

Leelin Ltd

Leelin Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Leelin Ltd is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, three people were receiving personal care. Not everyone who used the service received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found.

Everyone we spoke with said they were satisfied with the care that staff provided and with the management of the service. They said safe care was provided. People were protected against abuse, neglect and discrimination. They were also protected against the risk of infection.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs.

Safe recruitment practices were in place to ensure only suitable staff worked at the service. Enough staff were employed to meet people's needs and timely calls were in place to provide personal care. Quality assurance systems were in place to try to ensure people were provided with a quality service.

Staff had been trained to effectively meet people's needs. People were supported to have their food choices and enough fluids to remain hydrated. Staff were aware of how to ensure medical support was provided to people if this was needed.

The registered manager understood their responsibilities and worked in an open and transparent way. Quality assurance measures were in place to help to produce a quality service personalised to people's needs. People said the registered manager and care coordinator always listened to their views.

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

Why we inspected

The inspection was prompted by a concern we received that staff had not provided safe care. As a result, we undertook a focused inspection to review the key questions of safe, effective 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 remained 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 Leelin

Ltd 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.

We will continue to monitor the service and will take further action if needed.

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 well-led?

The service was well-led.

Details are in our well led findings below.

Good ●

Leelin Ltd

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 2 September 2022 and ended on 5 September 2022. We visited the office location on 5 September 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local

authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about the experience of the care provided by the service. We spoke with two care staff members, the registered manager and the care coordinator. We reviewed a range of records. This included two care records. We looked at two staff recruitment files of staff currently employed by the service. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included amendments to procedures.

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 Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were recruited safely. Recruitment systems for current staff showed evidence of good character and criminal records checks had been completed for all current staff. These checks help prevent unsuitable people from working with people who used the service.
- Care plans identified the number of staff required to deliver care safely. People and a relative told us that the required number of staff were always sent to provide personal care. There were no missed calls reported.

Preventing and controlling infection

- People were protected from the risk of infection. Everyone told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic, which protected people from the risk of infection.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse. People and a relative said that staff followed safe working practices and there was good protection from the risk of abuse. One person said, "Staff keep me safe. I know I can rely on them."
- Staff demonstrated they understood how to safeguard people and were aware of reporting to the registered manager if abuse was suspected or alleged. They knew how to report to a relevant outside agency if no action had been taken by management. Staff had confidence management would act if there were any concerns about people's safety.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team. We saw evidence this had been carried out.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support. Risk assessments were in place for a range of issues including reducing the risk of pressure sores developing and assisting people with their continence needs.
- Assessments included the environmental risk assessment which identified and managed risks in people's homes. The enabled staff to take action to reduce and mitigate the chance of harm to people.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents. The registered manager added lessons learnt information to incidents and accidents. A lesson had been learnt in relation to ensuring people received the correct dosage of medicine when dosages were changed by the prescriber.

Using medicines safely

- Records showed prescribed medicine had been supplied by staff. People told us medicine had been provided by staff or that staff had checked that they had taken their prescribed medicine.
- The medicine policy supported people to receive their medicines in the way they preferred.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been carried before people used the service. People confirmed the assessment involved them and ensured the service was able meet their needs and preferences.
- Care plans and risk assessments identified people's needs and risks. They showed the action staff needed to take to minimise any risk of avoidable harm. For example, one person was identified as needing help to ensure their skin did not develop pressure sores. The risk assessment was in place for staff to follow.
- Care records had been regularly reviewed and updated to reflect people's changing needs. This meant people received care to meet their current needs.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. People and a relative told us that staff seemed well trained and they had no concerns. We reviewed the staff training matrix which evidenced staff had been trained in relevant issues such as medicine administration and health and safety.
- The registered manager said it was their intention for all staff to complete the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff roles in the social care sector.
- The service had effective systems in place to support and supervise staff. Staff confirmed they received regular supervision. This included one to one sessions and spot checks of staff competencies covering relevant issues such as medicine administration and hand hygiene.
- Staff told us the training they had received meant they could provide care effectively. One staff member told us, "When I started I was trained in many subjects which was useful in being able to care properly."

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

- People were supplied with relevant assistance to ensure they had enough food and fluids.
- People's care plans detailed the support they required from staff to eat and drink. One person told us, "If I need any help with my food, staff will always help me."

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

- The service worked with medical professionals such as specialist palliative care nurses to ensure relevant treatment was provided .
- People said they were confident staff would support them to get healthcare if they needed 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had mental capacity assessments in place. The registered manager was aware of the process to put best interest decisions in place when relevant.
- Staff had received training in MCA and understood how to support people in line with the Act. People confirmed that staff asked their consent when providing personal care. One person said, "Staff always explain what the care is for and ask me if it alright for them to do this."

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 Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led.

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

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people. This had been successful for people and the relative we spoke with. One person said, "I would definitely recommend this company. They are very flexible and always respond with a smile."
- Staff said they were provided with good support from the registered manager. They said whenever they had an issue, management who always responded swiftly and positively. Staff told us they were thanked for the care they provided to people. This was reflected in the minutes of staff meetings.

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 was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority. There had not been a need to do this to date.

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

- The registered manager understood their role and the needs of their staff team. Processes were in place to measure quality performance. Staff understood their responsibilities, and who to report to if they had concerns and needed help.
- Audits and checks had been carried out to check the service met people's needs. These included checks on care, care records, care plans, call times and medicines. Surveys of people's views were positive about the standard of care provided.
- Spot checks on staff took place. They showed staff were providing appropriate care and a positive approach to people. This allowed the registered manager to maintain oversight of how care was being delivered.

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

- Feedback was sought from people as questionnaires had been provided. This gave people the opportunity to suggest any changes or improvements. The registered manager had not needed to act on any issues as none had been identified. One review stated, "The carers were amazing with my [family

member]."

- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important topics, such as staff training and people's care needs.
- People told us that they were treated fairly. They said they did not have any specific cultural requirements, and all their needs had been met.

Working in partnership with others

- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was also information in place for management to liaise with specialist medical professionals when needed. Records showed this had taken place when needed.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings. They said the inspection enabled them to reflect on providing an even more personalised service for people in the future.