

Mrs Christine Jane Hoskin

# Lanhydrock Care

## Inspection report

Lanhydrock Downs Farm  
Lanhydrock  
Bodmin  
Cornwall  
PL30 4AG

Tel: 0120873904

Date of inspection visit:  
08 May 2019  
09 May 2019

Date of publication:  
03 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:

Lanhydrock Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. When we inspected the service was providing the regulated activity, personal care, to approximately 36 people in Bodmin and the surrounding areas in Cornwall.

People's experience of using this service:

People using the service consistently told us they felt safe and staff treated them in a caring and respectful manner. Comments included; "They are absolutely invaluable to me", "I'm very satisfied with the care", "They are very helpful, they just do anything I want" and "Their personal care, friendliness and kindness is amazing."

Staff had a good knowledge and understanding of people's routines, likes and dislikes. If they had any concerns about anyone's well-being this was reported to the office and action taken to help ensure people were safe and happy.

People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were kept under regular review and updated as people's needs changed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

New staff completed an induction which involved training and a period of 'buddying' more experienced staff. Training was refreshed so staff were up to date with any changes in working practices.

There was a positive culture in the service and management and staff were committed to ensuring people received a good service. Staff told us they were well supported and had a good working relationship with each other and the management team.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Rating at last inspection: Good. Report published on 8 November 2016.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The full details can be found on our 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?**

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** ●

# Lanhydrock Care

## 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 team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people. Their area of expertise was in older people's care. The expert by experience telephoned a sample of people and their relatives to check if people were happy with their care and support.

**Service and service type:** Lanhydrock Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

The service did not have a regulatory requirement to have a registered manager in post. The provider was registered with the Care Quality Commission to manage the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This comprehensive inspection took place on 8 and 9 May 2019 and was announced. We gave the service 24 hours notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

**What we did:** Before the inspection we reviewed the Provider Information Return (PIR). The PIR 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 made the judgements in this report. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about.

During the inspection we spoke with four care staff, the registered provider, the deputy manager, the administrator and the finance manager. We obtained consent from two people, who used the service, to visit them in their own homes. The expert by experience telephoned and spoke with seven people who used the service and four relatives to gain their views of the service. We reviewed three staff recruitment files, supervision and training records, four care records and records relating to health and safety, safeguarding and other aspects 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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse.
- People told us they felt safe using the service. Comments included, "I wouldn't have anybody else" and "I have a staff member that sleeps in every night, that makes me feel safe in case I need someone."

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. There was a positive approach to risk taking to enable people to regain and maintain their independence. Any identified risks were well managed.
- People had agreed the times of their visits and no one reported ever having had any missed visits. People told us they were kept informed of any change to their times or if staff were going to be late. People said, "They always let me know if my carer is running late" and "They always ring up if they are going to be late."
- A member of the management team answered telephone calls when the office was closed. People were given information packs containing details of their agreed care and telephone numbers for the service, so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours, commenting, "There's always somebody to talk to on the end of the telephone" and "It's important to know that they are available to call any time of day."
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The service only accepted additional packages of support where there were enough staff available to meet the person's needs.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the agreed times.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were well managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Some people needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- People told us they were happy with the support they received to take their medicines.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.

#### Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

# 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 were assessed before, or as soon as possible after, they started using the service to help ensure their expectations could be met.
- When it was not possible to complete an assessment before the service started, an experienced worker would carry out the first visit and the assessment at the same time.
- Assessments of people's needs detailed the care and support people needed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- Regular spot checks were also carried out to check staff competency and practices.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online and face to face sessions.
- New staff had completed a comprehensive induction and shadowed experienced staff until they felt confident to work alone. Where staff were new to care, they completed the Care Certificate, a set of national standards social care workers are expected to adhere to.

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

- Staff carried out, or supported, some people with meal preparation and people told us staff were competent in preparing food.
- Staff had been provided with training on food hygiene safety.
- People's dietary needs and preferences were recorded in their care plans.

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

- If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly.
- The service worked with other agencies to help ensure people's needs were met. Staff recognised changes

in people's health, and sought professional advice appropriately.

#### 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 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. We checked whether the service was working within the principles of the MCA.

- Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
- People were asked for their consent before they received any care and support. For example, before assisting a people with personal care and getting dressed.
- Staff involved people in decisions about their care and acted in accordance with their wishes.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.

# 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

- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with people's wishes.
- Staff treated people with kindness and compassion. Staff interacted well with people and their relatives when providing care and support. As a relative told us, "They talk to him [person] as an individual."
- Staff were friendly and caring towards people and knew what mattered to them. People said about staff, "They are like my own family", "All the girls understand my relative's sense of humour" and "It's how all the staff seem to understand dad's needs."
- Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.

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

- People were involved in day to day decisions and had control over their care package. One person told us, "They always talk to me and keep me informed about my care."
- Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. A manager visited people regularly to review their care plan and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- Staff supported people to maintain their independence. One person told us, "They have supported me so much to get back my independence after being in hospital."
- Staff and management were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.
- People told us staff always stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected and people's care records were kept securely. One person told us, "Staff are very professional, they never talk about other clients, which means I know they are not talking about me."

## 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

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. This included step by step guidance for staff about tasks they needed to complete at each visit and how people liked things to be done.
- People's care plans were reviewed every three months or as people's needs changed. Staff told us they were always informed of changes to people's needs as and when these occurred.
- Some people needed support to help them to move around. Their care plans detailed the equipment required and how staff should support them. Equipment to enable staff to support people in their own homes had been provided.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation.
- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. Information about the complaints procedure, and who to contact, were in the information packs kept in people's homes.
- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned. Comments included, "I have a contact number for the office, but I've had no complaints in seven years."
- People and their families knew how to make a complaint.

End of life care and support:

- The service was not providing end of life care to anyone at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means 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.

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

- People and their relatives told us they thought the service was well managed and communication with office staff and the owner was very good. Comments included, "They have a very good set up", "I wouldn't have anybody else", "I wouldn't do without them, they are a treasure" and "Under no circumstances would I change this agency."
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they could talk to management at any time, feeling confident any concerns would be listened to and acted on promptly.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The service was well organised and there was a clear staffing structure. The registered provider/manager was supported by a deputy manager, an administrator, a finance manager and senior care workers. All had a clear understanding of their roles and responsibilities.
- The management team worked together to manage the day to day running of the service. including working hands on, alongside staff where required. There was a good communication between the management team and care staff.
- Staff said they felt respected, valued, supported and fairly treated. There was a positive culture in the service and staff made comments like, "Best boss I have ever had, if we have any problems we can always go to the owner" and "Management are very approachable."
- The management team worked to drive improvement across the agency. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Staff also strived to ensure care and support was delivered in the way people needed and wanted it.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service through questionnaires and regular visits from management.
- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.

Continuous learning and improving care

- The registered provider kept up to date with developments in practice through working with local health and social care professionals and being involved in social care provider groups.