

North Senior Care Ltd

Home Instead Central Leeds

Inspection report

93-99 Mabgate
Leeds
West Yorkshire
LS9 7DR

Tel: 01135183005
Website: www.homeinstead.co.uk/leedscentral

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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

Home Instead Central Leeds is a domiciliary care agency registered to provide personal care to people living in their own home. This service is able to provide overnight and 24 hour care to people. At the time of our inspection, 13 people were receiving a service. The Care Quality Commission (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. 9 people were receiving a service, which included regulated personal care.

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

People were protected from the risk of harm and abuse as staff received this training and understood their safeguarding responsibilities. Systems were in place to help recognise abuse and report abuse. People and relatives consistently felt the service was safe.

People were supported by staff who were trained and had their competency check for administering medicines safely. Medication audits were regularly completed.

Steps had been taken to reduce risks to people as risks to people were understood by staff and recorded in risk assessments. Staff were following infection prevention and control guidance, which included wearing PPE.

People were supported by a small group of staff, which they appreciated as this provided more consistency for them. Staff were said to be consistently on time and records supported this.

Staff supported people to access healthcare services when they needed this support. They were trained to recognise and respond to signs of ill health and knew what to do in the event of an emergency. People were supported to have enough to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives spoke warmly about the support they received from the staff team. Staff understood how people preferred to be supported and positive working relationships had formed between people and staff. People's privacy and dignity was maintained through staff practice.

Care plans were in place which reflected people's needs in detail. People said they were part of the process when their care package was first designed and through regular reviews. Relatives were able to access electronic care records for their loved one, which provided them with assurance.

The service was well-led by an effective management team. The entire staff team demonstrated the values of going above and beyond people's expectations. People and relatives knew how to complain if they were unhappy, but this system had not been needed.

Effective quality assurance processes were in place. People were regularly asked for their feedback, which was positive. The provider worked with partners on a number of different initiatives designed to continuously improve their service.

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 22 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Home Instead Central 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This 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 the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 3 July 2023 and ended on 11 July 2023. We visited the location's office on 3 July 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the site visit we spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of quality assurance records.

After the inspection

We continued to seek clarification from the service to validate evidence found. This included looking at 3 people's care plans and training records. We spoke by telephone with 2 people who received this service to discuss their experience. We also spoke with representatives of 2 other people. We also spoke by telephone with 3 members of staff who worked for Home Instead Central Leeds.

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.

Using medicines safely

- People and relatives confirmed medicines were administered as prescribed and records supported this. The provider was supporting 4 people with their medication management at the time of this inspection.
- Medication administration records we looked at listed the contents of people's medication blister pack as 1 item. This is not robust in the event a person declines 1 of the medicines in the blister pack. We discussed this with the management team and asked them to review this. At the time of our inspection there was no evidence of impact as no one was refusing their medicines.
- Where people were prescribed creams, this was appropriately managed. Staff understood their responsibilities as care records showed where they needed to apply these items.
- Medication records were person-centred around how people preferred to receive their medicines. Staff received medication training and had their competency checked.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- People and their representatives consistently told us they received a safe service. One relative told us, "(Relative) has established a trusting relationship with them all (staff)."
- Staff we spoke with were able to demonstrate a sound knowledge of signs they would look for which could indicate a person was being harmed. They said they would report this to the registered manager who they felt would deal with safeguarding concerns appropriately.
- Safeguarding records were maintained and showed appropriate action had been taken in response to these events.

Assessing risk, safety monitoring and management

- Risks to people were minimised through effective monitoring and management.
- The registered manager and staff team understood individual risks to people and how to minimise dangers to them.
- Risk assessments reflected that staff needed to ensure specialist equipment was in place, such as pressure relieving cushions, crash mats, falls pendant and mobility aids. A skin integrity risk assessment included a set of prompts staff needed to follow to meet 1 person's needs.
- People had an environmental risk assessment as part of their pre-admission assessment.

Staffing and recruitment

- There were sufficient numbers of safely recruited staff to meet people's needs.
- People were supported by small teams of staff who were punctual. One person told us, "(Registered manager) has 3 carers that he uses. We've hardly had anyone else at all. They're very good timekeepers."

Another person said, "You can set your clocks by them (staff)."

- The registered manager told us they did not send staff to people who had not been introduced to them. A relative told us, "One thing I do like is they introduce new staff with the old ones."
- The registered manager was able to see when staff arrived and departed from care calls through electronic call monitoring. An effective out of hours system was in place. Where public transport was not reliable, the provider funded taxi transport to ensure care calls were on time.
- Staff were safely recruited as relevant background checks had been conducted.

