

Housing & Care 21

Housing & Care 21 - Leeds

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 23 November 2015 and was announced. At the last inspection in January 2014 we found the provider was meeting the regulations we looked at.

Housing & Care 21 - Leeds is registered to provide personal care to people in their own home. At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they were happy with the care they received and were complimentary about the staff who supported them. They said the same care workers visited and staff stayed the agreed length of time. They told us the service was well managed. We sent out surveys and the responses told us everyone was happy

Summary of findings

with the care and support they received and they felt care workers always treated them with respect and dignity. Fewer people said they were introduced to their care workers before they provided care or support.

People told us they felt safe. In the main arrangements were in place for managing risk appropriately, which included completing a section in each person's care and support plan that identified hazards, the likelihood and severity of harm, and action to remove/reduce risk. They did not use evidence-based risk assessment tools to help identify certain risks such as pressure sores and malnutrition; the registered manager assured us they would review how they carried out these assessments. Safe medicine administration practices were not followed so people were not protected against the risks of unsafe management of medicines.

People told us they made decisions about their care and we saw they or their relative/friend had signed to say they consented to care. Staff we spoke with were confident that people's capacity was taken into consideration when care was planned and any decisions made on their behalf were in their best interests. The registered manager had identified that, where people lacked capacity, they needed to complete formal assessments and record the outcome.

People's care and support plans contained information about what was important to the person. Everyone had a 'pen portrait' which provided a summary of their background, hobbies, interests, friends and family, and other key facts. The plan also contained information

about people's social life, culture, faith, and identified how they wanted to receive their care. Staff were confident people received good care and were able to tell us about people's likes and dislikes, needs and wishes.

There were enough staff to meet people's needs and visits were well planned. Checks were carried out before staff were employed by the agency but we noted there were some gaps in employment history which should have been followed up as part of the recruitment process. Staff told us they were well supported and their training programme had equipped them with the knowledge and skills to do their job well.

The service had good management and leadership. Complaints were investigated and responded to appropriately. Systems were in place to help make sure people received safe quality care. The registered manager had introduced positive changes and had identified further improvements to ensure service delivery met the required standard. The local authority told us, "[Name of manager] has made some significant changes to how services are delivered and staff are supported, and is very committed to delivering a quality service."

We found the service was in breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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Summary of findings

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 not consistently safe.

Safe medicine administration practices were not followed so people were not protected against the risks associated with the unsafe management of medicines.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

Staffing arrangements were flexible and sufficient to meet people's needs.

Requires improvement



Is the service effective?

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge.

People made decisions about their care and support. The registered manager was introducing more formal systems where people lacked capacity to make decisions, which included making sure an appropriate assessment was completed.

People made decisions about their meals and healthcare. The service provided support when required.

Good



Is the service caring?

The service was caring.

People were complementary about the staff and told us their experience was positive.

People's care and support plans contained good information to help staff understand what was important to the person they were supporting.

Staff knew the people they were supporting and were confident people received good care.

Good



Is the service responsive?

The service was responsive.

People told us the care they received was personalised.

People's care and support needs were assessed and plans identified how care should be delivered.

People were comfortable contacting the office if they needed to discuss any concerns. Complaints were investigated and resolved where possible to the person's satisfaction.

Good



Summary of findings

Is the service well-led?

The service was well led.

People who used the service and staff said the service was well managed.

Management systems were being further developed to ensure monitoring and overall governance was effective.

The service defined quality from the perspective of the people who used the service and staff.

Good



Housing & Care 21 - Leeds

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At the time of this inspection there were 72 people receiving personal care from Housing & Care 21 - Leeds. Before the inspection, we sent out surveys to 49 people who used the service and 49 relatives and friends; eleven from people who used the service and three from relatives and friends were returned. We have included their responses in the inspection report.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We

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

This inspection took place on Monday 23 November 2015 and was announced. We told the provider we would visit on Friday 20 November. They were given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. An adult social care inspector, a specialist advisor in governance and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke on the telephone, with nine people who used the service, five relatives and seven staff. We visited the provider's office where we spoke with the registered manager, care co-ordinators and a senior care worker, and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support plans.

