Age UK Leicester Shire and Rutland

Lansdowne House - Leicester

Inspection report

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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

Lansdowne House provides personal care for people living in their own homes. On the day the inspection the registered manager informed us that there were 48 people receiving a service from the agency.

A registered manager was in place. 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 and associated Regulations about how the service is run.

People and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

Risk assessments were not always fully detailed to assist staff are to support people safely.

People told us that they received their medicines on time which protected their health needs.

Staff had not always been safety recruited to ensure they were appropriate to supply personal care to people.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs, though more specialist training on meeting people's individual needs was not fully in place.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) to allow, as much as possible, people to have effective choice about how they lived their lives. However, there was no assessment process in place to determine if people had capacity to make decisions about their lives.

People or their relatives told us that people had been assisted to eat and drink and everyone told us they thought the food prepared by staff was well prepared and tasty.

Staff had an awareness of people's health care needs, so they were in a position to refer to health care professionals if needed.

People and their relatives we spoke with told us that staff were very friendly, kind, positive and caring.

People, and their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were individual to the people using the service, with information about people's social care needs.

People or their relatives told us they would tell staff or management if they had any complaints and were confident any issues would be properly followed up.

People and their relatives were generally satisfied with how the agency was run by the registered manager and his management staff.
Management carried out audits and checks to ensure the agency was running properly. However, audits did not always include the detailed checking of all issues or action evidenced to provide a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People and their relatives said that people felt safe with staff from the service.

Risk assessments were in place apart from one in relation to preventing pressure sores.

Staff knew how to report incidents to relevant agencies if necessary.

Staff recruitment checks were usually in place to protect people from receiving personal care from unsuitable staff.

Systems were usually in place to ensure medicines were supplied as prescribed, though as needed medicines were not covered.

Is the service effective?

Good

The service was effective.

People told us that staff provided effective care to them.

Staff were trained to meet people's care needs, though specialist training to meet the all people's assessed needs was not comprehensively in place.

People's consent to care and treatment was sought in line with legislation and guidance, though an assessment system was not in place to determine people's mental capacity to be able to make their decisions and how they lived their lives.

People's nutritional needs had been promoted and protected.

Is the service caring?

Good

ButThe service was caring.

People and their relatives told us that staff were friendly and caring and respected their rights.

We saw that people or their relatives had been involved in setting up care plans that reflected people's needs.

Is the service responsive?

Good

The service was responsive.

Care plans contained personalised information on how to respond to people's assessed needs.

Staff were aware of how to contact medical services when people needed health support.

People and their relatives were confident that any concerns they identified would be properly followed up by the provider, though more evidence was needed to prove this was always carried out.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives told us that management staff and usually listened and acted on their comments and concerns, although there was not always evidence that action had been taken though action had not always been evidence has been carried out.

Staff told us the management staff provided support to them and had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Systems to provide quality personal care had been audited, but the audit system did not identify the lack of a relevant reference to ensure this staff member was fit to supply personal care to people.

Lansdowne House - Leicester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the provision of personal care to people using the service.

During the inspection we spoke with five people who used the service, three relatives, the registered manager, the home care manager and three care workers.

We also looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the agency, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

A person using the service told us, "There are no concerns about my safety with staff." Another person said, "Staff treat me so well and I feel very safe with them in my house." One relative said, "My relative is perfectly safe with carers."

Risks within people's homes had been assessed and managed. We saw risk assessments set out how to protect people from identified issues in the environment related to furniture layout, the space needed to assist people, kitchen equipment, hazardous substances and tripping risks. Staff gave us examples of how they kept people safe by making sure that doors and windows were kept shut and locked when needed and checking that rugs on floors were flat to eliminate tripping risks.

People told us that they felt safe with care they received from staff from the agency. Care records for people showed risk assessments were completed to protect their safety. These included relevant information such as helping with a person's mobility by ensuring a walking aid was within reach, offering a guiding hand when the person stood up and putting shoes on before the person got out of bed to prevent falls. Equipment had been checked to ensure that person had been safe such as checking the walking frame, the wheelchair, the profiling bed and the bath seat. Staff gave us examples of how they kept people safe, for example by checking fire alarms.

This meant staff were aware of issues of how to keep people safe.

We looked at a care plan which outlined issues about a person's behaviour. There was a risk assessment in place to assist staff to safely manage this situation.

