

LAN Care Ltd

# Walfinch Southampton

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The service was a domiciliary care agency which provides personal care services to people living in their own home. There were 13 people using the service at the time of the inspection.

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

People told us they were happy with the quality of care they received. They said they received a consistent service from regular staff members and that care was delivered in line with their needs. There were systems in place to protect people from risks related to the delivery of care and from suffering abuse. The provider ensured staff were proactive in reporting concerns around people's welfare and thorough investigations took place when incidents occurred to promote learning. Staff received appropriate training and support relevant to their role.

People's needs were fully assessed before their care commenced and the provider ensured they worked with stakeholders to promote consistent care with good outcomes for people. People's healthcare, nutritional and hydration needs were identified in their care plans with clear instructions for staff to follow. There were appropriate processes in place to gain people's consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were caring and provided them with welcome companionship. Staff were respectful of people's home environment and promoted people's privacy, dignity and confidentiality. People were supported to maintain their independence through encouragement in undertaking tasks they were able to do for themselves. Staff enabled people to make choices about their daily living.

The provider was responsive to people's needs by arranging care flexibly and efficiently to avoid delays in accessing care services. Care plans were developed with people's consultation and reviewed on a regular basis. There were policies in place to handle complaints and concerns appropriately.

People told us the management staff were approachable and professional. They said the provider was proactive in promoting good communication and they were given opportunities to provide feedback about their care. The registered manager had effective systems in place to assess, monitor and improve the quality of care.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 1 December 2021 and this is the first inspection.

#### Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

#### 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?

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 ●

# Walfinch Southampton

## 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

The inspection was completed by one inspector and one 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.

#### 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 a short period notice of the inspection so that people could consent to take part in the inspection by giving us feedback by phone.

Inspection activity started on 26 October and ended on 1 November 2022. We visited the location's office on 1 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider

was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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 to plan our inspection.

During the inspection

We spoke to 10 people and relatives via telephone to gain feedback about their care. We spoke to four staff including, the registered manager, office staff and care staff.

We reviewed records relating to people's care and the running of the service. These included care records for 6 people, 2 staff recruitment files, audits, policies, incidents reports, quality assurance records and medicines administration records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care from staff. Comments included, "I feel perfectly safe with them. There is nothing that they could do that would make the care any better", and, "I have absolutely no concerns that [my relative] is safe with these carers."
- There were policies and procedures in place to safeguard people against the risk of suffering abuse or coming to avoidable harm. The registered manager had a good understanding of the appropriate steps to follow when concerns were raised about people's safety or welfare.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify how staff should work safely with people. This included assessments around people's medical conditions, care related equipment and home environment. Where concerns were identified around fire safety in people's homes, the provider supported people to make referrals to the local fire and rescue service, who were able to offer advice.
- The provider's business continuity plan detailed how the service would be run safely in the event of exceptional circumstances, such as staffing shortages or extreme weather. Contingency planning included assessing people's care needs to ensure the most vulnerable were prioritised in an emergency situation.
- There was a 'non-entry' policy in place. This detailed procedures staff should follow if they were unable to contact people at planned care call times. This helped to ensure the provider could establish people's safety and whereabouts.
- The provider had an 'out of hours' telephone service, which senior staff operated outside of office hours. This meant that people, relatives and staff were able to contact the provider in the event of an emergency. One relative told us, "There is a contact telephone number which is monitored all the time even out of hours and they [senior staff] always get back to me."
- Senior staff monitored staff 'logging in and out' of their care calls. This helped to ensure care was being carried out as planned.

Staffing and recruitment

- People and relatives told us they received care at consistent times and that staff stayed the full duration of their care calls. Comments included, "[Staff] are absolutely on time and stay for the full visit. They are never late", "[Staff] are always on time. If [staff member] is ever a few minutes late she will text me to let me know", and, "I could set my clock by their visits."
- The registered manager monitored staffing levels to ensure people's needs could be safely met. This included analysing staffing numbers, skills and locations of new referrals to help ensure these could be staffed safely. The provider was in the process of recruiting new staff at the time of our inspection.