Is the service safe?

Our findings

People who used the service and their relatives told us the safety of the service was good. People who used the service said they felt safe. Comments included: “I feel safe with the carers coming into my home, they come on time and stop the correct amount of time for each visit they are marvellous to me, I have no concerns they are lovely girls”, “The carers use a key safe to get into my home and I feel safe with this. The carers usually turn up on time, the only time they are perhaps a little late is when my regular carer has a day off. My medication is given with my food”, “I feel safe with the carers coming to see my husband, they arrive on time for all visits and they are never late and always turn up. They give him his medication and record what they have done, we have no concerns and they are very efficient”, “We feel that dad is safe with the carers coming into our home, and they arrive on time and stay the right amount of time, we have no concerns about any of the carers”, “We feel absolutely safe with the carers they are just lovely. They are not always on time but that is usually the traffic or the last client who needs more time we understand that. They stay the allotted amount of time for the visit and are not rushed. We have no concerns about the carers”, “We feel safe with the carers who come into our home. We have no concerns about the carers and have contact numbers for emergency use and after hours”.

We received surveys from people who used the service; everyone told us they felt ‘safe from abuse and/or harm from their care workers’. Every relative and friend who completed a survey also told us their relative/friend was safe from abuse and or harm from the staff of Housing & Care 21 - Leeds. Surveys showed 64% of people who used the service felt they received care and support from familiar, consistent care workers; 9% were unsure and 27% disagreed. 73% said their care workers arrived on time but 27% disagreed. Everyone said their care support workers stayed for the agreed length of time. In our survey we asked people if their care and support workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons): 89% agreed; 11% didn’t know; 67% relatives and friends agreed; 33% didn’t know.

We looked at the arrangements in place to assist people to take their medicines safely. Staff told us they only ever administered medicines and creams that were prescribed,

and always recorded this on a medication administration record (MAR). They said they had completed training which had provided them with information to help them understand how to administer medicines safely.

We looked at medication records for four people and had concerns about medicine administration and records relating to medicines for three people. One person had a fluid thickener added to their drinks. This is a prescribed product and used when people have difficulty swallowing. However, we found this medicine was not included on the person’s list of medicines. There was no reference in the person’s care and support plan about how much thickener should be added. The registered manager said they had recently highlighted this shortfall with their processes for managing medicines because they were not recording fluid thickener or prescribed liquid food supplements which are given when someone is at risk of malnutrition. The registered manager was taking action to address this.

Each person had a typed list of medicines that was prepared by office staff every month and a medication administration record (MAR). Some people had their medicines stored in a ‘blister pack’ which had been prepared by the pharmacist: these often contained multiple tablets to be administered at the same time. When staff administered medicines from the ‘blister pack’ they signed the MAR. This however, did not include details of each tablet but stated ‘as per blister pack’. This system of recording and administration did not enable staff to follow recognised safe practice when handling medicines including; right person; right medicine; right route; right dose; right time and person's right to refuse.

We saw one person was prescribed aspirin and instructions stated this should be dissolved. Staff were administering this at the same time as other tablets and were not dissolving the tablet. This demonstrated staff were not following safe administration guidance or the provider’s policy which stated ‘care staff must not administer medication by any other route other than that directed on the medicine container or care plan’. We saw another person’s medicine list did not accurately reflect the medicines prescribed. There were spelling errors and no additional instruction for administration. This demonstrated staff were not following safe administration guidance. Another person’s medicines list did not match their care and support plan. Staff were leaving teatime and bedtime tablets out for the person to self-administer but

Is the service safe?

their care and support plan said they should be observed. We concluded the registered person was not managing medicines safely. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People who used the service were safeguarded from abuse. Staff we spoke with understood their responsibilities under safeguarding procedures. They said they would report any concerns and were confident the management team would act swiftly and deal with any issues appropriately. Staff told us they had completed safeguarding training and the training records we reviewed confirmed this. One member of staff said, "When we did safeguarding training it covered everything so we know what to do. They talked about 'whistleblowing' and also gave us policies and procedures, and other additional information so I use these if I need to check anything." 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

