



Inspection Report on

Lenpat Limited

**14 Museum Place
Cardiff
CF10 3BH**

Date Inspection Completed

26/05/2023

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About Lenpat Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Lenpat Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	30 November 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Lenpat Limited provide support to people over the age of 18 years in their own homes. The service has made several significant improvements since the last full inspection. Feedback from staff, people using the service and their relatives is generally positive. There is a small team of workers, they now receive regular one-to-one/individual supervision and have appropriate training.

People receive a consistent service from care workers who know them well. Each person receiving a service has a personal plan, detailing individual care and support needs and how these are to be met. Care documentation is regularly reviewed to ensure it is kept current. Effective monitoring and auditing systems are now in place, which support the running of the service.

Appropriate and up to date policies ensure staff have the information and guidance they need. The Responsible Individual (RI) carries out their regulatory visit requirements and quality assurance processes.

Well-being

People have as much choice as possible about the care and support they receive. Prior to the service commencing, an assessment of needs is completed, and care visit times are agreed. We were told that care staff can sometimes be late, but that staff continuity is consistent. People appreciate the friendliness of the staff. Care workers have built a rapport with those they care for. People have a voice and provide feedback about the service they receive in a variety of ways: face to face, through telephone monitoring, or through annual service satisfaction surveys, which contributes to the quality assurance of the service.

People receive the support they need to maintain their health and well-being. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans and risk assessments, providing guidance for staff on how to support individuals with their needs. Care workers know people well, because care records are informative, and up to date.

People are safe because there are safeguarding mechanisms in place to protect people from harm and neglect. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe. Staff recruitment is safe and robust as pre-employment checks are completed prior to employment commencing. Care staff receive safeguarding training, and there is a safeguarding policy in place, which is up to date. Staff are confident the manager would take any concerns seriously, and also take the action needed to safeguard people.

Care and Support

People are provided with information about the service. A 'Statement of Purpose' and 'Service User Guide' form part of the information the service gives to people, so they know what to expect from the provider. We saw copies stored on people's care files in their homes. Personal plans are detailed, and people's needs are understood. Pre-assessments, personal plans and risk assessments reflect preferences, personal histories, and the needs of each person. Reviews are completed at appropriate intervals.

There are measures in place for assisting people with their medication, if needed. A medication policy is in place. All staff have up to date medication training, and supervisors check staff competence in supporting people with medication through competency assessments. Staff appropriately complete medication administration record (MAR) charts.

People generally speak positively about care staff and most report feeling safe and supported when they are with the carers. The service aims to protect people from potential harm and abuse. All staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they feel confident they would know what to do if they were concerned about someone at risk of harm and could approach management with these issues.

People told us care staff can sometimes be late, but lately due to the introduction of an electronic care monitoring system, this has improved. The electronic care monitoring system requires staff to log when they start the call and finish. The system provides oversight of calls ensuring late or missed calls are managed and reduced.

There are appropriate infection control measures. There is an up-to-date policy and procedures in place. During our office visit, we saw there were good supplies of personal protective equipment (PPE) such as masks, gloves, and aprons. People receiving care and support told us staff use PPE when in their homes.

Leadership and Management

The management team have put checks and processes in place to keep service delivery under review. The RI has good oversight of the service and a regular presence at the branch office. There are now effective and robust governance arrangements in place to monitor the quality of the service.

People are supported by care staff who are recruited and vetted appropriately with pre-employment checks in place. Staff we spoke with are complimentary about working for the service and said management are accessible and approachable. Supervision is carried out, as well as regular spot checks to monitor the quality of support offered to people. Care workers consider they have the training they need to do their job safely and effectively. The matrix shows most training is up to date. When new workers start, they have a period of induction where they shadow more experienced workers. Staff told us they have time to gain the knowledge and experience they need before visiting people on their own.

People receiving support provide feedback on the service during visits, through monitoring calls, and satisfaction surveys. They told us they can call the office with any issues or queries. A complaints and other policies are in place. There have been no formal complaints at the service since our last inspection. Incidents are kept on individual's records. No formal notifications have been received by Care Inspectorate Wales (CIW), but there is no evidence of any notifiable events at the service since our last inspection. The RI carries out their regulatory duties, which has improved since our last inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
6	The service is not being delivered in line with the Statement of Purpose or organisations policies and procedures. The service provider has failed to demonstrate sufficient governance and oversight of the service to ensure that people are protected from harm. Systems relating to auditing; Quality of care review; Care plan review; staff development, training and support are lacking.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

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