- There were safe recruitment processes in place. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment. This helped the provider identify suitable staff.

#### Using medicines safely

- People were happy with the support they received from staff in managing their medicines. Comments included, "[Staff] do all [relatives] medication and there has never been any problems."
- The provider worked with people to identify the level of support they required around their medicine's management. Some people required minimal support, whilst other people required assistance in ordering and collecting prescriptions from the pharmacy. The level of support people required was documented in their care plans.
- The provider had a medicines policy in place. This detailed the procedures staff were required to follow, which helped to ensure they administered people's medicines in line with best practice guidelines.
- There were effective policies and risk assessments in place to reduce risks associated with administering and managing people's medicines. This included risk assessments to reduce fire risks associated with the use of emollient creams, policies around the use of homely remedies and risk assessments around the use of anticoagulants, specifically in relation to bleeding.
- The provider ensured that people who were prescribed time specific medicines had their care visits scheduled to accommodate this. This included scheduling sufficient time between visits to ensure people received their medicines in line with prescribed advice.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. The provider had a good supply of PPE available for staff to use during their care visits. People and relatives commented, "[Staff] are very clean and always wear an apron, gloves and masks", and "[Staff] are meticulous about washing hands, wearing aprons, gloves and masks."
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- People and relatives told us staff acted appropriately when incidents occurred to reduce the risk of people coming to harm. One person told us, "[Staff] called for an ambulance after [my relative] had fallen and waited with me for the ambulance to arrive. I truthfully can't fault them. They are the best."
- The registered manager investigated incidents, looking for causes and trends. Any learning from incidents was shared with staff to help promote good practice and reduce the risk of reoccurrence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider ensured people's needs were fully assessed before care commenced. Assessments included details of the support people needed in key areas such as their personal care or medicines management. People's comments included, "[The registered manager] came out initially and things moved forward from there. It was all done very well and smoothly and gave me reassurance."
- The registered manager used initial assessments to identify suitable staff to match people's needs. People and relative's comments included, "The [registered manager] listened carefully to our needs and interests and matched [staff] up well", and, "After an initial meeting, the manager came out with two staff to introduce themselves. They made sure we were happy with them before the care started."
- The registered manager used information from professionals to develop people's care plans and risk assessments. This helped to ensure that care was effective in meeting people's needs.
- The provider utilised technology to promote the effective delivery of care. This included using electronic care planning to monitor care call times, durations and how care call tasks were carried out. Staff recorded details of their care records using this system, which office staff could monitor in 'real time'. This helped the provider remotely monitor the quality of care.

Staff support: induction, training, skills and experience

- People told us that staff were well trained and knowledgeable about their needs. Comments included, "I think they are confident, competent and they know care inside out", and, "It is reassuring to have [staff] with this level of competence."
- Staff received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received training on specific equipment they used in the delivery of people's care. This included training in the use of mobility aids. People and relatives felt assurance that staff had the skills to safely use this equipment. One relative told us, "Staff have been using a standing aid with [my relative] and they all know how to use this."
- Staff received training to provide effective support around people's medical conditions. In one example, staff had received training in supporting people living with dementia. A relative told us this had been beneficial as staff took a patient and empathetic approach when encouraging their relative with their personal care. They told us, "I feel staff know how to manage [my relative's] behaviour and communicate with somebody [living] with dementia."
- Staff received an appropriate induction, supervision and ongoing support in their role. New staff worked alongside experienced staff to help ensure they understood people's needs. The registered manager

oversaw observations of staff's working practice and reviewed their performance in regular supervision meetings. This helped the registered manager identify staff's strengths and ongoing training needs.

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

- People told us they were happy with the support they received around eating and drinking. They told us staff understood their preferences and respected their choices around meals and drinks. "[Staff member] always asks me what I would like for my breakfast and gets me whatever I fancy that day."
- People's nutrition and hydration needs were documented in their care plans. Care plans detailed the importance of monitoring signs people may be suffering from dehydration or malnutrition, including actions to take if staff had concerns.

