

Regents Park Limited

# Leap Domiciliary Care

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was announced and took place on 28 and 29 January 2016. We told the registered manager two days before our visit that we would be coming. This was because we wanted to make sure the information we needed would be available. The inspection was carried out by one inspector.

The service provides a domiciliary care service for older people and people with disabilities who live in the Exeter area. At the time of this inspection there were 65 people who received personal care from the agency.

There is a registered manager in post. 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.

The management and staff team demonstrated a pride in their work. They spoke passionately about the service and how they constantly strove to provide the highest standard of care. There were many examples of small gestures of kindness that made a big difference to people. For example if a person was feeling poorly when staff visited, the staff passed this information on to the office. A member of the management team always visited or phoned the person during the day to check they were feeling better, or if they needed medical attention or an extra visit. They also demonstrated their care for people by sending each person a birthday card, and by making an extra visit to each person at Christmas with a box of mince pies.

People who used the service praised the management team and staff for their kindness and caring manner. Comments included "I can't fault any of them – they are all nice," and "They are all lovely." Health and social care professionals told us they found staff to be exceptionally caring. For example, one professional told us the staff were "Very good at 'popping in' to people if they were concerned about them. They will 'go the extra mile'".

The management and staff team were constantly checking the quality of the service and seeking ways of making improvements. They sought the views of people who used the service in a variety of ways, and acted on any comments or suggestions. For example, they had recruited a receptionist in the last year which meant people were always able to contact or visit the agency during normal office hours. They had also introduced an 'on-call' system for out-of-hours contact.

People received a safe service. Thorough recruitment and selection procedures had been followed when recruiting new staff. They took care to make sure applicants were suitable for the post before they began working with people. Staff were well trained, well supported and were competent to meet the needs of each person who received personal care.

Staff were competent to administer medicines safely. Care plans contained information on each person's medicines and understood the risks associated with them. Records were completed each time staff

administered medicines.

People told us they felt safe, They were confident they could raise any concerns or complaints with the manager and these would be addressed satisfactorily. Comments included "Yes I feel safe. I know all the carers well and I feel safe with them." All staff had received training and information on how to recognise the signs of abuse and how to report any concerns.

People received a reliable service from a small team of staff who visited regularly and knew them well. Timetables were sent out each week to let people know who would be visiting, and the day and the times of the visits. They told us the timetables were "Very helpful," and "It is very helpful to know who will be visiting." Each person had been given a leaflet about the agency which contained a photograph of every member of staff giving their names and job title. This helped people recognise the staff and get to know their names.

People told us staff arrived close to the expected times of visits. If they were running more than 15 minutes late they received a call from the office to let them know. People also told us they had never experienced a missed visit. Comments included "I have never had such good service. They put themselves out for me. They always ask if there is anything else they can do for me. Continuity is always good."

People had been involved and consulted in drawing up and agreeing a plan of their support needs. The care plans were comprehensive, well laid out and easy to read. The care plans explained each person's daily routines and how they wanted staff to support them. The plans were regularly reviewed and updated.

People were supported to maintain good health. Staff were aware of each person's medical needs and any risks to their health and took appropriate action promptly if they noticed any changes in a person's health.

The provider had a range of monitoring systems in place to ensure the service ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. People were asked to complete survey forms seeking their views on all aspects of the service.

## 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.

People were protected from abuse and avoidable harm. Thorough recruitment and selection procedures were carried out before new staff were appointed. Staff knew what to do if they suspected people were at risk of abuse.

People were supported to manage any risks to their health and well-being safely and in accordance with their wishes.

People received a reliable service from staff they knew and trusted.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who were competent and well trained. .

People were supported to maintain good health.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The staff and management were very caring and considerate. Staff demonstrated compassion and carried out many acts of kindness that made a positive difference to each person. People were treated with dignity and respect.

People were supported to lead active and fulfilling lives and avoid social isolation.

### Is the service responsive?

Good ●

The service was responsive.

People were fully involved and consulted in all aspects of assessment and planning of their care.

People were encouraged to express their views and the service responded appropriately to their feedback.

**Is the service well-led?**

**Good** ●

- The service was well led.
- The service promoted an open and caring culture centred on people's individual needs.
- People were supported by a motivated and dedicated team of management and staff.
- The provider's quality assurance systems were effective in maintaining and driving service improvements.

