with the provider and this included some time in the provider's office and completing mandatory training. However, the provider did not have any documentation in place to demonstrate that all staff had completed an induction to ensure they had acquired appropriate skills and training for the role which they had been employed to undertake.

The provider had a supervision policy and procedure in place which stated that each staff member should receive at least four supervision sessions with their manager or supervisor every year and the supervision sessions should be recorded and stored in a manner that maintains their confidentiality. Staff we spoke with told us they received monthly supervision from their manager and they found these sessions "helpful". The registered manager we spoke with told us that they carry out monthly supervision sessions with all their staff. They showed us a supervision matrix for all staff which was a monthly tick box. However there was no complete record of discussions with members of staff available for the provider to assure themselves that staff were being adequately supported in their role.

These issues were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

It was the provider's policy to ensure that all staff completed mandatory training in areas such as safeguarding vulnerable adults, health and safety, manual handling, infection control, food hygiene, fire safety basic life support and lone working. Staff we spoke with told us they were always prompted to attend training courses. The training records we looked at showed that all staff had completed mandatory training relevant to their job role.

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. We checked whether the service was working within the principles of the MCA. The registered manager understood the principles relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). At the time of inspection there was no one using the service who could be considered as being deprived of their liberty. The registered manager knew of the correct procedures to follow to ensure people's rights were protected, they said both individuals currently using the service had capacity to make decisions about their own care and support. However, if they had any concerns regarding a person's ability to make a specific decision, they would work with the person, their relatives and the appropriate health care professionals to ensure a capacity assessment was undertaken. If the individual was found not to have capacity, 'best interests' decisions would be made in line with the Mental Capacity Act 2005.

People we spoke with told us they did not have any concerns regarding the support they received with eating and drinking. A relative told us that staff supported their love one to eat adequately. Staff we spoke with told us they always ask people of their preferred choice of food or drink before providing it. They told us that they supported people to warm-up their food and also have a hot drink. People's care plans we looked at included their nutritional needs and food preferences and the support staff should provide. For example, the manager told us that one person was to have porridge for breakfast every morning and this information was included in their care plan.

Information about people's healthcare needs was included in their care records. Care records contained details of healthcare professionals involved in people's care; for example, information about people's GP. Staff told us they would notify their office if people's health needs changed and would contact their GP if they needed support to make an appointment.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the service. People told us that staff arrived on time and provided them with the support they needed. One person said, “It’s very nice to have them here...they are very good.” Other comments included, “Staff are very kind and they respect me.” People told us the care they received was personal to their individual needs.

Staff told us the service tried to keep care staff with the same person who used the service to maintain continuity of care and build good working relationships. People we spoke with mentioned their care staff by name which demonstrated they knew the individual staff that supported them.

People told us that their privacy and dignity was respected at all times. A relative told us that their family member was always treated with respect. The registered manager told us that people’s privacy and dignity were maintained and care workers were aware of how to do this by knocking on people’s doors and entering only when given permission to do so. Staff told us that they respected people’s homes and did not enter rooms which they were not required to use. They said when providing personal care they always covered people with a towel to maintain the individual’s dignity. We noted that staff called people by their preferred names when referring to them.

People told us they were able to do most things for themselves. We found that both individuals who used the service were independent most of the time and only required a few hours a week for support. The care plans identified things people could do for themselves and those that they needed staff support with. For example, we saw that one person needed support with bathing but was able to manage their own toileting needs. Staff told us they promoted people’s independence by encouraging them to do things they were capable of doing. For example, they would involve them in getting their meal ready or encourage them to be as independent with personal care if they could.

People told us they and their relatives were involved in decisions about the care and support that they received. The provider told us that people and their relatives were involved from the initial assessment onwards and were encouraged to express their views about their care and support plans. People’s care records we looked at showed that they had been involved in their care planning and were able to state any preferences in relation to the care and support they received. People and their relatives we spoke with were aware of the support they or their loved ones should receive and people had signed their care plans to confirm their agreement.

Is the service responsive?

