

Lean On Me Care Services Limited

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Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| 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

Lean On Me Care Services Limited is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 13 people using the service, 5 people were receiving the regulated activity of personal care.

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 care needs and support requirements had been assessed, recorded and managed well. However, records relating to the management of people's medicines were not always clear. The provider had identified that parts of their governance and quality monitoring systems needed to improve to identify gaps in people's care records and the management of the service.

Although we found shortfalls in parts of the providers quality monitoring systems, the registered manager had good oversight of the service. People and their relatives felt confident in the management of the service and that any concerns would be acted on.

Safe recruitment practices and staff development systems were in place to ensure people were supported by suitably vetted and trained staff. There were enough staff to meet people's needs and who knew them well.

People received care from staff who were kind and caring. Staff treated people with dignity and encouraged people to reach their potential. The registered manager and staff had formed working relationships with health care professionals and families.

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.

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 15 March 2022, this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was also carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Enforcement and Recommendations

We have identified breaches in relation to the management of people's medicines.

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 around the management of people's medicines. 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.

Good ●

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 ●

Lean On Me Care Services Limited

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

The inspection was carried by 1 inspector.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2023 and ended on 31 May 2023. We visited the location's office/service on 25 May 2023.

What we did before the inspection

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 information gathered as part of monitoring activity that took place on 10 January 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 2 people's relatives who used the service about their experience of the care provided. We spoke with 6 members of staff, including the registered manager (who was also the nominated individual), a compliance manager and 4 care workers.

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

We reviewed a range of records. This included 3 people's care records and medication records. We looked at electronic staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from 2 health care professionals about their views of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People and their relatives told us they were supported to receive their prescribed medicines in a personalised way; however, we found some people's medicines management processes were not always clearly risk assessed and recorded in line with the providers medicine's policy and national guidance. For example, people's medicine administration record (MARS) charts had not always been effectively completed using standardised and agreed coding. Therefore, whilst people told us they received their medicines as prescribed, their MARS charts and medicines care plans did not always reflect the support people received with their medication. This was discussed and immediately addressed by the registered manager.
- The provider had recently implemented a new electronic data care system and was experiencing some initial 'teething' problems. However, the provider's medicines audits had identified shortfalls in people's care and medicine records and how staff recorded medicines administration on the new system.
- Our concerns about the monitoring of people's medicines records have been addressed in the 'well-led' part of this report.

Staffing and recruitment

- Safe recruitment practices were being used. The registered manager had obtained criminal background checks and sought employment checks in line with their recruitment policies. Discrepancies of staff employment histories were clarified at interview; however, these discussions were not consistently recorded. The provider agreed to extend their interview forms and recruitment risk assessment tool to capture and manage any discrepancies or gaps in staff's employment. This process helped the registered manager to evidence how they assessed the character of new staff.
- People were supported by a core staff team who knew them well. New staff were given opportunities to shadow more experienced staff to enable them to fully understand people's needs.
- People and their relatives confirmed that staff were reliable and punctual. When asked about the punctuality of staff, one relative said "They [staff] are pretty much on time. They are a breath of fresh air." We were told that communication from the service was generally good if staff were running late.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to help ensure people were safeguarded from the risk of abuse.
- Staff had been trained in safeguarding and had access to the provider's policies and procedures to protect people from abuse.
- Staff and the registered manager were aware of their role to raise any safeguarding concerns and inform relevant safeguarding agencies as well as CQC.
- The registered manager stated there had been no safeguarding concerns since their registration. They

were able to describe their processes if a safeguarding incident occurred in line with their policy.

- People and their relatives confirmed they felt safe being supported by staff and had no concerns about their safety.

Assessing risk, safety monitoring and management

- People's risks associated with their health and social care had been identified and assessed as part of their initial assessment and on-going reviews.
- People and their relatives confirmed staff supported them to manage and monitor their personal risks and escalate any concerns with health care professionals.
- Records of people's support needs and risks were managed and recorded on the provider's electronic data care system. Staff could access people's care plans, risk assessments and management plans such as risks relating to their mobility and skin condition on an application (app) on their mobile device.