However, when we saw another care plan that noted that the person had an identified risk of pressure sores, there was a no risk assessment in place outlining safety measures to ensure the person had proper equipment to prevent pressure sores, for example a specialist mattress and socks. Records outlined how staff were regularly checking that the bandage applied by the district nurse was in a good condition but the lack of a risk assessment meant there was a risk that the pressure sore could deteriorate and harm the person's health. The registered manager said this issue would be followed up.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. This meant that people's safety was protected in case of abuse.

Staff recruitment practices were generally in place. Staff records showed that before new members of staff were allowed to start work, checks had been made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, records did not always show that the necessary documentation for staff was in place to demonstrate they were fit to supply personal care to people. One staff member had worked in a care setting but this reference had not been taken up. This did not provide independent evidence of their suitability. The

registered manager said this issue would be followed up.

We found that sufficient numbers of staff were available to meet people's needs as people and their relatives told us that staff always arrived for their calls. However, when we checked call times we found a small number of instances where people had late calls and had to wait up to over an hour for staff to arrive. The staff guide emphasised that staff needed to be punctual: 'Five or ten minutes may not seem a long time to you, but it can seem very long time to a housebound person to whom your visit is vitally important.' The registered manager said that this aspect would be closely monitored in future.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. They informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. They did not contain the contact details of all relevant agencies where staff could report their concerns to. The whistleblowing procedure also had not been included in the staff handbook so that it could be accessible to staff to refer to. The registered manager told us that this information would be included.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the local authority, CQC, or police. This would mean that other professionals were always alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about not receiving their medicine. One person told us that staff always reminded them to administer a particular medicine. We looked at how medicines were managed in the service and we saw evidence that any system was in place to ensure that people received their daily prescribed medicines, although medicines to be taken as needed did not specify the required dose and in what circumstances it could be given. The registered manager said this would be followed up. This would then ensure that people always received their medicines supplied as needed.

We saw that staff had been trained to support people to have their medicines and administer medicines safely.

Good

Is the service effective?

Our findings

All the people and their relatives we spoke with said that the care and support they received from staff effectively met their needs. They thought that staff had been trained to meet people's needs. A person told us, "Staff do everything I ask them, and they do it well."

A staff member said, "When I had supervision I am asked about my training needs. If I need any training they will arrange it for me." Another staff member said, "I have asked for specialist training in dementia and they are looking into this for me." These were examples of staff being encouraged to develop their skills and knowledge.

A relative told us, "My relative gets fantastic care. It could not be better."

The staff training matrix showed that staff had the opportunity to be trained in essential issues such as protecting people from abuse, confidentiality, dementia care, moving and handling techniques, health and safety, behaviour that challenged the service, infection control, fire procedures, moving and handling, food hygiene, and first aid. New staff were expected to complete induction training, which coved comprehensive training as outlined in the Care Certificate, a nationally recognised training award. We saw evidence in staff records that this training had commenced.

We noted that not all staff had been trained in essential issues, such as health and safety, behaviour that challenged the service, moving and handling techniques, first aid, and food hygiene. Also they had not been training in health conditions that people had such as stroke, Parkinson's disease and, multiple sclerosis and diabetes, although there was some information about health conditions in the information in the staff handbook. The registered manager recognised this issue and later supplied us with information stating that the Health and Social Care Protocol Passport training undertaken by staff covered a conditions such as diabetes, lung diseases, skin conditions and pressure ulcers, and continence issues. Where an individual service user has a specific need, training will be provided for the relevant member of staff as required, and that staff would receive further relevant necessary training in the near future.

New staff undertook an induction which included shadowing experienced staff on shifts. The staff we talked with said they had 'spot checks' from the management of the agency to check they were supplying care properly and we saw evidence of this. Staff told us they received supervision to support them. This was recorded in staff records, although we noticed that supervision had not been frequent in the past year. This had been identified and the registered manager stated this had been rectified and supervision would be more frequent in the future, in line with the policy of the agency. This would then provide staff with consistent support to provide effective personal care to people using the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

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

We did not see evidence that the provider had relevant procedures in place to assess people's mental capacity, although staff were aware of their legal responsibilities about this issue and had received training in its operation. In practice, this meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

People told us that the food prepared by staff was good. One relative said, "Fresh food is prepared from scratch and it is very tasty." Another relative told us that his mother needed to have puréed foods as she could not swallow very well, and staff always provided this for her.

Staff members told us that people's choices were respected when they were involved in providing food and they knew what people liked to eat and drink. They told us that people had drinks and snacks whenever they wanted, to make sure they were not hungry or dehydrated. We saw in one person's care plan that they were supplied with a glass and bottles of water so they had access to fluids when they needed it. In another care plan we saw that a person had bran flakes, a cup of tea and a nutritional drink for breakfast to ensure their dietary needs and choices were promoted and respected.

