

Miss Leanne Porter

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## Inspection report

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Date of inspection visit:  
14 November 2022  
22 November 2022

Date of publication:  
12 January 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Miss Leanne Porter is a home care service providing personal care to adults with a range of support needs in their own homes. At the time of the inspection there were 9 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.

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

People's risks were identified, monitored and managed, however they were not always clearly assessed or recorded. People's medicines were not always safely managed, there were some gaps in information and record keeping.

The systems in place to monitor the quality of the service were not always effective. Although staff were aware of people's needs and how to manage their risks, these were not always clearly recorded and the current systems in place had not identified this. Improvements were required to identify when guidance for staff was not always documented or when staff did not record when tasks were completed.

People were protected from the risk of harm or abuse. People were supported by staff who were recruited safely. The provider had effective control systems in place to help ensure people were protected from the risk of infection. Lessons were learnt when things went wrong.

People's care needs were assessed and used with their choices to form their care plan. Staff received a full induction and training and were supported to effectively meet people's needs. People were supported to eat and drink and maintain a healthy diet. The provider worked in partnership with other health and social care professionals to ensure people received consistent and effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well treated and supported with their equality and diversity respected. People were supported to share their views and be involved in decisions about their care. People's privacy, dignity and independence was respected and promoted.

People received personalised care which met their needs and preferences. The registered manager was aware of the Accessible Information Standard. People were supported to maintain relationships and follow their interests. People and their relatives we spoke with confirmed they did not have any complaints. People received end of life care and support where required.

People, their relatives and staff were engaged and involved in the service. The registered manager and staff shared a positive culture which was person-centred and open and honest. The registered manager took action to update people's care plans to include required risk assessments and guidance for staff. They were also in the process of updating people's medicine administration charts to include specific information for staff.

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 service was registered with us on 10 October 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

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

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 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.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Miss Leanne Porter

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors on the first office visit, and 1 inspector on the second office visit.

#### 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 short 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 in the office to support the inspection.

Inspection activity started on 14 November 2022 and ended on 25 November 2022. We visited the location's office on 14 November 2022 and 22 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service and 2 relatives about their experience of the care provided. We spoke with 4 members of care staff including the provider/registered manager and a consultant who was supporting the provider. We reviewed a range of records, this included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits and action plans.



# 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's risks were identified, monitored and managed, although they were not always clearly assessed or recorded.
- The registered manager had identified risks to people and although staff knew how to manage people's risks, for some risks there was no specific risk assessment in place. For example, we found where people had known allergies recorded, their care records did not contain specific risks assessments to inform and guide staff.
- One person was diabetic, there was no risk assessment to inform staff of specific information to help manage their diabetes. Once raised the registered manager took prompt action to ensure risk assessments were in place which included clear guidance for staff.
- We found some people's bowel monitoring charts and skin integrity reviews were not consistently recorded. The registered manager confirmed staff knew the process and this was a recording error. They took action to address staff record keeping and updated people's care plans to document guidance for staff to follow. One relative also told us, "There are no concerns with monitoring bowel movement, it is dealt with between all of us, we all communicate and there are no concerns."
- People and their relatives confirmed staff knew people's needs and risks and they were supported as required and in line with their care planning. Staff we spoke with also shared their knowledge of people and how to support them. One relative told us, "They [staff] can tell when [Person's name] is having an off day, we all work together to check and monitor them."

### Using medicines safely

- People's medicines were safely administered, however they were not always clearly recorded.
- We found some people's medicine administration records (MAR) were not consistently completed. The registered manager was already aware and following our first office visit they further discussed recording errors with staff and scheduled one-to-one training to help ensure staff effectively recorded the administration of medicines.
- Some MARs did not include specific instructions to guide staff. The registered manager had started to update people's MARs to include the required relevant information, this helped ensure guidance and instruction for staff was clearly documented. They were also in the process of ensuring people had up to date protocols in place for as required medicines.
- Staff confirmed the safe administration of people's medicines and knew of any specific concerns. People and their relatives also confirmed staff knowledge of their medicines. One relative told us, "I have no concerns with medicines, everyone is on board including involvement from the General Practitioner (GP)."

- Staff completed training in medication management and were regularly observed to ensure medication was being administered safely.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- All staff received training in safeguarding as part of the completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff we spoke with confirmed they process they followed if they had any concerns.
- People and their relatives confirmed people felt safe when carers attended their calls. One person told us, "I feel safe with the carers, they ring the bell and then use the key safe, I am happy with that." One relative told us, "I feel they [person's name] is definitely safe when the carers are there, if at any point staff are unsure, they phone into the office or they contact me."

