

Lanh Professionals LLP

LANH

Inspection report

The Base
Dartford Business Centre, Victoria Road
Dartford
Kent
DA1 5FS

Tel: 03333583664
Website: www.lanh.co.uk

Date of inspection visit:
30 April 2019
02 May 2019

Date of publication:
05 June 2019

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?	Good ●

Summary of findings

Overall summary

About the service:

LANH is a domiciliary care agency registered to provide personal care for people who require support in their own home.

Not everyone using LANH receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, they were supporting nine people who received support with personal care tasks.

People's experience of using this service:

The service had improved since we last inspected it on 24 April 2018. People and relatives, we spoke with was positive in their feedback. A relative said; "The service we receive has been fantastic."

Care plans contained risk assessments, which were appropriately linked to people's support needs.

Processes were in place to identify and reduce any environmental risks to people and care workers.

Staff had received infection control training, staff told us they had a good supply of personal protection equipment and showed they knew how important it is to protect people from cross infection.

The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the service's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The service was working according to the Accessible Information Standard (AIS) and its requirements during our inspection. This meant that people were able to communicate effectively with care workers or understand what was going on and involved in decision-making.

People's needs were assessed prior to receiving a service including the protected characteristics under the Equalities Act.

Staff were skilled in carrying out their role. Trained staff were employed to meet people's needs. Staff said they were supported by the registered manager.

People were encouraged to raise any concerns they had or make suggestions to improve the service they received.

Staff felt there was an open culture where they were kept informed about any changes to their role. Staff

told us the registered manager was approachable and listened to their ideas and suggestions.

The service had effective systems in place to assess, monitor and improve the quality and safety of the services provided.

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

Rating at last inspection:

Requires Improvement (Report published 17 May 2018).

Why we inspected:

At our last inspection on 24 April 2018, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in relation to our findings, that the provider had failed to operate effective quality monitoring systems. We also recommended that the provider sought guidance on the implementation of comprehensive risk assessments and that the provider sought advice and guidance about making themselves available to people who use the service at all times particularly during emergencies to mitigate risk to people who use the service. We asked the registered provider to take action to meet the regulations. However, due to technical problems, we did not receive sent action plan by the date we stated. At this inspection, we found that improvements had been made in relation to the requirement made above.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

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 well-led

Details are in our Well-Led findings below.

Good ●

LANH

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector over two days.

Service and service type:

LANH is a domiciliary care agency registered to provide personal care for people who require support in their own home. People receiving care and support had a range of needs including, the elderly and people living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a comprehensive inspection, which took place on 30 April and 02 May 2019 and was announced. The provider was given 72 hours' notice of the inspection as we needed to be sure that the office was open, staff would be available to speak with us and people being enabled would be able to speak with us.

What we did:

We reviewed information we had received about the service since the last inspection on 24 April 2018. This included details about incidents the provider must notify us about, such as abuse or when a person dies. The provider completed a Provider Information Return. 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 used all this information including the information in our last inspection report to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with one person using the service, a relative, two care staff, the registered manager and the nominated individual. We requested feedback from a range of healthcare professionals involved in the service. We received feedback from a local authority commissioner.

We reviewed a range of records. This included three people's care records and medicines records. We also looked at two staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

We asked the registered manager to send additional information after the inspection visit. This included the staffing rota, staff training plan and care related guidance documents. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At our last inspection on 24 April 2018, we recommended that the provider sought guidance on the implementation of comprehensive risk assessments. This was because we found that people did not always have individual risk assessments about action to take to minimise the chance of harm occurring or eliminating any identified risk in a risk assessment. Further, the information documented was contradictory.
- At this inspection, we found that improvements had been made.
- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- Appropriate risk assessments specific to each person were in place and had been reviewed when required. For example, people who used equipment to help them mobilise or transfer had been appropriately assessed to evidence safe systems of work for the staff to follow. Care related risk assessments and guidance for areas such as diabetes and Chronic Obstructive Pulmonary Disease [COPD] had been put in place. Chronic Obstructive Pulmonary Disease [COPD] is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, and refractory (non-reversible) asthma.
- People were protected from risks from the environment. The environment and equipment were safe and well maintained.
- There was a system for the recording of accidents and incidents. The registered manager reviewed these to see if there were any patterns or behaviours that required input from specialists such as health care professionals.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection on 24 April 2018, we recommended that the provider sought advice and guidance about making themselves available to people who use the service at all times particularly during emergencies to mitigate risk to people who use the service. This was because a relative told us that the phone number on their website is unobtainable.
- At this inspection, we found that improvements had been made.
- People and staff had access to an out of hours on call system manned by senior staff.
- A relative confirmed our findings and said, "The communication had been good. They are contactable at any time."
- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A carer said, "If you see something that is not right, report it immediately. It could be anyone. I will report to my

manager."

- One person said, "I feel safe; they are very kind."

Using medicines safely

- People that required support to manage their medicines received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of medicines.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines. Staff competency was checked once a year.
- Systems were in place for the auditing of people's MAR sheets. These were checked during spot checks and monthly to identify any missing signatures or errors.