# Leap Domiciliary Care

## **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.

This inspection took place on 28 and 29 January 2016 and was announced. We told the registered manager two days before our visit that we would be coming. This was because we wanted to make sure the information we needed would be available. It was carried out by one social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

Before the inspection, 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager and five staff. We visited five people who received a service. We also contacted four health and social care professionals who had knowledge of the service for their views.

We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, and quality monitoring procedures.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included "Yes I feel safe. I know all the carers well and I feel safe with them." One person told us they were confident they could ring the agency office if they had any concerns but went on to say "I have never had to do so – everyone is lovely." Another person said they had been unsure about receiving assistance with showering from young or newly recruited staff, due to the risk of falls. They had contacted the agency office who had agreed they will always allocate older and more experienced care staff to assist them in future. The person appreciated the sensitive way the agency had dealt with their request, and said they felt safe with the staff who currently visited them.

Thorough recruitment and selection procedures were followed when recruiting new staff. Applicants completed an application form showing previous employment and relevant training and qualifications. References were obtained and checks were carried out to make sure the applicants were suitable for the job. New staff did not begin working for the agency until satisfactory checks and references had been completed. The registered manager told us they had a stable staff group with very low turnover of staff. They told us they never rushed when recruiting new staff as they wanted to make sure they were completely certain the applicants were right for the job before offering them a post.

Risks of abuse to people were minimised because policies and procedures were in place. Any suspicions of abuse were picked up and dealt with promptly following nationally agreed good practice. All staff had received training on how to recognise and report abuse. Staff handbooks contained further information on this topic, including local contact details of agencies they should contact to report abuse. Staff had a clear understanding of what might constitute abuse and how to report it.

People received a reliable service from a small team of staff who visited them regularly and knew them well. Timetables were sent out each week to let people know who would be visiting, and the day and the times of the visits. They told us the timetables were "Very helpful," and "It is very helpful to know who will be visiting." People also told us staff arrived on time and never missed a visit. This showed there were sufficient numbers of staff to meet people's needs. One person said "If they are held up they ring and tell me, which is very good." Another person said the staff were "Always on time – I can rely on them." Each person had been given a leaflet about the agency which contained a photograph of every member of staff giving their names and job title. This helped people recognise the staff and get to know their names.

A new call monitoring system was in the process of being introduced at the time of our inspection. Each person had been given a unique barcode on the front of their care plan file which staff will scan with a mobile phone on arrival and before leaving. The information about the call would be logged at the agency office and would allow them to check that staff had arrived at the person on time. The system will also alert the office staff if a visit had been missed.

Care plans contained risks assessments covering all aspects of physical, mental and personal care needs. Each person had been asked to complete a 'health check' form giving the staff information about their medical history and current illnesses. This meant that staff understood each person's health needs and any

potential risks. Risk assessments included instructions to staff on how to support the person to reduce the risks where possible.

Medicines were administered by staff who had been trained and their competency checked. Where people had requested support from staff to help them manage their medicines safely, procedures had usually been followed. Where we found areas that could be improved the staff acted promptly to address the issues. A list of the medicines prescribed to each person was included in their care plan folder. Medicine administration records (MAR) had been completed each time staff had assisted people with their medicines. On the first day of the inspection the lists did not include full details of creams and lotions prescribed to each person. By the second day this had been addressed by drawing up new medication lists and placing them in people's homes. All staff had been instructed to complete the MAR chart each time creams were applied, in addition to any tablets administered.

We also saw staff had assisted some people with the administration of prescribed eye drops, although the care plans did not provide any information about the medication or how to administer. Staff had recorded in the daily notes each time the eye drops had been administered and the notes showed the tasks had been carried out daily. The registered manager told us all care plans had been amended and updated with full information about eye drops immediately following our inspection.

Safe systems were in place when staff assisted people with shopping. Records were completed to show the amount of cash given to staff before they carried out the shopping, and the change returned to the person after shopping. Receipts were retained. The records remained in the person's care plan file for their information and were checked by a senior member of staff each time they visited to review the person's care.



# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. All new staff received training and support at the start of their employment to make sure they had the basic skills needed to support people effectively. The induction period usually lasted approximately two weeks and included a number of days when they shadowed a senior member of the staff team. During this period they worked alongside the senior member of staff who checked their competence before the new staff was allowed to work on their own. This also gave the new member of staff opportunity to meet and get to know each person they would be allocated to visit on a regular basis. All new staff were expected to complete a nationally recognised qualification known as the Care Certificate in the first few months of their employment.