In the PIR the registered manager told us, 'Care workers are encouraged to report concerns to their line manager or myself to keep the individuals who use my service safe from harm or abuse. Care workers are frequently reminded to report anything that they are concerned about during supervision and the regular team meetings that we hold in branch. This reinforces their understanding of what safeguarding is and what to do if they suspect abuse. When a concern has been raised, the correct procedures are strictly adhered to and processes followed. All care workers are issued with a plastic 'safeguarding card' with telephone numbers (credit card style) to keep in their wallet or purse to use in cases where they believe that their concern has not been acted upon'. Staff confirmed they had received the safeguarding cards. They also told us the handsets they carried with them at all times had a pre-programmed safeguarding contact number so they could call anytime for advice. The provider had information about safeguarding people from abuse displayed in the office, where staff attended training.

Arrangements were in place for managing risk appropriately. Care co-ordinators talked to us about the initial assessment process that was carried out before a person used the service. They told us they assessed risk and ensured appropriate measures were in place to make sure people who used the service and staff were safe. We looked at four people's care and support plans which contained a section called 'ensuring safe provision of your

care/risk action plan'. These identified hazards, the likelihood and severity of harm, and action to remove/reduce risk. However, it was unclear how they determined levels of some risk such as pressure sores and malnutrition, because the service was not using evidence-based risk assessment tools which help identify the level of risk and appropriate preventative measures. The registered manager said they would review their risk assessment process and ensure risk management was appropriate.

Staff told us they worked in a safe environment and any potential risks were identified. Staff told us they had completed emergency first aid training and training records confirmed this. Care records showed care workers had contacted emergency services when they had concerns about people's health and welfare. One member of staff said, "They are good with emergencies. If ever we get delayed because people are unwell and need extra time or have to go to hospital, the care co-ordinators cover the next call." Another member of staff said, "Safety checks are carried out all the time. Safety for clients and safety for staff. They make sure hoists are checked, portable appliance testing is done. They won't let you go out if your training is not up to date."

Staffing arrangements were flexible and sufficient to meet people's needs. The registered manager and care co-ordinators discussed the arrangements for planning visits and said these worked well. They explained all staff used an 'In touch handset', which outlined calls, including timing and key tasks. The actual visit times were then recorded and monitored to make sure these matched the agreed visit times. Any discrepancies were identified and followed up. The registered manager told us they calculated the number of care staff required by dividing the number of care hours by 25, as this was the average number of hours worked. The care co-ordinators said they only accepted new customers when they were confident they had capacity, and the IT system they used aided the calculation of this.

Staff we spoke with told us they were able to spend sufficient time with people and did not have to rush when providing care and support. One member of staff said, "We have enough staff. If at any time we feel there is not enough time we just report it to the office." Another member of staff said, "We have enough time. If any client exceeds the

Is the service safe?

allocated visit times the system picks this up and then they review it.” Staff told us they were happy with the staffing arrangements. They felt the visits and timing between visits were well planned.

We spoke with staff who had started working for Housing & Care 21 - Leeds in the last year. They said they had gone through a proper recruitment process, which included attending an interview. They said they were unable to start work until all checks were completed. One member of staff said, “At my interview I felt really comfortable and wanted the job. I felt that I would be well supported, and haven’t been disappointed.” Another member of staff said, “At interview they explained everything. They outlined the work, talked about training and also opportunities.”

We looked at the recruitment records for four members of staff and found that in the main recruitment practices were thorough. Candidates had to complete an application form and attend an interview. The provider checked proof of identity, references from previous employers with the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. Three of the application forms we looked at did not contain a full employment history even though there was a note that stated ‘all gaps identified’. The registered manager assured us they would follow this up with the central human resources department and relevant employees.

Is the service effective?