Preventing and controlling infection

- Suitable steps had been taken to reduce risks associated with infection control.
- One person told us, "The staff wear aprons and they wear gloves, because I have creams they apply."
- There was a sufficient supply of PPE which staff confirmed they were able to readily access.

Learning lessons when things go wrong

- Opportunities to learn lessons had been taken to improve the service.
- One person's clothing was stored in a part of the home which wasn't practical for them. Through discussions with a relative, alternative arrangements were made to ensure this was safer and more practical for the person and staff.
- We saw the employee application form was not date stamped. Immediately following our inspection, the registered manager addressed this to ensure this information was recorded.

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

- People's needs were assessed and the service was delivered in line with recommended practice and the law.
- People and their representatives told us that before the service commenced, a needs assessment was carried out. This helped the provider understand their care needs and ensured they could meet these requirements. One person told us, "Registered manager came out (before the service) started. "They brought the (staff) out before they started working here."

Staff support: induction, training, skills and experience

- Staff received appropriate formal support for their role.
- New staff received an induction which they confirmed suitably prepared them for their role. One staff member told us, "It was focused on empathy for the (person)." New staff shadowed experienced workers on at least 3 shifts and the registered manager also observed their practice.
- We asked people if staff were suitably trained. One person said, "Very much so, we're delighted." The registered manager was qualified in delivering training to staff in dementia care, medication and moving and handling.
- Staff received formal support through supervision and appraisal, which they told us was meaningful, with sufficient time dedicated to this.

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

- Where this was part of an assessed need, staff supported people in preparing meals and drinks.
- One person told us, "They (staff) usually get me drinks. They know how I like coffee. They get my breakfast every day. I like it done in a certain way. They follow it to the letter." Another person said, "They always make me a sandwich when they come."
- Person-centred food and drink care plans were in place. One record stated, 'I am able to get myself a drink, but please do offer me a drink at each visit. Another care plan said, 'Encourage me to drink water or juice throughout the day. Report any changes to my drinking habits to the management team'.

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

- The service worked well with healthcare professionals to meet people's needs.
- Staff we spoke with understood what action was needed in the event of any emergency. One person said, "They (staff) always ask me how I am." People and relatives felt staff were able to recognise a deterioration in a person's health and would take appropriate action. In May 2023, staff noticed a person struggling eating.

As a result, it was established they needed oral treatment, which was subsequently provided.

- One person was struggling to use a medical device and needed assistance from staff. The registered manager arranged for a trainer from their GP practice to show staff how to administer this medication effectively.
- The registered manager was proactive in ensuring people attended health appointments and personally provided transport where needed. A relative told us how helpful it was that the registered manager contacted their loved one's social worker. The registered manager developed positive working relationships with local pharmacies, GPs, chemists and attended partnership community healthcare meetings.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments and best interests decisions were in place. One person was recorded as having capacity, although a best interests decision had subsequently been completed for them. The registered manager had already identified a development need and contacted the Leeds Safeguarding Adults Board for information and available training opportunities to further their knowledge around the Mental Capacity Act.
- Where people had someone acting with power of attorney, this had been witnessed and recorded in their care plan. Consent to care had also been recorded.
- Staff understood the importance of giving people daily choices. A staff member told us, "People have to be as independent as possible. You can't just choose anything, you have to give them options."

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

- Feedback we received from people and relatives about staff was consistently positive.
- People and relatives told us, "They're very nice and always pleasant. We get on well with them", "They've been an absolute god send. The service has been efficient and professional with no problems at all" and "They're both (staff) very dependable. We got into a routine with each other. "The one I've had (as main care worker) is an absolute gem."
- During our inspection, the registered manager was in contact on more than one occasion with a person who was waiting at home for an ambulance. The registered manager was concerned about their welfare. The nominated individual was set to go out to take this person to hospital themselves. Fortunately, the person provided sufficient assurances, although the registered manager said, "Please ring if you get any worse."
- One relative commented on the registered manager 'going the extra mile' for their loved one. They said, "He'll take my (relative) to a doctors appointment and to the dentist. He took him to hospital for (care need)."
- Staff were motivated and enthusiastic about their role. One staff member said, "I love it (the job), meeting new people and building relationships."

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

- People were involved in the setting up and reviewing of their care needs.
- We asked 1 person if they felt involved in the care planning process and they told us, "Very much so." Care records we looked at showed care reviews were taking place, both as a regular event and as and when needed.
- A relative we spoke with said, "They (provider) have an app I can log into to see what (relative's) talking about and what's on their mind. The detail they put (in the daily care notes) is fantastic. We've got really good communication. I feel they care for my (relative)."