Staff told us they received a range of training and updates each year on all health and safety related topics, and also topics relevant to the needs of the people who received a care service. Training was delivered in a variety of ways, including computer based training, in house training by senior staff and staff with specialist skills, and also group training sessions delivered by a specialist training company or by hospital and community nursing professionals.

Some staff had been supported to act as staff 'champions' on topics they had specific interest or knowledge in. For example one member of staff was a 'diabetes champion' and another member of staff was a 'dementia champion'. They were given the opportunity to gain further training in these topics with the aim of passing on their knowledge and skills to the rest of the staff team as well as being a person staff could approach for further advice or guidance when necessary. The providers had also funded some staff to attend courses to learn how to teach other staff. These courses are often referred to as 'train the trainer' courses.

Staff were supported to gain relevant qualifications in care including diplomas and National Vocational Qualifications (NVQs). They told us the training was of a good standard. Comments included "The training opportunities are really good," and "Really good training – well organised. They get the right people to provide the training." A social care professional told us "The staff always appeared knowledgeable and I felt confident in using them to source care packages."

Staff received regular supervision and they were well supported. All staff received supervision approximately every six weeks, either on a one-to-one basis with their line manager, through 'spot check' visits by their line manager to observe their practice, or through staff group meetings.

People were supported to eat a healthy and balanced diet. Care plans provided detailed information about each person's dietary needs and preferences. For example, one care plan explained how a person liked their breakfast "Hot milk boiled in the saucepan with three Weetabix surrounded by Rice Crispies. He also has a cup of tea with two sugars." The care plan also instructed staff to "Encourage food and snacks/fluids and sit and talk with (the person) whilst he is eating drinking to provide company and also record his daily food and fluid intake."

Staff understood the importance of gaining people's consent before carrying out care tasks. Care plans instructed staff to promote people's independence. We observed a member of staff supporting people by asking "Would you like me to do...", and waiting for a response before carrying out each task. Care plans also encouraged staff to check with people before carrying out tasks. All staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Staff liaised with health and social care professionals where necessary. The registered manager told us they worked closely with local health and social care professionals to make sure people received the care they needed. They told us staff were encouraged to be observant. If they were concerned about the person's health they will always seek the person's consent before contacting their GP, community nurse or other health services. A social care professional told us "In all my dealings with them they were always helpful, friendly and effective. "

Where people had a history of, or were at risk of health problems these were explained in detail in the care plans. For example, a person who was at risk of pressure sores had been supplied with a pressure cushion to be used on their chair. Staff were instructed to encourage the person to move at regular periods during the day by walking with the person to promote their confidence. The care plan said "Please check (the person's) pressure areas daily whilst carrying out personal care and report any changes to the Leap office and District Nurses." The plan also gave clear instructions about washing and drying skin gently, and the application of creams, and provided detailed information about the warning signs that might indicate the beginning of a pressure sore.

## Is the service caring?

### Our findings

Staff demonstrated compassion and care for each person. They talked about making a positive difference to each person, for example "You form a bond with your clients. I usually get them laughing by the time I leave." They said if someone was feeling a bit down or lonely they would "Sit down and have a good old 'yap'". Staff described how they got to know each person and the things that mattered to them, for example by sharing stories about football or other interests, or by helping them keeping in touch with families. One member of staff talked about how they looked out for articles in newspapers and magazines people may be interested in and how this had helped people recall happy times in their past.

People praised the management team and staff for their kindness and caring manner. Comments included "I can't fault any of them – they are all nice," and "They are all lovely." One person talked about a carer saying, "She is amazing. She knows exactly what I want help with. She does tasks before being asked." Another person said "They seem to care. When I get to know them they seem like part of the family."

We heard examples of how the managers and staff went above and beyond their expected duties. If they found people were experiencing difficulties they went out of their way to find a solution, and involving other professionals where appropriate, for example when a person was experiencing financial worries. The registered manager and staff told us they always rang or visited a person during the day if a member of staff reported the person was feeling unwell during their visit. This meant the person was not left on their own for long without help or support when they were ill, even if they were only scheduled to receive one visit a day. If they found the person was still unwell later in the day they would either agree with the person any further assistance necessary, for example by calling their doctor, or by providing extra visits.