Our findings

People we spoke with were complimentary about the care workers that supported them and felt they had the right skills and were competent. They said staff asked for their consent before providing care, and received good support at mealtimes. Comments included: “They have the skills to enable them to carry out my care. They listen to me and ask for my consent before carrying out tasks. They know me. They help with my microwave meals”, “They help me with my meal at lunchtime and with my fluid intake, they have the skills for the job and always ask my consent before carrying out tasks for me”, “I have no grumbles, they are marvellous and always ask before they help me to shower. I am able to cook for myself”, “The carers are kind and caring in their approach to my husband, they are very careful and well trained. They always put plastic over shoes on when they come into the house, we receive a very high standard of care and they always ask before carrying out tasks for him. We are very happy and would be sad if we were to lose this agency”, “They have the right skills for the job and I can rely on them”, “The carers are all very nice and so far they have the correct skills for the job and ask before carrying out task during the visit”, “They are very good and do the job properly, most know what they are doing but the younger ones are hesitant”.

Staff we spoke with told us they were supported to do their job well by peers and management. They said they had received training that gave them the knowledge and skills to carry out their work effectively and all the mandatory training they had to complete was up to date. One member of staff said, “Training covers everything; we get good support.” We looked at the training matrix which showed staff had completed training in moving and handling, health and safety, safeguarding of vulnerable adults, medication, first aid, nutrition and wellbeing, infection control, and equality and diversity. Several staff told us they were completing dementia distance learning training. The provider used a computer based training system, which was colour coded to show when training was due; this avoided any refresher training becoming overdue and ensured that staff caring for people in the service had up to date skills required for their role.

Four members of staff talked to us about their induction programme which they all felt was comprehensive. Everyone confirmed they had attended a four day training

programme, and had either completed or were completing a workbook which covered different areas that related to their role and responsibilities. One member of staff said, “I was new to care and the induction was really good. I was given a ‘toolkit (induction workbook), did four days training, was introduced to everyone. I have learnt so much and felt ready to go out into the community.” Another member of staff said, “The new toolkit is brilliant. I use it as a reference. Someone came out, observed me and gave me feedback and recorded it all.” The registered manager said every new starter completed the ‘Care Certificate’. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff we spoke with said they received regular supervision and an annual appraisal which gave them an opportunity to discuss their role and opportunities for development. One member of staff told us supervision was not always done regularly. We looked at staff records which confirmed staff had received a supervision session at least every three months. Supervision and appraisal is a process through which staff are managed and supported.

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 Act 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.

Staff we spoke with were confident people who used the service were encouraged and supported to make decisions. They also gave examples where they checked people were consenting to care. For example, asking people if they were ok to take their medicine, if they wanted a bath/shower and if they were happy for staff to help. We saw staff had noted in the daily records where people had declined care.

Care co-ordinators told us they used the commissioner’s assessment and support plan to develop their assessment, and care and support plan. They said these identified where people lacked capacity and if people had a formal diagnosis of dementia they asked for support from a relative, friend or social worker at the initial visit. They also said if they had any concerns regarding a person’s capacity they would contact adult social care and request support.

Is the service effective?

We looked at care records which showed people who used the service or their relative/friend had signed to say they consented to care; however, we found formal mental capacity assessments were not carried out when people lacked capacity. Mental capacity assessments help protect people who lack capacity to make particular decisions and maximise their ability to make decisions. We also noted one person's care file contained a support plan that was signed by the person receiving the service and a 'consent to medication' form that was signed by a relative. There was no information in the file that explained why the person had not signed both documents. Best interest decisions were not recorded when a decision was made on the person's behalf. The registered manager was confident that people's capacity was taken into consideration when they planned care and any decision made on their behalf was in their best interests. They said they had identified that they needed to develop this part of the process and make sure, where people lacked capacity, they carried out formal assessments and recorded the outcome.