Respecting and promoting people's privacy, dignity and independence

- Care plans recorded people's preferred gender of the staff member supporting them.
- Care plans consistently showed the value of promoting people's independence. One person's care plan stated, "I am able to dress myself. but may need some assistance. I will ask you to support me if I need you to." Another care plan noted, "Pass me the flannel and prompt me to wash my face, arms and chest, I will need assistance to wash my back." One relative said they were pleased with a care worker who involved a person in making their own bed and tidying up, as this helped them to maintain daily living skills.
- Feedback we received showed staff understood and demonstrated the importance of maintaining people's

privacy and dignity. Each staff member started by saying they would ask for consent before commencing intimate personal care. Staff said they would close doors and curtains before commencing.

Is the service responsive?

Our findings

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

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

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

- Personalised care was delivered in line with people's assessed care needs.
- People had detailed care plans which were personalised to their needs and preferences. People told us staff understood how they liked their care to be provided. One person said, "I tell them (staff) what I want to do. I don't like my sheets tucking in. They soon got the routine." A care plan we looked at stated, 'Advise me that you are here to support me with getting a bath or shower. Ask me which I prefer'.
- One person's daily notes we looked at were detailed regarding hydration, meeting breakfast needs, medication and action needed regarding the living environment.

Meeting people's communication needs

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

- The provider was meeting the accessible information standard. The registered manager told us 1 person was using picture cards, but no longer wanted to use these. The provider was able to obtain information in braille, large print and audio. Where needed, the provider could also obtain information in different languages for people whose first language wasn't English.

Improving care quality in response to complaints or concerns

- Systems were in place to record and respond to any concerns or complaints. The registered manager described appropriate action they would take in dealing with complaints. At the time of our inspection there had been no complaints received.
- People and relatives told us they would speak with the registered manager if they had any concerns. They added they were confident that appropriate action would be taken. One relative shared with us that following their feedback, the registered manager changed a care worker supporting their loved one to someone who would be a better match.

End of life care and support

- The provider was not supporting anyone with end of life care needs at the time of our inspection. However, the registered manager had already scheduled to attend a training session on end of life care which they completed shortly after our inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- In May 2023, an allegation of abuse had not been communicated to the Care Quality Commission (CQC). We noted the allegation was not made against the provider or its staff. However, this was still reportable to us as the person received this service. The registered manager formally notified us following this inspection.
- The provider reported all other incidents and met this legal requirement. The registered manager and provider were open and honest with us throughout the inspection.
- The nominated individual spoke about having an open, honest and transparent culture. They said, "Managers and owners should be approachable. People make mistakes and staff should be able to come to you."

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

- There was sufficient oversight and understanding of quality assurance.
- Quality assurance checks were being completed by the registered manager who looked at activities, medication and people's finances. The nominated individual also completed visit reports. 2 weeks before our inspection, the provider's national office conducted a service audit.
- Feedback we saw through quality assurance processes showed people were satisfied with the service they received. We spoke with the registered manager about the quality assurance form being limited in the questions it asked. The registered manager said they would look to include more open-ended questions as well as new prompts.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff meetings were taking place monthly. Records of these meetings listed the themes being discussed, but there was detail missing around what was said and feedback from staff was not captured. The registered manager said they would take immediate action.
- We asked people and relatives if the service was well-led. One person told us, "Yes, definitely. We would recommend them to anybody. You can't do better than Home Instead. We don't say it lightly." A relative said, "We've got really good communication. I've been super impressed with them. I would recommend them to anybody."
- Staff felt well supported by the management team. One staff member said, "They're very helpful." Another

care worker noted regarding the culture in the service, "I've met some really outstanding care workers."

- The provider had a diverse staff team which meant they were able to support people from different backgrounds and communities.

- The registered manager shared details of an occasion when a staff member did not arrive for work.

Concerned as to their welfare, they contacted emergency services who eventually found this person had experienced a medical episode. One relative told us, "He (registered manager) is exceptional that guy. He is helpful, committed and couldn't do enough for us. (Registered manager) has almost become like a family friend."

Working in partnership with others; Continuous learning and improving care

- The provider was developing strong working partnerships in the community.

- The registered manager attended quarterly meetings with Alzheimer's UK which helped target families needing support through dementia cafes. They also attended monthly dementia friendly events in Leeds.

- The provider had been invited to be part of a pilot scheme around notifying care at home providers when a service user is admitted to hospital. This key information has not always been communicated in the past. Home Instead Central Leeds were looking forward to being part of this project.

- In early January 2022, the provider organised chairbics sessions within the community. The opportunity was also taken to ensure they were adequately signposted to health and social care services. The provider told us they were looking to organise further community-based sessions.

- Following our inspection, the registered manager told us about different initiatives they had put in place to improve the service. For example, they introduced improvements to their auditing process and joined the Leeds registered manager's network.