Our findings

People said they had a care plan in place and staff wrote in it at every visit and summarised tasks which they had undertaken to ensure that the care delivery was in line with the care that was planned for them. One relative told us they read the daily care notes when they visit their loved one's home to ensure they were being supported in an adequate manner and their needs were being met.

Staff knew the care needs of the people they supported including their likes and dislikes, their health and support needs and things that interested them. We looked at the care plans of both people using the service and they were well organised and easy to follow. The care plans included a pre- assessment record, risk assessment and a care plan. The assessment record covered areas such as general health, medication, mobility, any specialist aids and equipment to mobilise and communication needs. People's care plans included guidance on how staff should support them to ensure their needs were met. Where people's needs had changed, the care plans were updated to reflect these changes to ensure staff knew how to provide the appropriate care and support. All the people we spoke with confirmed that the delivery of care was in line with the care plan agreed with them. The care plans we looked at were reviewed regularly to meet people's changing needs.

People we spoke with told us they knew how to complain if they were not happy with the service but people said they had nothing to complain about. One person told us that they would speak with the care staff or the manager if they encountered a problem. One person said, "I have no problem with the service."

The provider had a complaints policy in place and the complaint policy was included in the service user handbook. The registered manager told us that people had copies of the service user handbook in their home. The complaints policy we looked at included information on timescales in which complaints would be responded to and the action the provider would take. It also included contact details of external organisations such as the Care Quality Commission and the Local Government Ombudsman to contact if the problem was not resolved. The registered manager informed us they had not received any complaints since starting the service and the complaints log we looked at confirmed this.

People told us that they appreciated the care workers coming to their home because they could have conversation with them. Staff told us that at each visit, they made time to engage people in conversations to keep them stimulated. One relative we spoke with told us that one of the main reasons why their loved one was using the service was to ensure that they were engaged in conversation during the day to keep them stimulated.

Is the service well-led?

Our findings

There were areas of quality checks that required improvement.

The provider did not always have appropriate systems in place to audit staff files including staff induction, supervision and recruitments records and to ensure appropriate documentation were in place for all staff and to evidence that staff had been provided the appropriate support and skills to undertake the job role which they had been employed to do.

There were processes in place to assess and monitor the quality of the service. The provider carried out both telephone monitoring and unannounced visits to people's home to ensure that the quality of the service provision was to the required standard. People told us that the provider called to check on the quality of care they received and sometimes visited them in their home. The administration manager told us they were responsible to making these telephone calls to ensure people were happy with the service provided. However, we found that these monitoring calls were not documented.

The registered manager informed us that they carried out spot checks to ensure that staff were providing quality care and were delivering care and support that was planned for. Staff we spoke with confirmed that their manager visited unannounced to check on the care and support they were providing. People we spoke with confirmed that the manager sometimes visited their home when staff were

around but could not provide us any additional information. There was a risk that issues would not be identified if records of these quality checks were not maintained.

We recommend that the service seek advice and guidance from a reputable source, in relation to quality monitoring systems.

People using the service and their relatives knew who the manager was and felt the service was well run. They told us the manager visits regularly to find out if they were "okay" and if the care provision was meeting their needs. Staff we spoke with told us that their manager was approachable and they could raise any concerns with them. Staff said they felt well supported in their role. There was a registered manager in post. The registered manager was responsible for the daily management of the service. The registered manager told us they were also responsible for delivering personal care where staff were unavailable to ensure people receive the care and support planned for them.

The provider had a system in place to record accidents and incidents; however, they told us that no accidents and incidents had occurred since they started operating the service. The registered manager was aware of their responsibility to inform the Care Quality Commission of notifications such as safeguarding vulnerable adults concerns, accidents and incidents and notifications of death as part of their statutory notification. A notification is information about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not always have effective recruitment and selection procedures in place to ensure fit and proper persons were employed.

Regulation 19 (2)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not always have records relating to people employed with the carrying out of a regulated activity in accordance with current legislation and guidance.

Regulation 17(2)(d)