Health and social care professionals told us they found staff to be caring. For example, one professional told us the staff were "Very good at 'popping in' to people if they were concerned about them. They will 'go the extra mile'".

We observed a member of staff supporting a person to walk around their bungalow. When the weather was warm staff took the person for a walk outside, and during wet and cold weather staff supported the person to keep active by walking around indoors. The member of staff gently linked arms with the person as they walked around chatting and laughing. They looked at pictures and photographs which encouraged the person to reminisce about family, friends and their past. The person's husband told us "That's how they all are – always kind, thoughtful and sociable."

Staff knew people well and recognised when they might be feeling poorly. For example, a member of staff knew that a person often suffered from back ache and asked the person "How is your back today? Would you like me to fill your hot water bottle for you?" The person agreed they would like a hot water bottle. When it was filled the member of staff made sure the bottle was placed in the right part of the person's back and checked they were comfortable. They also checked the person was warm enough, offering to get another cardigan or blanket. We also observed a member of staff kneeling down to speak with a person so that they were able to speak face to face.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and to express their opinions.

Staff were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way.

The staff supported people to integrate in the local community and help them to avoid isolation. This included helping people to attend local groups such as luncheon clubs.

The agency provided small personal touches that showed they cared. For example, they gave each person a card on their birthday. Special occasions such as wedding anniversaries were also celebrated with a card. At Christmas the registered manager and senior staff team visited each person personally to say 'Happy Christmas' and gave every person a box of mince pies.

The registered manager told us they always attended people's funerals. They felt it was important to support families by showing how much they had cared and respected the person.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Each person's needs had been assessed at the start of the service. A care plan was drawn up and agreed with the person setting out clearly all aspects of their health and personal care needs. The plan was regularly reviewed and updated. If care staff noted any changes in their care needs they contacted the agency office and a new care plan was drawn up immediately and put into the person's home.

Each care plan was neatly filed with dividers between each section and an index system to help staff find relevant information quickly. The plans were typed which meant all sections were easy to read. At the start of each care plan there was a summary page giving staff an overview of the person's medical history, next of kin and all professionals involved in their care. The summary also covered all areas of risk including home environment, health risks, pressure areas, moving and handling aids, and any specific care planning tasks. The day and times of the calls each week were also listed. Further sections in the care plans provided more in-depth information on each area of the person's care needs and any risks identified.

The care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected the person's wishes. For example one care plan instructed staff "Please run the shower first to get it to the correct temperature" and "Please apply all over with soap and rinse thoroughly." We also saw another care plan instructing staff to make sure a shower mat was used inside the shower and a bath mat was placed outside the shower to help the person stand safely and reduced the risk of slips and falls. If people had a pendant alarm the care plan instructed staff to check the person was wearing the alarm.

The care plans explained any communication difficulties and how the person wanted staff to communicate with them, for example by using signs or pictures. If people had recently experienced bereavement this was explained, and guidance was given to staff on how to support the person if they were feeling low.

People were asked if they preferred to receive care from a male or female member of staff, and their choices were respected. At the time of this inspection two male care staff were employed which meant that male clients were able to choose a male member of staff to assist them.

The staff responded to changes in people's needs. For example, one person told us they had initially only received a service twice a week to assist with bathing. However, after a couple of falls they had decided to increase the service to daily. They praised the service saying "They are all really good."

People told us they knew how to raise a complaint and they were certain any issues would be addressed immediately. They were given a folder containing a copy of their care plan and daily recording sheets for staff to complete, along with a copy of the service user guide and the provider's Statement of Purpose. These documents gave people information about the complaints policy and agencies they could contact if they were unhappy with the service.

## Is the service well-led?

### Our findings

The registered manager demonstrated a passion for providing the highest standard of care for every person and this passion was shared by the whole staff team. Without exception every person we spoke with, including people who received the service, staff and professionals, praised the registered manager for way the service was managed and provided. In the last year the service had received no complaints, although they had received many letters and cards thanking them for the high standard of care they had given. Survey responses from relatives and people who used the service were entirely positive. Every person had rated the service as 'excellent', and there were many positive comments such as "I am very happy with the care given to my Mum and the general service from all the staff at Leap. I would recommend them to anyone." A relative said "We cannot find fault with any of them. Their kindness to (the person) is beyond reproach and they always cheer her up." They described the staff team as "wonderful."

