

Leymar Ltd

Leymar Healthcare

Inspection report

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11 August 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Leymar Healthcare Limited is a domiciliary care agency providing personal care to older and younger adults. The service supported 37 people at the time of the inspection. Everyone who used the service received personal care. The Care Quality Commission (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 were supported to take their medicines safely by trained staff. Staff were recruited safely, and people were supported at their preferred time by staff who knew them well. Staff understood how to safeguard people from the risk of harm and abuse. Incidents were investigated and acted upon in a timely manner. Risks were assessed in people's homes to ensure they could be supported safely. Infection control measures were in place to protect people from the risk of infection.

The registered manager had systems in place to ensure care was delivered safely. The management team completed monthly audits to ensure any issues could be identified and improvements could be made. People told us and records showed people and their relatives were involved in planning their care. Staff felt confident in management and told us the culture was open and honest.

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

Rating at last inspection

The last rating for this service was requires improvement (published 7 November 2020).

Why we inspected

We undertook this inspection as part of a random selection of services. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leymar Healthcare Limited on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Leymar Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by one 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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 11 August 2022 and ended on 1 September 2022. We visited the location's office on 11 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with twelve staff including the registered manager, deputy manager, and carers. We spoke with eight people or their relatives about the experience of the care from Leymar Healthcare Limited. We reviewed four staff files in relation to recruitment. We reviewed five peoples' care plans, medicine records and supporting documents in relation to their care and the visits they received. We reviewed a range of information requested from the provider, including policies, rotas and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Rotas we reviewed demonstrated there were enough staff on duty to meet people's needs.
- People told us staff arrived at their preferred time and never rushed them. A relative we spoke with told us, "Staff are exceptional with my [relative], they are patient and never rush them."
- We received mixed feedback regarding staffing, some staff we spoke with told us, they had enough time to get to each care call, whereas other staff we spoke with told us, they did not always have enough travel time between calls. The registered manager acknowledged recruitment continued to be difficult, however they had a recruitment drive in progress and staff acknowledged the hard work of the registered manager to overcome staffing issues.
- Staff were recruited safely. The registered manager had a robust recruitment system in place to ensure only suitable people were employed. References and a Disclosure and Barring Service checks (DBS) for all staff had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place protected people from the risk of abuse and avoidable harm.
- People and their relatives told us they always felt safe. For example, one person we spoke with told us, "Staff are respectful, and I feel safe with them."
- Safeguarding concerns were investigated, and action taken to protect people from the risk of abuse. For example, all concerns were logged, and immediate action taken to reduce the risk of reoccurrence.
- All staff received training in safeguarding, staff were aware of who to report safeguarding concerns to.

Assessing risk, safety monitoring and management

- Risks were assessed, managed and monitored.
- Records we reviewed contained risks associated with people's health care needs. For example, a person who lived with Parkinson's disease had a care plan in place detailing how staff should safely care for them.
- Risks relating to falls and mobilising were clearly identified and risk reduction measures in place. For example, care plans detailed clear instructions for staff to follow including what equipment to use in order to prevent falls and promote safe mobilising.
- Risk assessments relating to people's environment were in place to ensure staff could care for people safely in their own homes.

Using medicines safely

- Medicines were managed safely.
- People received their medicines as prescribed. Medicine administration records directed staff in how to give people their prescribed medicines safely. This included records relating to medicines which were required 'as needed'.
 - Where medicine risks were identified, risk assessments were in place to support people to take their prescribed medicines safely.
- Staff received training in medicine administration and had their competency assessed.

Preventing and controlling infection

- The provider had infection prevention control measures in place to ensure people were protected from the risk of transmissible infections such as COVID-19.
- People and their relatives told us staff always wore personal protective equipment (PPE) when they provided care and support.
- Staff were provided with guidance relating to COVID-19 and training records evidenced staff had completed training in infection control.
- The provider had an updated infection control policy to reflect current best practice guidance.

Learning lessons when things go wrong

- Incidents were recorded and investigated appropriately.
- The provider had taken action following our last inspection in order to learn from incidents, this included implementing new processes for the management of medicines.
- Complaints and concerns were logged and reviewed in a timely manner with clear actions to prevent reoccurrence documented.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured the culture was person centred, open and inclusive.
- Staff were encouraged to share their views in order to improve the quality of care. For example, staff told us, "I feel my voice is heard when I speak to management about ways to improve."
- People told us they felt the service was person centred and felt staff treated them safely with respect and kindness. For example, one person we spoke with told us, "I have been involved in my care planning, I am treated with dignity and respect and supported with my independence."
- Relatives we spoke with told us they had been fully involved in the care planning process. For example, one relative we spoke with told us, "All requests regarding my [relatives'] care and needs are listened to and actioned, care planning meetings are held on a regular basis to understand and make adjustments."
- People using the service were encouraged to speak up about the care they receive. Regular spot checks took place in order to gain people's feedback and implement any changes needed.

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

- The registered manager understood their responsibility in regards to duty of candour and acted appropriately when things went wrong.
- The registered manager was open and honest and apologised to people when shortfalls in care had been found. For example, a relative told us, "We are always informed of any problems, they are very honest."
- Records we reviewed evidenced the management team acted and informed people or their representatives of what action was taken following all incidents.

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

- The registered manager was aware of their legal requirement to inform CQC of certain incidents. We checked our records and the registered manager had notified CQC of incidents in a timely manner.
- Staff told us they felt confident to approach and report any concerns to the registered manager. For example, staff told us, "I feel very supported and I know that no matter what time of day I need to speak to management they are there."
- Care records were audited by the registered manager and deputy manager to identify any shortfalls in care delivery.

Continuous learning and improving care; Working in partnership with others

- Lessons were learnt following incidents in order to drive service improvement.
- The registered manager had improved the overall governance and management of the service since our last inspection. Robust processes were in place to ensure all incidents were used as learning opportunities.
- The management team and staff worked with health and social care professionals to ensure people received the care and support they needed. For example, people were referred to district nurses without delay to ensure their health needs were met.
- Care records we reviewed evidenced professional advice was sought and implemented into care plans. For example, specialist advice and support from a nurse specialist was sought in order to meet the person's health needs.