Care and support plans were in place where people required assistance with meals and healthcare, and daily records evidenced that staff were providing appropriate support. People had a section in their support plan titled 'be healthy'. This identified how people managed their health. The care and support plans we reviewed identified who supported the person to attend GP, dental and other health support services. Staff we spoke with told us the arrangements worked well. They said they always contacted the office promptly and reported any concerns about people's health. The management team told us they contacted health professionals for advice if they had any concerns and gave examples where they had made referrals to other professionals when potential risks to individuals were identified, such as falls. Staff told us before they left their visit they made sure people had access to food and drink.

Is the service caring?

Our findings

People who used the service and the relatives we spoke with told us the service was caring. Comments included; “The carers are very caring and kind to my husband they are very fond of him and treat him like family”, “The carers are always cheerful”, “The carers are kind and caring towards me and I have a batch at the moment who have the correct skills to help me, it is the same thing every morning and they make me comfortable”, “I have a regular group of carers who are the best. They show an interest in me and treat me with dignity and respect when carrying out personal tasks for me. My privacy is also respected”, “The carers talk to me all the time and my care is centred around me. I would tell them if it was not”, “They are very kind, nice and polite and will do anything for me, they talk to me when carrying out personal tasks”, “We have regular carers for my husband. He is very happy”, “They are good and they laugh with him and show an interest in him. When washing him in bed they respect his privacy and dignity”.

In our survey everyone told us they were happy with the care and support they received, and felt care workers always treated them with respect and dignity. Everyone told us care workers were caring and kind: 91% told us the information they received from the service was clear and easy to understand. When we asked people if they were introduced to their care workers before they provided care or support, only 64% agreed, 27% disagreed and 9% didn't know. Relatives and friends surveys told us everyone was happy with the care and support provided to their relative or friend. Everyone felt the care workers were caring and kind, and treated people with respect and dignity. Only 67% agreed new care workers were introduced before providing care.

In the PIR the registered manager told us, ‘The service I manage is culturally diverse in terms of individuals who receive a package of care and the care workers who deliver the service. As a manager I must ensure that my service delivery takes into account religious belief, race, age, sexual

orientation, gender and disability by promoting equality. It is important that we create an inclusive culture for all our staff members that they are treated fairly and all have equal access to opportunities and progression. All staff members are encouraged to keep up to date with current policies and procedures. Key policies such data protection, safeguarding, whistleblowing, confidentiality, and equality and diversity help establish professional boundaries. A caring service can lose its meaning if professional boundaries are not adhered to.’

We looked at people's care and support plans. These contained information about what was important to the person. Everyone had a ‘pen portrait’ which provided a summary of their background, hobbies, interests, friends and family, and any other key facts. The plan also contained information about people's social life, culture, faith, maintaining links to services or activities in the local area and ‘how to maintain a good quality of life’.

Every member of staff we spoke with told us they were confident people received good care. They felt they received enough information to know how to provide care to meet people's needs. They said care and support plans provided details to help them understand people's backgrounds, cultural needs, and likes and dislikes. One member of staff said, “I visited a new client this morning and knew everything about her before I went. We are always given the correct information and know what we are walking into.” Another member of staff said, “I can't fault the care. Whenever I've worked with other care workers I've always seen good care being given. I've never seen any incidences where I have been concerned.”

Staff told us people's privacy and dignity was maintained and gave examples how they did this. They also said they helped people be as independent as they could be. One member of staff said, “Helping people stay in their home is very important so we are encouraged to keep them independent. We are reminded not to rush people and take our time. We covered this when we did the induction.”

Is the service responsive?

Our findings

People told us the care they received was personalised. People who used the service and their relatives said regular care workers visited and knew how to deliver care to meet their needs. Most people said their care needs were reviewed although two people said this had not been done recently. Comments included; “I am told if there are going to be any changes, the carers record their visits and what they have done in a book at every visit”, “I have regular carers, new staff are introduced to me. They record their visits for the next carer to read; I’m not sure about a care plan”, “We have a regular group of six carers who we know well. We have a care plan but nothing has changed and I was involved in this but it has not been reviewed”, “If one of our regular carers is off I do not know who is coming”, “Our carers are regular and very efficient at their jobs. The care package is out of date and needs to be reviewed”, “If we have different carers they are informed of my wife’s needs. We have a care plan which I was involved with and it has been reviewed”, “I have a regular core team of carers, if there are any changes in the team I get a letter, I have a care plan which has just been reviewed”. One person told us they had raised concerns because they had changed the regular care workers.