The management and staff team were constantly checking the quality of the service and seeking ways of making improvements. They used a variety of methods to check the safety and quality of care including spot check visits to clients to monitor staff practice, regular care plan reviews, telephone calls and questionnaires to clients to check they were happy with the service. They also listened to staff suggestions in team meetings and supervisions. They responded to any comments or suggestions positively and proactively by taking action to address the service. For example, during busy periods the registered manager and office manager were sometimes out visiting people or providing hands-on care. This meant the office was sometimes closed during the day. They addressed this by employing a receptionist who was always available to answer telephones and assist people who visited the office. They had also introduced an 'on-call' system which provided an out-of-hours contact person for any matters that could not wait until the office was next open. This meant people and staff had access to advice and support at all times.

The agency was planning to provide further services in the near future. They hoped to organise luncheon clubs for people who are isolated and unable to get out of their homes easily. The registered manager told us they had helped a local luncheon club that had been struggling in the last year. They had found the facility was such an important service for those people who attended they wanted to set up more similar clubs around the city.

Feedback from health and social care professionals was really positive. One professional said the location of the agency in the centre of a busy shopping area meant it was very accessible to people. People who used the service and their families and friends could easily visit the office with any problems or requests and these were always addressed promptly. The staff were always polite and friendly. Another professional told us "When talking to clients who had Leap as their agency I only ever heard good things about them." Another professional told us the registered manager and staff team were always very efficient and had a "hands-on person-centred approach". They praised the agency for going over and above their prescribed duties. The professional always received feedback from the staff which showed they knew each person well, and had provided care that was personalised to their individual needs. They went on to say "(The registered manager) would also follow things up, for example if a service user went into hospital over night she would check with the hospital the following morning to find out the situation. So far as I am concerned I would be

happy to recommend their services to any member of my family without hesitation."

There was a well organised staffing structure which provided clear lines of accountability and responsibility. The senior management team comprised the registered manager, an office manager, and five senior members of the care team each with a specific management responsibility. Staff told us the service was well managed and they felt supported. Comments included "This is the best company I have worked for", "If I ever need anything they are there. Since I have been here I have been so happy. I think I will be working here forever!" "They have been absolutely amazing to me. They look after staff," and "The company is dedicated – they work their socks off – absolutely amazing – really supportive."

Manual and computer records were maintained to help the agency monitor and plan the service. For example, computer records showed all training completed by staff and when further training was required. Computer records also showed when staff supervisions had taken place and when future sessions were planned. During staff supervisions, a manual check of every staff member's records was carried out to check their training history and any updates needed. The provider visited the agency office every week and carried out regular monitoring checks on all areas of the service.

Newsletters were sent out every month to staff to keep them updated of any changes or events planned, including staff appointments, training courses, and community events. This helped to ensure staff understood how the service was moving forward. They had various ways of recognising and praising staff for good practice including awards each month for the carer of the month. They also praised staff and thanked them for their hard work, for example in the December newsletter they said "We are proud of our team and would like to extend a thank you to everyone who has worked with us this year to provide care and support to our clients. Whether you have been caring in the field, taking calls on call or writing care plans – we thank you all for your hard work this year."

The registered manager had a clear vision for the service. A statement in the brochure given to each person said "Our support team is here to ensure you receive the best quality care, delivered by a team of highly trained staff. They represent our passion for delivering the best continuity of care in the marketplace." The registered manager told us they were constantly striving to improve the service for example by networking with other services. The management team were completing qualifications in training to enable them to increase the portfolio of training being offered to staff. A member of staff said "I think they live up to their name – Lives Empowered and Personalised."

Staff told us the level of support and supervision was excellent. They could ring or visit the office whenever they needed advice or support, and there was also an on-call service they could ring for support. They also received regular planned supervisions and staff meetings which gave them an opportunity to discuss any problems and make suggestions for improvements. They praised the registered manager for their care for every member of staff, as well as every person who used the service. Comments included "They are just there for you," "She was really fantastic" and "They are so sweet, so lovely."

The registered manager kept their skills and knowledge up to date by on-going training and reading. They were in the process of gaining a National Vocational Qualification (NVQ) level 5. This is a nationally recognised qualification aimed at managers of care services. On completion in the near future they planned to begin a higher qualification in strategic health care management.

The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.