

# Leys Consultants Limited

# Leys Consultants

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Leys Consultants is a domiciliary care agency providing personal care to people in their own homes.

At the time of the inspection, there were eight people using the service. Not everyone who used the service received personal care. At the time of our inspection they were providing personal care to four older people, some with a diagnosis of early dementia. The Care Quality Commission (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

Although we received positive feedback from people, relatives and staff about how the service was managed, we found there were a lack of quality assurance checks to monitor the quality of the service. Some policies were out of date, there were no formal methods of auditing records and to identify some of the issues we found at this inspection.

Staff were given training that was relevant to the needs of people using the service. However, we found that staff induction checklists, supervisions and competency checks were not being completed or recorded.

We have made a recommendation to the provider in relation to formal engagement with people, staff and other relevant stakeholders.

People and their relatives were satisfied with the service and care they received. They told us they had no concerns around safety. There were enough care workers employed who continued to meet people's needs. Infection control practices were safe. Risks to people were assessed and managed, this helped to the provider to deliver care in a safe way.

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.

The provider sought appropriate consent from people before starting to support them. People were supported by the provider to meet the health and dietary needs. .

The service was caring, this was reflected in the feedback we received from people and their relatives. Care workers demonstrated a good understanding of people's support needs and cared for them in a dignified and respectful manner. People were involved in planning and directing their own care.

Care plans were person centred, containing the views of people using the service. They were written in a manner that promoted independence and care workers supported people in line with their individual

preferences. People and their relatives were given details about how and who to complain to if they were not satisfied with their care.

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

#### Rating at last inspection

This was the first inspection of the service since it registered with the CQC on 16 October 2020.

#### Why we inspected

This was a planned inspection based on when the service registered with us.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Leys Consultants

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. The provider was recruiting a person for this position.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 May 2022 and finished on 07 June 2022. We visited the office location on 26 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with one person and relatives of three people who used the service. We spoke with the nominated individual, a director and the care co-ordinator and three care workers. A nominated individual supervises how regulated activity is managed.

We reviewed a range of records. This included two people's care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

We requested additional evidence to be sent to us after our inspection. This including the service user handbooks and records relating to governance including policies and procedures.

# 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 inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives did not raise any concerns about their safety and said that care workers treated them well. Comments included, "Yes, I feel safe" and "The carers are fine."
- The nominated individual confirmed there had been no safeguarding concerns with the service which was reflected in the feedback we received from people, relatives, staff and the records we saw.
- Care workers were able to explain to us what they understood by safeguarding, how they would identify if people were at risk of harm or abuse and what action they would take. They told us, "Safeguarding is how we protect people from harm. If we notice any unexplained marks or bruises, we need to report it immediately."

Staffing and recruitment

- We were assured that the provider operated robust recruitment procedures.
- Employment files included details of references from previous employers, medical questionnaires, evidence of right to work and identity.
- Disclosure and Barring service (DBS) checks had been sought for staff, these are criminal record checks that employers undertake to make safer recruitment decisions. Some of these were from staff previous employers, however the provider had signed up to the DBS update service. The Update Service is an online subscription that allows people to keep their certificates up-to-date, and allows employers to check a certificate online.
- People and their relatives told us that care workers were always on time and stayed for their expected duration.
- Due to the size of the service, there was no electronic system used to monitor care worker call visit times. However, people and/or their relatives were expected to sign staff timesheets confirming they had attended their visits on time.

Assessing risk, safety monitoring and management

- Risks to people were assessed and there were management plans for staff to refer to and implement to help reduce the risks to people. This ensured that care workers were able to support people in a safe way.
- Assessed risk included those in relation to moving and handling and choking. There were guidelines in place to reduce these risks and care workers that we spoke with demonstrated a good understanding of how to manage these risks.

Using medicines safely

- People and their relatives told us they were supported to take their medicines by their care workers.