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

- People's healthcare needs were documented in their care plans. This included guidance for the management of specific healthcare conditions. One person told us how staff supported them with the ongoing management of their skin integrity.
- People and relatives told us that staff were pro-active in raising concerns to healthcare professionals and acted on their recommendations. Comments included, "They have contacted our surgery directly, with our permission, to arrange for delivery of the skin creams", and, "If [staff] think [my relative] needs the doctor they ring me first to let me know and don't just leave everything to me, which is a great help."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had appropriate systems in place to gain consent from people to provide care.
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf or followed appropriate processes to make decisions in people's best interests.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received very positive feedback from people and relatives about staff. They told us they were caring, friendly and that they enjoyed their companionship. Comments included, "I truthfully say that this agency has a different class of carers. I don't know where they get the girls, but they are all wonderful", "[Staff] both have a lovely manner and are very kind", and, "[My relative] looks forward to her [staff member] coming. She takes an interest [in my relative] and it's genuine."
- People and relatives told us staff spent time to get to know them as individuals by investing in their wellbeing. Comments included, "[Staff member] goes the extra mile. For example, she will give [my relative] a light back massage through her clothes. She also warms the towels before giving them to [my relative] to dry herself. She really appreciates these things", and, "[The provider] really listened to what we needed, and the carer has delivered. She also plays music with [my relative] and between them they work out what music to play [whilst supporting with personal care]."
- The registered manager fostered a caring and empathetic ethos at the service by organising visits or presents for people to celebrate culturally important events or personal milestones, such as birthdays. One person said, "At Christmas [staff] brought us gifts and at the Queen's jubilee they brought us a cream tea. They are very thoughtful."
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- People and relatives told us the provider involved them in decisions about their care. Comments included, "[Staff] always ask my wife her opinion and thoughts. For example, they ask her what she wants to wear that day", and, "[The provider] do listen to what we think, and we feel included in all decisions."
- The registered manager carried out regular reviews of the care provided involving people and relatives. People told us reviews were a good opportunity to give feedback and that the provider made changes in line with their suggestions where possible. Comments included, "One [care call] did come a little early. I mentioned this and so they now come a little bit later", and, "Every three months there is a review of [my relative's] care. We advise of any updates in routine or medications which are then added to the care plan."
- People were given a choice around their staff. The registered manager tried to match staff in line with people's preferences and was flexible, listening to people's feedback around their compatibility and conduct.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff were respectful of their privacy and dignity during support with personal care. Comments included, "[Staff] are also very respectful, for example they make sure [my relative] is kept warm and private as they help her to wash."
- People told us staff were respectful of their home environment. Comments included, "Staff are just so respectful of our home by keeping it clean and tidying up after themselves", "Staff usually let themselves in but they always knock on the door first and call out to let us know that they are here", and, "Staff always tidy up and leave everything in the right place."
- People were supported to be as independent as possible. This included encouraging people to carry out aspects of their personal care routines with as minimal support as possible. Comments included, "[My relative] has been so independent in the past and the agency and carers help her to preserve skills she still has."
- The provider ensured that people's private information was only shared in line with their instruction and wishes. People told us that staff were sensitive to issues around the privacy of people they supported. Comments included, "Staff never talk about any other people they visit. If they do talk about anyone else it's in a general way, no names mentioned."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care in line with their needs. Comments included, "[Staff] are superb even with all the small details", and, "If there is anything she [my relative] wants to do, [staff] will do it. They use up all the time and if they have time to spare, they sit and chat with her."
- People and relatives told us the provider was very responsive in making changes to care when required. Comments included, " [The provider] were able to increase the input from two to three hours when we identified the need", and, " [The provider] were very good when [my relative's] care was increased from twice a day to three times a day. They identified the need for this, and they were able to start the increase in care within a couple of days."
- People and relatives told us the provider was responsive to ensure care packages were in place in preparation for people being discharged from hospital. Comments included, "[My relative] was in hospital and the registered manager visited her there and put the care in straight away [upon discharge]. It was all very efficient", and, "The carers were coming four times a day but then [my relative] was admitted to hospital for three weeks and now they have put in a live-in carer." This helped to ensure people did not suffer delays in accessing care services.
- People's care plans contained details of people's medical backgrounds, life histories and personal care routines. Care plans were accessible to staff via the electronic care planning system. This helped to ensure they had a clear understanding of the care tasks people required.
- People and relatives told us the provider was proactive in communicating changes to their planned care. Comments included, "The office [staff] let me know if the carer had got held up somewhere", and, " [Office staff] communicate well with me and if there is anything they need me to know, like if staff have gone sick and they had to change the carer."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's communication needs and documented this in their care plans. The provider had systems in place to provide information in adapted formats to meet people's communication needs if required.