#### Staffing and recruitment

- People were supported by staff who were recruited safely.
- The provider completed safe recruitment checks to ensure staff were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives confirmed staff were consistent and stayed for the duration of calls. One relative told us, "They [the provider] have continuity with staff which makes a big difference, the staff go above and beyond. [Person's name] always seems to respond well to all the carers."

#### Preventing and controlling infection

- The provider had effective control systems in place to help ensure people were protected from the risk of infection.
- People and their relatives confirmed staff wore the required Personal Protective Equipment (PPE) during visits. Staff also confirmed they had access to PPE.
- People's care records included where infection, prevention and control was required to ensure safe care, for example in medication care plans for safe administration.
- Staff completed training in infection control and COVID-19 measures to help protect people from the risk of infection.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The registered manager kept a record of accidents and incidents which they analysed to help ensure lessons were learnt when things went wrong. At the time of our inspection there was 1 incident recorded. The record showed action taken and how to reduce the risk of it happening again.
- The registered manager reviewed their processes and took action when areas for improvement were identified, for example with their medicine administration records.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed, and their care plans reflected their individual choice
- People and relatives confirmed their input into care planning was sought. One person told us, "Staff ask if there is anything else I want or if I would prefer something different, but there is a routine and they know the routine."
- People's care records included their medical history and social interests. This provided staff with further information of the person's background and history. One relative told us, "The staff know when [Person's name] is poorly, they recognise any signs or symptoms, they are familiar with them."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to effectively meet their needs.
- People and their relatives told us staff knew how to support people. One person told us, "As far as I am concerned, I am very happy with the service I get from them."
- Staff confirmed they had the right training and support to meet people's needs. One staff member told us, "We constantly have training, I enjoy the training, as things change you can keep on top of them. We have regular supervisions, they are beneficial."

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

- People were supported to eat and drink and maintain a healthy diet.
- Staff supported people with their food and drink where required. One relative told us, "Staff cook their food for them, [Person's name] tell them what they want."
- Staff received training in diet, nutrition and hydration and diabetes awareness to help support them to meet people's individual needs.
- People had reviews from specialist services as and when required to meet their nutritional and hydration needs. For example, where people were on modified diets staff followed advice and guidance from the speech and language therapy reviews.

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

- The provider worked in partnership with other health and social care professionals to ensure people received consistent and effective care.
- People's care records detailed where guidance or advice was sought from external professionals. This included referrals or information provided from general practitioners (GPs), district nurses, dieticians and

speech and language therapists (SALT).

- Staff communicated effectively with external organisations to support people to access healthcare services and support. One relative told us, "We [staff and relative] all communicate with GPs and district nurses when needed. The staff are really good at communicating anything and they follow advice and guidance."
- One person's relative told us how proactive the registered manager was when they identified signs of a urinary tract infection (UTI). The relative told us, "The registered manager was first class and I cannot fault them."
- People's care records detailed their oral health requirements and specific guidance for staff to support their individual oral health needs.

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 MCA 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.

- Staff received training on deprivation of liberty safeguards, and they delivered care in line with the MCA.
- People and their relatives told us staff sought people's consent before providing support. One relative told us, "[Person's name] best interests are always at heart." One person told us, "Staff always explain what they are doing and ask if that is ok."
- People's care records also detailed where consent had been gained.

# 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 were well treated and supported with their equality and diversity respected.
- People and relatives, we spoke with confirmed how caring staff were. One relative told us, "The care is really good, the staff are fantastic, they really are."
- One person told us, "I could not ask for better, the staff who come, they do as I ask, and they do it efficiently."

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

- People were supported to share their views and be involved in decisions about their care.
- Staff confirmed they involved people when they delivered care. One staff member told us, "People are involved in their care, we work with them and they tell us how they want things, we work hard to deliver that. It is all about their choice."
- People's care records showed where their input and individual preferences were considered within their care. This was included in their reviews of care needs and within their daily routines. One relative told us, "It is nice to have a company that are putting [Person's name] first, they 100% ask for input on preferences."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- People and their relatives told us staff respected them. One relative told us, "Staff respect [Person's name] dignity without a doubt, during personal care they are more than happy for staff to support them."
- Staff supported people whilst promoting their independence. One person told us, "Staff treat me with dignity and respect, they know the routine and explain and ask me about what I can do."