- Where care workers supported people to take their medicines, they completed medicines administration record (MAR) charts to evidence this. The records showed that medicines being given as prescribed. However, we found that these records contained some gaps such as the dates missing. We raised this with the managers during the inspection and they told us they would ensure that medicines records would be audited in future as part of their quality assurance checks.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Staffing

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

#### Learning lessons when things go wrong

- The nominated individual told us there had been no incidents or accidents in the service. Records that we reviewed confirmed this.
- The provider had a system in place to record any incidents and accidents that occurred, such as body maps.



# 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 inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Although care workers told us they were happy with the training and support they received, we were not assured that they received the appropriate training and supervision to carry out their duties effectively and safely.
- For example, one care worker who had started working for the provider in September 2019 had only one recorded supervision in their personnel file. There was no recorded supervision for another care worker who had started in June 2019.
- The provider was unable to provide us with evidence that care workers had completed their induction as no records were available to demonstrate this. Although the nominated individual told us that new care workers shadowed a more experienced staff member when they first started, there were no records to evidence this.
- Records showed, and staff confirmed that medicines training was delivered. However, this was done via e-learning and the provider did not carry out competency checks to assure themselves that staff were competent to do so. The provider's medicine policy stated "Prior to the setting up and/or administering medications, staff will be required to demonstrate medication set up and/or administration established specifically for each person served at their location, if this has not already been completed. This will be completed for each staff person during orientation, within the first 60 days of employment."

The above issues meant that we could not be assured that staff received the appropriate support and supervision from the provider to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above training records showed that care workers received training in other topics that were considered mandatory by the provider. These included moving and handling, medicines awareness, information governance, lone working and other topics.

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

- The nominated individual or the care co-ordinator carried out assessments of people's support needs and any associated risks before people first began to use the service. This gave them an opportunity to capture their needs supports and help them to develop care plans.
- People and their relatives told us they were involved in these assessments and were able to make any changes to their identified support needs. They were given time to read and agree to their care.

- Assessments included people's preferred visit times, their preferences in relation to their care and also the gender of the care worker. For example, where females preferred to be cared for by females, these needs were met.

#### 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.

- People told us that care workers delivered care in line with their choices and their consent.
- Care plans included people's consent to care and were signed by people or, if appropriate, their relatives. People told us they were given copies of care plans which were accurate and in line with their wishes. Care plans included information in relation to the MCA, including people's mental capacity to make decision making.
- Care workers were familiar with the MCA and the need to gain consent from people when supporting them. They received training in MCA as part of their mandatory training.

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

- People were supported by care workers in relation to their diet and nutrition. Training records showed that care workers received training in relevant topics such as food handling and hygiene including nutrition and hydration.
- Care plans included information about people's dietary support needs, their preferences and any risks involved. Care workers that we spoke with were familiar with these needs and told us they either prepared meals or supported people to eat meals that had been prepared by relatives.
- One relative told us, "Yes they help with breakfast, it's all fine. They offer [family member] choices."

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

- People were supported by care workers to live healthier lives and the provider liaised with other professionals to ensure people's needs were met.
- Care plans contained details of any healthcare professionals involved in people's care such as their GP or pharmacist.
- Support plans included details about people's past and current medical histories but also in relation to any ongoing care support needs such as pressure areas/skin integrity.
- Care workers received training in relation to supporting people with their healthcare needs such as first aid, dementia awareness and sepsis awareness.

# 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 inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us that care workers treated them with respect and they enjoyed their company. Comments included, "I am more than happy", "Yes they are kind and caring" and "One of the carers is excellent."
- People received care from the same care workers which helped them to establish good, stable relationships with them. Care workers told us they were given enough time during each visit and were not rushed. This was reflected in the feedback we received from people and their relatives.
- Care plans for religion/faith needs were in place and records showed that care workers received training in equality, diversity, inclusion, human rights and duty of care in Health and Social Care.