These were examples of effective care being provided to ensure that people's nutritional needs were met.

We saw evidence that staff contacted medical services if people needed any support or treatment. For example, we saw instances where people had falls and staff had contacted medical services to attend to them. A staff member told us that a GP appointment had been made for a person with hearing difficulties.

This showed us that staff had acted to provide effective care to meet people's needs.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with praised the staff and said that they were friendly, kind, polite, and caring. One person said, "My carers are kind and honest with me." Another person said, "Fantastic staff. They could not be better."

People and their relatives also told us that staff listened to them so they felt able to express their views. A person told us, "Staff always listen to me. They are always kind, friendly and positive." Another person said, "Staff do anything I ask them. They do not rush me." A relative told us, "My mother sees the carers as her friends as that is how they treat her."

People and their relatives told us their care plans were developed with them and we saw some evidence in people's care plans of their involvement, although in other care plans belonging to people who had the capacity to state their care needs, their next of kin had signed for them. The registered manager said this would be looked into, as clearly the person should have been asked to sign to agree to their care plan themselves. A relative told us that when care was planned, this was detailed and comprehensive and it took two hours to make sure all essential information was gathered to plan the person's care. This gave them confidence that the agency was caring and thorough in their approach.

People told us that the assessment and care planning process had been respectful and took into account their wishes to make sure that all their needs were included. This meant that people had been given the opportunity to contribute a plan that met their care needs.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, whether they wanted to go out, what person they wanted to have on provide their care, what food they wanted to eat or the clothes they wanted to wear. We saw evidence in care plans that people's preferences were taken into account. For example, a person liked the water to be warm when staff were washing her hair. And she liked to have her hairstyle in a particular way. Another care plan stated that the person wanted to have her coffee before staff helped them to get dressed. This showed us that the agency was caring in its approach and that people's choices were respected.

We saw that information from the agency supplied to people emphasised that staff should uphold people's rights to privacy, dignity, choice, independence and having their cultural needs met. In the staff handbook we saw information as to how staff should respect people's cultural needs. In a care plan of a person from a different cultural community, it recorded the person's religion. However, there was no other information for staff to follow to support this in practice. For example, whether it was satisfactory for staff to wear shoes when entering a person's home. Or whether it was acceptable to move religious artefacts when cleaning. The person was recorded as not being able to speak English fluently. However, there was no evidence that the agency had tried to match this person with a staff member who spoke the person's main language. The registered manager said this issue would be followed up, to ensure there was a comprehensive system in place to meet people's needs.

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their bedroom or closing curtains and doors to maintain privacy. One staff member told us, "We are conscious we are in someone else's home and they are entitled to have their dignity protected at all times."

This presented as a strong picture that staff were caring and that they respected people, their preferences and beliefs.

We looked at the provider's statement of philosophy, which emphasised that staff should treat everyone with respect, dignity and fairness. This set a good model to ensure people were treated in the caring and respectful manner.

A relative told us that staff made sure that her mother's wishes with regard to keeping her independence were respected. For example, when dressing staff left her mother to do what she could do and did not intervene or take over from her, which helped her mother's confidence in maintaining her independence.

This type of situation ensured that people's independence was promoted and was another example of a caring attitude promoted by the agency.

Good

Is the service responsive?

Our findings

A person told us, "Whenever I call the office they always help me with any issue I have." A relative told us, "When my dad had a problem with his hearing, staff called the GP to get him treatment."

We found that people had an assessment of their needs and information. All the people using the service and relatives we spoke with said that management properly assessed people's needs before providing the personal care service. Assessments included relevant details such as the support people needed. There was also information as to people's history and people's preferences, such as their food and drink preferences and how they liked to spend their time. This helped to assist staff to respond effectively to people's individual care needs.

People and their relatives told us that care plans reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. We saw evidence of these reviews in people's care plans. They included the person using the service and their relative, which meant people were involved in planning for their changing needs.

We looked at another care plan for a person living with dementia. This outlined the person's interests and hobbies. This included having an interest in dance, cricket and football. There was no indication that staff used this information to speak to the person. The registered manager later told us staff had been spoken with who confirmed that they use this information to provide interest and stimulation to people to meet their individual needs. Evidence of this in care plans would confirm people's individual care needs were responded to.

People and their relatives told us they would contact office staff if they had any concerns, and would feel comfortable about doing so. They thought the organisation would be responsive to any issues that they raised.

