

Your Safe Homecare Limited t/a Kare Plus Leeds

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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

Your Safe Homecare Limited, trading as, Kare Plus Leeds is a domiciliary care agency. The service provides personal care to people in their own homes in the community. At the time of our inspection there were 33 people using the service.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

People and their relatives told us they felt safe using the service. There were enough staff available to meet people's needs. The provider had a robust recruitment process to ensure suitable staff were employed. People were supported to take their medicines safely. People told us most staff followed the correct infection control practices.

People's needs were assessed before they started using the service and regularly or as their needs changed after the service had started. Information gathered was used to create person-centred risk assessments and care plans. We saw how people had been involved and consented to the care plans and risk assessments.

New staff received an induction programme and all staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. Staff were supported with training and supervision to ensure safe care.

Staff demonstrated they knew people well and understood the way people wanted to be cared for. Staff obtained people's consent before delivering care. People's privacy, dignity and independence were promoted. Staff understood how to provide personalised care.

The service was well managed. The registered manager was knowledgeable and responsive to feedback about the service. Governance systems were in place to ensure all aspects of the service were reviewed and

checked regularly. Feedback and lessons learnt were used to improve the service.

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.

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

Rating at last inspection

This service was registered with us on 21 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and the date 'regulated activity' started.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Your Safe Homecare Ltd t/a Kare Plus Leeds

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 carried out by 1 inspector and an 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 or flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 03 November 2022 and ended on 25 November 2022. We visited the location's

office/service on 03 November 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, Healthwatch and a local advocacy organisation. 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.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 6 staff, this included the registered manager, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and policies and procedures, were reviewed.

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked at training data, electronic call monitoring data and quality assurance 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

- The provider had systems in place to record, report and analyse allegations of abuse. Whilst the provider was notifying CQC of allegations of abuse, they were doing so after the local authority team had investigated allegations. The provider told us they would undertake to notify CQC of allegations of abuse at the same time as notifying the local authority safeguarding team in the future.
- Staff had training about safeguarding. However, some staff were not always sure when and how to report safeguarding issues to the local authority safeguarding team. The provider took immediate action to address this.
- Most people felt that they or their relatives were safe with the care staff. One person told us, "I do feel safe as they know what they're doing, and they get on with it."

Assessing risk, safety monitoring and management

- The risks to people's safety were regularly assessed, their impact monitored, and changes were made to care, and support needs to keep people safe.
- We saw care records and individualised risk assessments recorded the risks to people's safety and provided staff with guidance on how to provide care to reduce risk to people's health and safety.

Staffing and recruitment

- Effective systems were in place to organise and monitor calls and make sure visits had been completed. This meant people always received their calls.
- There were enough staff working within the service to meet people's needs. Most people reported having a variety of care staff with few people reporting having regular consistent care staff. For most people this was not an issue, but some people found this difficult particularly as the timing of the visits would be varied. The provider responded constructively to feedback from staff about the volume and timings of a set of scheduled calls and they have reviewed this.
- Staff were recruited in a safe manner, and the appropriate checks were carried out, such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported safely to manage their medicines. We saw correct medicine administration records (MAR) were used to ensure an accurate record was kept. Regular audits of MAR ensured medication management and administration was safe and consistent.

- The provider's MAR system gave clear information to staff about the support people needed with their medicines. Where medicines needed to be administered this task was performed by staff who had received training in medicines administration and had their competency checked regularly.

Preventing and controlling infection

- People and relatives told us they were generally happy with infection protection control measures used by staff. However, some people told us some staff did not always wear masks.
- Staff were able to tell us about measures in place to reduce the risk of the spread of infection and COVID-19.

Learning lessons when things go wrong

- We saw evidence accidents, incidents and concerns were reported and recorded, with action taken to address these. Analysis to identify any patterns or trends was used to reduce any potential future risks and help improve the service.

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

- An assessment had been carried out into each person's health and care needs. This was regularly reviewed and updated to reflect changes.
- Staff had access to the people's care plans and risk assessments, so they could understand how to meet their needs. Staff knew people well and were able to give us examples of supporting specific care. This meant staff were able to provide effective and consistent care.
- We saw good examples of how the provider involved people and relatives in the development of care plans and risk assessments and in their review. This meant the provider considered and understood people's life histories, choices and preferences which promoted person centred care.

Staff support: induction, training, skills and experience

- Staff received training the support they required. All staff completed induction training at the start of their employment. Ongoing training was also provided so staff updated their skills and knowledge.
- People told us they felt staff had the necessary skills to support them and knew what they were doing. One person told us, "The physiotherapist got me the hoist and the carers said they had already had training on how to use the hoist and I feel very confident that they all know what to do."
- Staff received supervision so they could discuss their learning and development needs. Staff told us they felt the registered manager was approachable and would respond to their feedback quickly.