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

- People and their relatives were involved in planning their care, from the initial assessment to care planning. Comments included, "Yes, I've got a copy of the care plan at home."
- Care plans included details about people's wishes and preferences. For example, details about their care needs during the day and night, preferences in relation to personal care and nutrition. Staff were able to tell us about people's preferences and how they cared for them which was in line with their care plans and people and relatives told us they received care in line with their wishes.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that care workers supported and maintained their independence.
- Care workers gave us examples of how they supported people in a manner that was dignified and respectful of people's right to privacy. One care worker said, "[Person] values her privacy so she wants to do as much as she can herself, she only calls us when needed. We have to respect and do as she wishes."
- Care plans included areas of support and how independent people were in each area. For example, in relation to their medicines, continence, moving and handling and personal care needs. They were written in a way that encouraged independence.
- People and their relatives told us that personal care was delivered in a discreet way which protected their dignity.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- People had individual care plans in place which clearly documented their support needs. These had been reviewed recently by the provider.
- Care plans were person-centred, capturing people's support needs, and the help they needed in each area. They covered a number of relevant areas, such as night care needs, personal care needs, mobility, nutrition and diet.
- Feedback from people and their relatives that care was delivered in line with care plans and people's wishes.

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.

- None of the people who had used the service had specific communication needs in relation to sensory impairments. However, communication care plans captured people's preferred methods of communication and how they expressed themselves.

End of life care and support

- None of the people using the service were on end of life care.
- End of life care plans were in place if required and people's wishes and contacts were recorded for staff.

Improving care quality in response to complaints or concerns

- There had been no formal complaints received by the provider.
- People and their relatives told us they knew who to contact if they had any concerns or issues to raise. They felt the managers were approachable and would act if they made a complaint.
- People were issued with a 'client handbook' which gave details of how they could make a complaint and an overview of the provider's complaints procedure and giving feedback.

# 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 inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- There was no registered manager at the service, however the nominated individual confirmed they were in the process of recruiting for this position. The service was being managed by the nominated individual, a care co-ordinator and a company director.
- There was a lack of quality assurance checks for the provider to monitor the quality of service.
- For example, daily logs were not formally audited to check for accuracy, medicines audits did not take place regularly and the provider's checks failed to identify the areas of concern we found at this inspection including the shortfall with staff supervisions.
- There was a lack of formal methods of gathering feedback from people or checking care workers were carrying out the duties competently as there were no spot checks records.
- Some of the policies were out of date and made reference to old standards. For example, the training and development policy made reference to 'Outcome 14: Supporting Workers of the Care Quality Commission's Guidance about Compliance: Essential Standards of Quality and Safety' and '2010 Skills for Care Common Induction Standards (CIS)'. These are old, out of date standards. The policy was not dated and did not have a review date.

The above issues meant that we could not be assured that there were robust quality assurance checks which were effective in driving improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- More informal telephone monitoring also took place just to make sure that people were happy with the service.
- The nominated individual confirmed there had been no notifiable incidents to the CQC needed, however she was aware of when these were needed to be notified to the CQC.

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

- The nominated individual was aware of the provider's responsibilities under duty of candour. However, there had not been a need to act under this. This was reflected in the feedback we received from people and their relatives.
- We received positive feedback from people, relatives and staff about the service.

- People and their relatives told us the nominated individual or the care co-ordinator were easy to get hold of. Comments included, "There is always someone available to call, either the co-ordinator or the manager" and "[the care co-ordinator] is approachable."
- The client handbook gave details about the standards that people could expect, and included the care philosophy, principles and values of the service
- Staff also told us they felt confident to raise any concerns and felt comfortable in approaching managers. The staff handbook gave details about the whistleblowing policy and who staff could contact outside of the provider if they had concerns.

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

- People and their relatives told us the management team were contactable and they kept in regular touch with them. They said their care plans and the care delivered reflected their current needs.
- Team meetings between the nominated individual, directors and the care co-ordinator took place on a regular basis, sometimes these were held informally due to the size of the service.
- There were no formal team meetings that took place with the wider staff team, including the care workers.

We recommend the provider develops ways in which it could engage with people, relatives, staff on a more formal, regular basis.

Working in partnership with others

- There was evidence that the provider worked in partnership with other stakeholders such as training providers, and other homecare agencies to support people and the staff.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance and quality assurance processes were not always effectively managed. Regulation 17(2)(a).
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Persons employed by the provider did not receive appropriate support, training and supervision to enable them to carry out the duties they were employed to perform, Regulation 18(2)(a)