Staffing and recruitment

- Staff were recruited safely, and checks were completed. The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them.
- People's needs, and hours of support were individually assessed. There were enough staff employed to meet people's needs.
- Systems were in place for the monitoring of any missed or late calls. People told us the office would telephone and let them know if their care staff was running late due to traffic. There had not been any missed visits.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection. For example, they were issued with gloves, aprons and hand gel. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.
- Staff were trained in infection control. Refresher training were in place for staff.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents.
- The registered manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.
- Staff told us learning was provided in meetings with the registered manager when incidents occurred at people's homes and that this was also discussed in team meetings.

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.

Good: 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 needs, and choices had been assessed so that care achieved effective outcomes in line with national guidance. One person said, "They completed my care assessment before service started."
- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.
- Feedback received from a relative was that the registered manager visited them before they started to receive a care package.

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to successfully carry out their role. Training records confirmed this was the case. A relative said, "I believe the staff had been trained. They know what they are doing."
- Staff had received training to support them in their roles. Training certificates in staff files confirmed this.
- Staff commented that the training they received was useful.
- Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

Supporting people to live healthier lives, access healthcare services and support

- People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. We saw that the occupational therapist (OT) visited one person to assess their mobility after staff requested this. A relative confirmed this and said, "The carers are very knowledgeable. They advise on contacting health care professionals. That is why the OT came because of recent falls."
- Records showed that the members of staff worked closely with health professionals such as district nurses with regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, and movement concerns.

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

- Staff supported people to maintain healthy eating and hydration as stated in their care plan.
- People's care records included guidance for staff to follow. For example, diabetes, nutrition and weight loss. This included guidance from NICE, which further enabled staff in understanding and meeting people's needs.

- Staff demonstrated that they understood the importance of following set guidelines in place.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager liaised with professionals when assessing a person's needs and kept those needs under constant review so they could provide information to professionals when needed.
- There was a close working relationship with the local hospice, district nurses, local GPs, occupational therapists, and physiotherapists.
- We asked healthcare professionals if LANH staff co-operate with their service and if they shared relevant information when needed. A local authority commissioner confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- People's capacity to consent to care and support had been assessed and recorded before care and support were delivered. For example, records of any decisions that had been made with the relevant health care professionals in people's best interests had been included within people's care plan.
- The registered manager understood the principles of the MCA 2005 and was aware of the importance of respecting people's decisions.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "They [staff] are absolutely amazing and the care provided is amazing too."
- Staff knew the people they were supporting.
- People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details about people throughout the day, without needing to refer to their care plans.
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support. A relative said, "We are kept informed at all times and we are very involved on a daily basis."
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- One person said, "They all treat me with dignity and they are very respectful."
- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way.
- Staff understood the importance of respecting people's individual rights and choices.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Care plans included what people could do for themselves and where they needed support.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The initial holistic assessment of people before they started to receive a service checked the care and support needs of each person so that the registered provider could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. One person confirmed this and said, "They carried out an assessment before service started."
- People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed. People had care plans in place, which reflected their current needs.
- Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made during every visit; ensuring communication between staff was good which benefitted the care of each person. One person said, "It is not just about care, it is about wellbeing which they provide."
- People were offered individual support according to their needs and choices.

Improving care quality in response to complaints or concerns

- People told us they felt confident in raising any concerns or complaints to their staff or through the office; and felt these would be dealt with appropriately. A relative said, "We are in touch with the manager. I have never had a need to complain."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and local government ombudsman.
- There had not been any complaint in the last twelve months.
- The service was working according to the Accessible Information Standard (AIS) and its requirements during our inspection. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information.

End of life care and support

- The service was supporting three people at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place. Staff worked alongside local hospice staff in meeting their needs.

Is the service well-led?

Our findings

At our last inspection on 24 April 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective quality monitoring systems. At this inspection, we found that improvements had been made and the regulation had been met.

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.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were systems in place to check the quality of the service including reviewing care plans, incidents, daily records, uniform monitoring, hand hygiene and spot checks. Where actions were needed these were recorded and completed in a timely manner. They used these audits to review the service provision.
- Staff told us the registered manager visited people in their homes to regularly monitor the service. Reports were maintained of the visits.
- The provider understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the office and on their website.

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

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "The manager is approachable, and the manager listens to us."
- Communication within the service continued to be facilitated through monthly team meetings. A member of staff said, "We have normal team meetings and we are asked to add to the agenda. We discuss policies, performance issues and we can raise anything we want to. Our meetings are inclusive. We also have regular meetings with the registered manager and administrative staff, such as issues around documentations."
- Feedback was sought from people and their relatives during care reviews. A relative said, "Yes, they do send out questionnaire and ask for feedback, which we complete." One person said, "They have been absolutely fantastic."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 aims of the service were clearly set out on their website. It stated, 'We are aiming to work with everyone and ensuring that patients care comes first'. We found that the organisational values had been discussed with staff and reviewed to see that they remained the same and in practice. Our discussions with care staff, the registered manager and the nominated individual when we inspected showed us that there was an open and positive culture that focused on people.
- There was a positive focus on supporting people to communicate, express their views and be independent.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- There was a system in place for undertaking spot checks of staff for medicine administration, manual handling and competency observations. This included ensuring that any future staff were delivering care as detailed in the care plan and seeking feedback from people on the quality of care provided.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapist team, occupational therapists and nurses to ensure people received joined up care.