# 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

- People received personalised care which met their needs and preferences.
- People's care records included guidance for staff on how people preferred different aspects of their care to be delivered. One relative told us, "Staff support [Person's name] in line with their wishes and preferences, [Person's name] soon lets staff know, if they want things done differently. Staff do everything, they are really good."
- People and relatives, we spoke with confirmed staff provided person-centred care. One relative told us, "This company have put [Person's name] need and wishes first."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the Accessible Information Standard (AIS) and confirmed how people received information in different formats to meet their communication needs.
- One person sometimes communicated nonverbally, staff told us how they knew their method of communicating and utilised a white board when required to support the person with their communication.

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

- People were supported to maintain relationships and follow their interests.
- People, their relatives and staff all confirmed staff spent time with people talking with them about things they had an interest in. One relative told us, "Staff spend time talking with [Person's name] they keep the staff talking but staff always have a chat, even if it is passed the allotted time."
- People's care records detailed a social aspect which detailed if they went out of their house with family and/or friends.

Improving care quality in response to complaints or concerns

- The provider kept a folder for any complaints or compliments people and or their relatives had. At the time of the inspection there were no recorded complaints.
- People and relatives we spoke with confirmed they did not have any complaints; but they knew how to raise any concerns if they had them. One relative told us, "If I had any concerns, I would raise it with

[Registered manager name] they are really good."

- We reviewed feedback forms the provider shared with people using the service to make any improvements. One person commented, "On the whole there are no complaints."

#### End of life care and support

- People received end of life care and support where required.
- Staff received training on end of life awareness. They had regular communication with external professionals where specialist end of life care advice and guidance was sought to support staff to meet people's needs.
- People's care records detailed information of any future wishes they had to ensure staff met their needs and preferences.

# 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.

### Continuous learning and improving care

- The systems in place to monitor the quality of the service were not always effective.
- The registered manager had an audit form to review people's daily records, however, the form contained limited information and did not guide the auditor with specific required checks. Therefore, it was not effective in identifying the missed recording of bowel monitoring or skin integrity checks we found.
- The audit form in place did not identify where people's medicines were not clearly recorded on the MAR chart or where there was no specific guidance for staff when administering people's medicines.
- The registered manager had identified where staff had not recorded the administration of people's medicines and updated their forms to try and help improve staff completion. This, however, had not been effective, and we still found gaps on people's MAR charts.
- There was no specific audit for reviewing people's care plans, this meant it had not been identified when some risks were recorded but no follow up risk assessment was put in place.

Quality assurance systems were not fully effective at monitoring the service or identifying areas for improvement. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection.

- The registered manager reviewed and updated people's care records where information and risk assessments were missing and took action to address recording errors with staff.
- The registered manager planned to complete separate audits to review people's records. This would help identify gaps in recording and follow up with any action.

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

- The registered manager completed yearly staff competency checks which included different aspects of their role and practice. This helped ensure staff were supported to effectively meet people's needs.
- Staff files included policies with the dates they had read them. Policies included, person-centred planning, safeguarding, whistleblowing and the complaints policy. This provided staff with support and information.
- The registered manager informed us about significant events which occurred in the home within required timescales, in line with their legal responsibilities.

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

#### characteristics

- People, their relatives and staff were engaged and involved in the service.
- The provider gave people and their relatives the opportunity to complete feedback forms on the service they received. The registered manager reviewed and analysed the responses, to make improvements to people's experiences of care.
- We reviewed the most recent service user survey which had a high number of positive responses. For example, for the question, "Do you think the service is always supportive and focused on your needs?" the majority answered always.
- Staff attended team meetings and completed staff survey forms to make suggestions and improvements to the service. One staff member told us, "The team meetings are really useful, if we do have concerns, we all talk about it and try and support each other. We bring things up that we think we can improve on and we all contribute."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 staff shared a positive culture which was person-centred and open and honest.
- The registered manager demonstrated a passion for people's care and doing the right thing. Whilst they were aware improvements were required, they showed a proactive approach to making required changes and being open in the process. This passion was mirrored by staff, who shared their commitment and drive to make the service better for people receiving care.
- Staff confirmed they were supported to provide person-centred care. One staff member told us, "I have worked for a lot of companies, they are all the same, but this company is small and based around the person."
- Staff were encouraged to be open and honest when things went wrong. People's relatives confirmed if staff had any concerns, they shared them. One relative told us, "If there are any problems or issues, staff call me, if they have any silly questions, staff call me. The staff really are very good."

#### Working in partnership with others

- The provider worked in partnership with other health and social care professionals to help meet people's needs.
- The registered manager was working with the local authority to gain access to the capacity tracker. The capacity tracker is a form providers are required to submit to share up to date information in relation to their COVID-19 status and PPE supplies.

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  Quality assurance systems were not fully effective at monitoring the service and identifying areas for improvement.