Preventing and controlling infection

- The provider had ensured safe infection control systems were being maintained such as wearing of Personal Protective Equipment (PPE) and hand washing which reflected the current government guidance. This was confirmed by people and their relatives.
- Staff had been trained in infection prevention and control practices and had access to PPE. They were aware of safe usage and the disposal of used PPE.

Learning lessons when things go wrong

- All incidents, accidents and concerns were reported by staff, recorded and followed up by the registered manager.
- Staff, people and their relatives all told us they believed the managers took appropriate and timely action to resolve any concerns and make improvements to the care people received.

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 were initially assessed and visited by a member of the management team to ensure people's support needs were identified and reflected in their care plan.
- Staff accessed people's care plans which were held on the provider's electronic care data system. This included relevant information about people's health and personal circumstances and their support requirements.
- People's care and support needs and their views of the service were reviewed monthly, or earlier if their support requirements changed.
- A system to log staff's visit times helped to ensure visits were completed at the required time and for the appropriate duration which was audited by the managers.

Staff support: induction, training, skills and experience

- New staff completed an induction period at the start of their employment including training, reading key policies, and completing shadowing shifts. This was confirmed by staff.
- Further training was completed online as well as refresher courses as required.
- Staff supervisions were completed regularly to provide a forum to discuss staff's individual work issues, learning and development needs.
- Medicines training was complete and staff competencies were reviewed regularly to ensure staff had the skills they required to support people.

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

- Where support was required around people's nutrition, staff ensured people were supported to eat and drink and maintain a balanced diet.
- People's nutritional and hydration needs were recorded within their care plans, and intake monitored where required. Any concerns about people's appetite and hydration were reported and monitored.
- We were told people's cultural and religious food preferences and special diets would be assessed, recorded, and met where required.

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

- People's care needs were reviewed regularly or when there were changes in people's well-being or after hospital admissions to ensure staff fully understood people's current support needs.
- Care plans included details of other health professionals involved with people. Referrals were made to

other professionals and agencies as required. This was confirmed by health care professionals.

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.

- Through conversations with staff and people we judged that staff had a good understanding of gaining consent from people before delivering personal care.
- Staff supported people using the principles of MCA and described how they would support people in their best interest when required.
- People were involved in their care planning and consented to be being supported by Lean on me services.

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

- At the time of the inspection we received positive feedback from people and their families about the caring and compassionate nature of the staff who supported them. We received comments such as, "I can't speak any highly of them. They are spot on"; "They have a lively attitude and very compassionate" and "They are a breath of fresh air." People told they were supported by staff who were kind, caring and who understood their needs.
- Care plans included information about people's religion, culture, and sensory needs.
- Health care professionals also spoke highly of the caring nature of the staff. One professional stated, "I am very impressed with what I have seen first hand and also from testimonials verbally given to me from patients. Nothing ever seems too much effort for [registered manager's name] and her team, they all do it with ease."

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

- People were encouraged to be as involved as possible in decisions about their care and support.
- Care plans had been developed with people's input. Information about how people wished to be supported, their routines, equipment used, and their food and drink preferences were documented and accessible to staff.

Respecting and promoting people's privacy, dignity and independence

- Staff described the importance of respecting people's dignity and privacy. They spoke about people respectfully and without judgement.
- One health care professional wrote to us and said "[registered manager's name] and her team are effective in building relationships with others. It is important to [registered manager's name] and her team that they get to know the person so that there are personalised touches to their care. It is also important to [registered manager's name] and her team an individual is treated with respect and dignity.
- People were encouraged to be as independent as possible. Their personal aims and desired outcomes were recorded so staff could assist them to reach their potential.
- People and their relatives shared how staff and the management team went out of their way to understand what was important to them and helped them to achieve their health and personal goals such attending social events which were important to them.