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

- Care records we reviewed showed people's nutrition and hydration needs had been assessed and the support the person needed with their meals recorded. This meant staff had the guidance they needed to meet the persons dietary needs.
- People told us staff gave them choice about what to eat and drink and they would leave them with plenty to drink. One relative told us, "They do get [relative] their breakfast which [relative] chooses. [Relative] generally has toast and yoghurt and then staff straighten up for [relative] and leave them with a drink."

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

- Staff told us they supported people to access health care appointments and timely referrals for advice were made when needed.
- We saw evidence to show the provider sought specialist support and advice to meet people's wider health needs.
- We saw evidence of referrals to other health care professionals to meet people's wider health needs.

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 registered manager understood their responsibilities under the MCA. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- Staff understood the importance of seeking consent before providing care or support and gave us examples how they did this effectively.
- Care records we reviewed showed the provider consistently sought people's consent for care.

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

- People told us care staff were respectful towards them and their homes.
- Staff understood how to treat people well and with respect. One relative told us, "They are respectful and keep [relative] covered when helping [relative] wash."

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

- We saw evidence the provider had systems in place to ensure people were involved in decisions about their care. Staff were able to give us example of how they ensured people were involved with their care.
- Records showed that people's care plans were reviewed and they and where appropriate their relatives, were involved in the reviews. These were signed by people or where appropriate their relatives. However, few people we spoke to were aware of a review of their care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this which included; supporting people with washing, dressing and continence care. One person told us about their experience of personal care, "Yes they are fine when they help me with that and keep me covered and warm."
- A confidentiality policy was in place. The registered manager understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except to those who needed to know. One person told us, "No they never talk about any other clients when they are with me which is how it should be."

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.

Improving care quality in response to complaints or concerns

- Some people found the registered manager to be approachable and responsive. However, some people told us they found it difficult to access senior staff and that their complaints or concerns were not always acted upon. The registered manager took action to address this.
- The provider had a complaints policy. The registered manager told us this was provided as part of people's introductory information from the service.
- We saw evidence of how responses to complaints or concerns were being used to improve the service. For example, the registered manager had received support from the local authority to improve the management of complaints.

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

- People had detailed and up to date care plans which documented their individual needs and preferences. Care plans were reviewed with people and, where appropriate, their relative. However, some people reported that their previous logs and care plans had been removed when the provider introduced an new electronic care planning and care record system. Some people were unaware of how to access the online system. The registered manager told us they would take action to address this.
- Staff knew people and their interests well and were made aware of people's changing care needs through the provider's electronic care planning and recording system and text or telephone call, where appropriate.
- Staff told us people's care plans contained information that was relevant and accurate about people's needs. Staff had a good understanding of person-centred care and were able to give us examples of this. This meant people received individualised care.

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 (AIS) The AIS 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 registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.
- The registered manager told us that any information could be provided in other languages or in alternative formats such as audio recordings and braille should these be required.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.
- The provider had an end of life policy and staff had received some training about end of life care. The registered manager told us the service had limited experience of end of life care and the approach was being developed.

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

- The registered manager showed us how they had worked with the local authority to improve the quality of the service and embed person centred care. Staff had a good understanding of person-centred care.
- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager with any feedback about the care or quality of the service and felt this would be listened to.

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

- Audits and checks were conducted by the registered manager to ensure any issues or concerns were found and improvement made as required.
- The registered manager understood their role and regulatory requirements and told us why quality performance was important to keep people safe and well. The registered manager told us they would only take on extra provision of care if they had enough staff to do so safely.
- Care staff and had a good understanding of their roles and how they contributed to the success of the service. Staff told us they received training and refresher training to ensure they met people's needs.

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

- The provider carried out regular customer satisfaction checks. Whilst there were limited responses, feedback given was were generally positive.
- The provider recognised the diversity of people in receipt of care, particularly those whose first language was not English, and made efforts to match care staff to ensure good communication and respect of cultural needs.
- The registered manager told us how they sought feedback from staff through supervision and team meetings. This was confirmed by staff who said they were able to give feedback which was followed up.

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 provider had a Duty of Candour policy in place and the registered manager had a good understanding of the requirements under the duty of candour regulation.
- We saw examples how the provider had responded in an open and transparent way when incidents had

occurred.

Continuous learning and improving care

- We saw evidence of commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.
- We found lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care the person received. These were shared with staff during meetings and through electronic communications.
- The registered manager worked with other professionals to ensure the service was developed to ensure safe care.

Working in partnership with others

- Where required the provider worked in partnership with a variety of health and social care professionals from several different agencies. These included district nurses, social workers, occupational therapists and GPs.