Staff told us that they had never received any complaints from people or their relatives but, if they received a complaint, that they would report any issues to the office management staff. They were confident the issue would be dealt with effectively.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This included relevant information on issues such as contacting relevant agencies, but did not explain that the Care Quality Commission did not have the power to investigate complaints, or include information on contacting the local government ombudsman should people have concerns that their complaint had not be being investigated properly by the local authority. The registered manager later sent us this amended procedure.

We looked at the complaints file. We found that complaints had usually been investigated, although some informal complaints did not have evidence of any follow-up action. There was no evidence of a response sent to the complainant. The registered manager acknowledged this, as it would then provide assurance

that complainants received a comprehensive service responding to their concerns.

Relatives told us that staff had contacted other professionals, such as medical professionals when their relatives had been unwell. This told us that staff had liaised with other agencies to ensure that people had received care responding to their needs.

Requires Improvement

Is the service well-led?

Our findings

Whilst all the people we asked felt that the agency was well managed and well led in general, there were mixed views as to the quality of communication by office staff. Some people told us they had had good experiences, for example one person told us, "There is no doubt that the agency is well run." Another person said "If I ring the office they always help you." Another person said, "I have never had any problems with the agency. Occasionally I have rung up and the office staff have helped me with any queries." A relative told us, "No problems at all with the service."

However, another person told us, "I am always told if someone different is coming, but not exactly introduced - face to face introduction. Communications could be better. Messages left on the answerphone do not always reach the person concerned." The registered manager stated that in the case of staff covering for the usual staff, it would not be possible to allocate management time to introduce all staff members. Another person said, "Not all office staff are good at communication as they don't pass on messages all the time."

We saw evidence of a small number of comments of concern made in the last survey conducted with people using the service. There were some comments that office staff did not always get back to people to help them with issues raised . The registered manager said this would be followed up.

People using the service were provided with a service user's guide. This emphasised people's rights to choice, fulfilment, security, independence and to have their civil rights respected.

Staff members told us that they thought the agency was well run, they felt supported by management staff and said they would recommend the agency to friends and relatives of theirs if they needed a personal care service. One staff member told us, "I have worked for Age UK for many years now and would just like to say they are a good employee to work for. They always keep up with training their staff and line managers are always approachable. I'm proud to represent and work for Age UK."

Staff were supplied with handbooks which contained information as to how to provide a friendly and individual service, irrespective of which community people belonged to. This information emphasised courtesy, respecting choice, encouraging independence and anti-discriminatory practices. Staff were directed to always respect people's rights to privacy, dignity and choice. Staff also told us that the management expected them to provide friendly, individual personal care to people.

Staff received support through having staff meetings. These covered relevant issues such as staff training, recruitment and record keeping. We saw in the minutes for September 2015 that staff had raised issues regarding the need for better communication by the office. There was evidence that action had been taken to try to resolve this issue. Staff meetings had been infrequent but the registered manager stated they would be held biannually in the future. Relevant information was also provided to staff through the home care service newsletter. This contained relevant information on issues such as staff training, staff pay and conditions and staff recruitment.

Staff told us they could approach senior management staff about any concerns they had. One staff said, "If anything is bothering me I know I can ring up or come in and discuss it."

Staff said they were given clear guidance on maintaining personalised care for people and that essential information about people's changing needs had always been communicated to them.

We saw in staff files that staff had received more support through spot checks and supervision meetings. This meant that staff were supported to discuss their competence and identify their learning needs.

We saw that people had been asked about their views about the running of the agency through a satisfaction survey. The results of the questionnaires that had been returned were positive. Virtually everyone, 96 per cent, had stated that they were either 'very satisfied' or 'satisfied' with the service. Positive comments included, "This is a fantastic service," and, "The service is all I could wish for. "

An action plan was in place to follow up issues identified as needing attention, which included people stating they would like to be informed when getting new carers, which one person said they had already requested several times. However, there was no evidence of whether there had been the provision of a weekly rota staff attending people, or whether issues with office communication had been followed up. The registered manager said this would be followed up.

We saw quality assurance checks in place. Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude, manner and performance. There was also evidence that people received a telephone quality review so they could comment on the service they received.

Information in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place. There were systems in place to check relevant issues such as whether care had been delivered through checking peoples care records, checking missed visits, medication, times of course, incident notification is, staff training, health and safety, complaints and staff recruitment records. No evidence was seen that the audit system had identified that a relevant reference was not sought as part of the staff recruitment process.

Ensuring all issues raised are evidenced as being acted on will help to develop the quality of this service so it is fully well led. The registered manager agreed to do this.