In our survey 64% told us they were involved in decision making about their care and support needs; 36% didn’t know. 100% of relatives and friends told us they were consulted as part of the decision making process.

The care and support plans contained good information about how care should be delivered at each visit. Information was personalised and reflected how people wanted to receive their care. For example, people’s preferred bathing, showering and dressing routines were recorded in sufficient detail so staff knew what to do to make sure the care they provided was personalised.

Records completed by care workers at each visit showed that care delivery matched the care identified in people’s care plans. One person’s care and support plan identified that they were living with dementia and this had caused them to forget if they had eaten or had a wash. Guidance about how staff should encourage the person was incorporated into the plan. We spoke with staff who cared for the person; they told us how they supported the person and this reflected what was recorded in their care and

support plan. One person’s visit notes indicated they received specific support when having drinks. However, there was no reference to this in their care and support plan, which could result in the person’s needs being overlooked. The registered manager said they would update the plan straightaway.

In the PIR the registered manager told us, ‘It is important we respond to preferences and choices of service users which should be documented in the support plan and adhered to by carers. I ensure that the reviewing of support plans occurs at regular intervals. I ensure my service responds appropriately to changes in service requirement even positive changes where a decrease is required. We aim to roster in accordance with our customers’ preferred call times and provide continuity of care as far as possible. Rotas are planned in a way that continuity and consistency of care is a key consideration.’

People who used the service and relatives we spoke with told us they did not have any complaints about the service they received. They said they would contact the office if they were unhappy or wanted to discuss any problems. Our survey responses from people who used the service told us everyone knew how to make a complaint about the care agency: 80% felt care workers responded well to any complaints or concerns they raised, 20% didn’t know and 67% felt office staff responded well to any complaints or concerns they raised; 33% didn’t know. Our survey responses from relatives told us 67% felt the agency and their staff responded well to any complaints or concerns they raised; 33% didn’t know.

The provider had a complaints policy and procedure which outlined how complaints would be handled. Staff were given a copy of this at their induction so were made aware of people’s right to complain. We looked at the complaint’s log which contained details of complaints and the outcome. Two were received in the last 12 months. The record showed people’s individual complaints were responded to in a way which resolved the concern and minimised the risk of the same issue arising in the future.

In the PIR the registered manager told us, ‘Our Complaints procedure has been amended recently. The ethos behind the new procedure is getting it right first time. The timescale for investigation and resolution has been reduced from 28 days to 15 days; however, we aim to respond sooner where possible.’

Is the service well-led?

Our findings

People who used the service and the relatives we spoke with told us the agency was well managed. Comments included: “It is a good service”, “The service is well led from the office”, “They are good in the office”, “Every so often the office ring to see if everything is alright and I would recommend the service to anybody”, “The office staff are good”, “The service is good at the moment, I have had problems with timing because of my medication but this has been sorted out”.

Our survey responses from people who used the service told us 82% would recommend the agency to others; 18% didn’t know and responses from relatives and friends told us 100% would recommend the agency to others.

The management team consisted of a registered manager, three care co-ordinators and five senior care workers. The registered manager talked about management of the service and it was evident from our discussions they were knowledgeable and fully understood their role and responsibilities in relation to managing the community care service. When asked how they ensured that everyone knew the vision and values of the service, the registered manager said, “I want my branch to be outstanding, I know I have a way to go, that’s my aim, it means the quality of the service is second to none, the staff feel valued as individuals, well supported, developed, I want to be able to give them something, so they stay with me and are loyal towards the service.”

We received very positive feedback about the registered manager when we spoke with the staff team. The staff we spoke with told us they felt well supported by the whole management team. Comments included; “[Name of manager] is fantastic; she’s a very good manager. So are the care-coordinators and the seniors. They give advice with any situation”, “They really, really listen to you. We have regular staff meetings and are asked if we have anything we want to talk about”, “We are encouraged to ring and seek advice if we are not sure”, “They are all very approachable”. A senior member of staff said, “We are very well supported, and can go to care-coordinators and the manager anytime.”