#### Improving care quality in response to complaints or concerns

- People and relatives told us that they would be happy to raise any complaints or concerns to the registered manager. Comments included, "I would have no qualms about calling the manager to make a complaint. However, I have no reason to as I am happy [with the care provided]."
- The provider had a complaints policy in place which detailed how complaints and concerns would be responded to. The provider had received very few complaints since opening the service.

#### End of life care and support

- Nobody at the service was receiving end of life care at the time of our inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives told us they received good quality care and that they were happy with the service provided. Comments included, "They have been so good and are determined to get things right", and, "I'm very happy with everything about the care."
- People and relatives told us the registered manager was approachable, professional and caring. Comments included, "The [registered] manager is hands on and available to support her team", "The [registered] manager seems to know what's going on all the time and is very nice", and, "I just have to call the office and the [registered] manager always seems happy to talk to me."
- The registered manager and senior staff had a good understanding of people's needs and were committed to promoting a good quality and consistent service. This included completing care calls to cover staff sickness and absence. One person told us, "When one of the carers is not able to come, the registered manager herself comes out to help us. She is lovely."
- The provider had received many compliments from people and relatives, thanking them for the quality of care and personalised service they received.

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 responsibilities in relation to duty of candour. There were policies in place to help ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong.

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

- There were effective systems in place to oversee the quality of the service. Senior staff completed regular audits of care plans, care records and medicines records to help ensure documentation was completed accurately. Senior staff monitored the electronic care planning system both inside and outside of office hours to help ensure care was being carried out as planned.
- Senior staff monitored staff's working performance and behaviours through regular observations of their working practice. Positive feedback and areas for improvement were shared with staff to help ensure they understood how they were performing.
- There was a clear management structure in place. The registered manager and nominated individual oversaw the running of the service and were supported by the coordinator, who oversaw duties including,

staffing rotas. Key roles and responsibilities were defined, and each member of senior staff had a good understanding of each other's roles.

- The registered manager had submitted appropriate statutory notifications about significant incidents at the service.

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

- The provider had effective systems in place to gain people's feedback about care. This included quality assurance questionnaires and regular contact from senior staff. One person said, "Every three months [the registered manager] asks for feedback using a questionnaire but we have never had anything to complain about."
- Records of responses received from quality assurance questionnaires reflected overwhelmingly positive feedback from people and relatives about staffing and the overall quality of care.
- Staff attended regular team meetings where the registered manager shared positive feedback to reinforce good practice and encourage learning where improvements needed were identified.

Continuous learning and improving care

- The registered manager had continuously assessed where changes could be made to improve the quality and safety of the service. In a recent example, they had changed their electronic care planning system to better enable them to monitor care in real time. This helped to make the provider's processes around care call monitoring more robust.

Working in partnership with others

- The provider worked in partnership with professionals connected to people's care to ensure they received appropriate input and support. This included contacting professionals for their input when people's needs changed. One relative told us, "The registered manager insisted that occupational therapy did a visit to [my relatives] bungalow before she came home [from hospital] and they are putting a couple of pieces of equipment in place. The [registered manager] is very on the ball and is very caring."