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 care which was personalised and responsive to their needs. People explained staff were attentive to their care needs and enquired after their well-being. They explained staff always ensured they were comfortable and had important items by them when they finished their visit.
- People's care plans and risk assessments were stored securely on an electronic care management system. Staff, people and their relatives could access information about people's support requirements and the support they received on an application (app) on their mobile devices.
- Health care professionals reported they found the service very responsive, and staff consistently monitored people closely and reported any concerns. One professional stated "[Registered manager's name] and her team monitor the individuals they work with closely. If there is any change in a person's need, [registered manager's name] and her team are proactive in communicating with services to support an individual to access appropriate support."
- People and their relatives provided examples of how the staff had sourced additional help such as equipment to help people remain safely in their own home.

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.

- People's communication needs were assessed and discussed with them as part of their initial assessment.
- The registered manager was aware of the importance of communicating with people in their preferred methods of communication and to identify whether any aids or accessible resources were needed to assist with people's communication would help those with more specific communication needs in the future.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware of how to make a complaint.
- They told us they were confident the registered manager would listen and act on their concerns. They stated the registered manager was in regular contact with them and always addressed any day-to-day concerns promptly.
- There were no on-going complaints or concerns at the time of the inspection.

End of life care and support

- The registered manager was working sensitively with people to better understand and record their end of life needs.
- Staff had completed training in end of life care. We were told end of life support could be provided and staff would seek advice and support from relevant health care staff as needed to enable people to continue to live in their own home if they wished.

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

- The provider had developed a range of quality monitoring systems; however, they had recognised they needed to enhance their systems to improve their monitoring of the safety and quality of the service to assess the effectiveness and use of their new electronic data care system.
- A newly appointed compliance manager had implemented a system to regularly review areas of the service such as complaints, compliments, care plans, medicines, staff recruitment and development to help drive improvements. Through their own assessment of the service, the compliance manager had identified that further work was needed to develop their systems to ensure they were effective in assessing and monitoring the service against the regulations of the Health and Social care Act 2008. For example, their current audits had not always identified gaps in the management of people's medicines. The compliance manager was making progress in reviewing the providers quality monitoring practices.
- The registered manager's oversight and involvement in the delivery of people's care enabled them to monitor the quality of care being delivered and therefore reduce the risk to people while they reviewed their quality monitoring and governance processes.

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

- The provider's vision was very clear in delivering high quality care to enable people to live safely in their own home. Their values centred around delivering person centred care with compassion and kindness.
- The registered manager shaped the culture of the service and the standards of care being delivered. The culture of the service was to help people reach their potential and achieve their goals.
- People, their relatives, health care professionals and staff told us they felt the service was well led.
- The registered manager was open, approachable, and dedicated in delivering a service that met people's needs and expectations. Staff had confidence in the managers of the service and understood their role and felt supported. We received comments from staff such as, "It's the best job I have ever had" and "I feel proud to work for them, without a doubt this is the best company."
- The registered manager kept themselves updated by attending relevant forums, webinars and subscribing to relevant health and social care information agencies.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Systems were in place to manage incidents in line with the duty of candour.

- Staff were aware of their responsibility to report any accidents to the registered manager. All accidents and incidents were investigated, and any lessons learnt or changes in practices were shared with staff.

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

- People and their relatives were happy about the service they received and communication from the office, managers, and staff. However, one person expressed concerns about the management approach following our inspection.
- The provider valued people's feedback about the service. People's views were sought during monthly reviews and action was taken to address any concerns.
- Staff told us the management team was supportive and approachable. They spoke positively about the responsiveness of the management team and the culture of the service.

The provider helped to promote good health practices such as Covid-19 vaccination updates and local events through newsletters. Good staff practices were recognised and celebrated by the staff team.

Working in partnership with others

- The registered manager and staff worked in partnership with people's families and health professionals to ensure people's care needs were being met. One health care professional said, "[The registered managers name] keeps in close contact with the individual, their families and the professionals involved to ensure that the individuals care is meeting their needs."