Some members of staff who had worked for Housing and Care 21- Leeds for a number of years talked about positive changes the registered manager had introduced, which

they said had improved the service. One member of staff who had worked for Housing & Care 21 for a number of years told us the service had gone through an unsettling time a few months ago. They said, “Things have settled down. This is a really good time.”

We received positive feedback from the local authority. They told us, “We have absolutely no issues in respect of Housing and Care 21; they have recently re structured which has made some considerable improvements to how the service is managed and supported by the senior management team. ... [Name of manager] has made some significant changes to how services are delivered and staff are supported, and is very committed to delivering a quality service.”

Staff told us good structured systems were in place for checking they were providing appropriate care that met people’s needs and expectations and we saw records that confirmed this. Care workers were observed every three months when they were providing care. Spot checks were also carried out. A senior care worker told us, “We do unannounced spot checks and make sure care workers are wearing the correct uniform, using PPE (Personal Protective Equipment such as gloves), addressing people appropriately and following the care plan.”

Systems were in place for monitoring the quality and safety of the service. We looked at a range of records that showed in the main they did this effectively. A ‘missed calls and incident log’ was maintained and evidenced missed calls had been appropriately dealt with in a timely manner. We saw evidence that late calls were audited. The registered manager told us they had talked about the learning from these at staff meetings and at supervision sessions although these discussions were not consistently recorded. The registered manager told us they had recently started completing some audits including the ‘missed calls and incident log’. These were evolving and going forward they planned to undertake an overall analysis, to identify trends and patterns and keep a clear record of any learning.

The provider carried out internal quality monitoring audits and devised service development plans. We reviewed the last one which was completed in June 2015. This identified areas to improve and comments from the registered manager evidenced how they planned to make the changes. We found action points had progressed. For example, they said “The collection and quality audit of customer care log notes need to be more timely and

Is the service well-led?

robust". We saw this system was generally working well. Care records from October 2015 had been brought to the office and were in the process of being audited. Care records from September 2015 had been audited; any issues were highlighted and where appropriate followed up. We asked to look at one person's notes from September 2015 but these had not been received. Through the provider's audit they had identified medication processes needed to be strengthened; we saw they still needed to work on this area.

The provider had a number of policies and procedures in place to govern activity. Staff could access these on the computer at the provider's office. Policies and procedures we looked at had been updated annually. The internal quality monitoring audit from June 2015 recommended that evidence of staff reading and understanding policies should be obtained and recorded. The action plan stated staff would discuss these in supervision and at induction and then they would obtain 'a signature confirming that the policies have been handed out'. This was still to be actioned.

People who used the service told us they could express their views and had provided feedback about their experience of using the service. Most said they had completed a survey. We looked at the provider survey

results from July 2015 which was based on 23 responses. There were several positive themes including; 'Care worker visits at times to suit you', 'Care worker understands you and your care needs', "Care worker supports your independence", "Care worker treats you with dignity, respect and listens to what you have to say", "My care service helps me to feel safe", "The care office checks I am happy with my service". The majority of positive comments were about the care staff, in particular their helpful and friendly attitude and how well they did their job. Some areas that received less positive feedback were: "Care worker helps with the things you want"; "I am notified of any changes to my care". There were five comments about a lack of communication with the office and inconsistent care workers, another five comments concerned the punctuality of the care staff and the quality of care.

Staff told us they could express their views and attended staff meetings. We looked at meeting minutes and noted three were held in September and October 2015. They had discussed a range of topics including, 'attitudes in the workplace', 'regular client rounds', 'dignity and respect', 'rotas', 'complaints', 'confidentiality', 'care plans', 'safeguarding' and 'social media'. This meant care related topics were discussed and communicated to staff and staff could contribute to the running of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have systems for the proper and safe management of medicines.</p>