Leda Homecare Limited

Leda Homecare

Inspection report

Carriage Court
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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

Leda Homecare provides personal care and support for people in their own homes in Worksop, Nottinghamshire. We carried out this inspection on 17 July 2017. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to talk with us. On the day of the inspection there were approximately 100 people using the service.

At our last inspection on 28 July 2016 the service was rated as Requires Improvement overall. We found medicines were not consistently managed safely as staff did not always have all the information they needed and did not always keep accurate records. There were no formal systems in place for auditing the overall quality of the service. Where people lacked the mental capacity to make certain decisions the service did not always work in accordance with the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan detailing how they would address the identified shortfalls, which they did. At this inspection we found the necessary improvements had been made and the service was no longer in breach.

A registered manager was 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.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

Since the previous inspection the provider had implemented detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Systems, implemented since the previous inspection, were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and

their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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 the risk of abuse and avoidable harm. Risks associated with medicines were assessed and monitored and people received personal care in a timely manner. Safe and robust recruitment procedures were in place and people had confidence in the staff and felt safe when they received personal care.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and experienced to provide their personal care. Consent to care was sought, and where appropriate, the provider followed the Mental Capacity Act 2005. People were supported to access health services when needed, to maintain their well-being.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning and reviewing their care and support. Staff provided personal care in accordance with an individual's agreed care plan. People knew how to make complaints and raise concerns.

Is the service well-led?

Good

The service was well led.

There was an open and inclusive culture where staff felt valued and supported by the management. Systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care. People, relatives and staff felt confident to raise concerns and make suggestions.

Leda Homecare

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.

The inspection took place on 17 July 2017 and was announced. The provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection team consisted of one inspector and an expert by experience, who carried out telephone interviews. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We requested feedback from local care commissioners, who work to find appropriate care and support services, which are paid for by the local authority or by a health clinical commissioning group.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. 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 spoke with eleven people who used services and two relatives. We also spoke with three care support workers, one team leader and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as two staff training files and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our previous inspection we found inconsistencies with the recording of medicines. Medication administration records (MAR) were in place for staff to record when people had been given assistance or prompted to take their medicines. However we found that these records had not always been fully or accurately completed to show people had received their medicines as prescribed. During this inspection we saw necessary improvements had been made and documentation had been appropriately completed. This was supported by people we spoke with. One person told us, "The carers give the medication to me, it's in the record. We don't touch the notes, there's a book in the drawer and [care staff] see to all that." Another person said, "I have a blister pack, they (carers) give me the tablets, then they write it down in the book."

We saw, since the last inspection, care staff had received refresher training in managing medicines and a regular audit of care records, including MAR charts had also been implemented. We found that care staff were appropriately trained and were aware of and followed policies and procedures relating to the safe handling of medicines. People and relatives we spoke with were happy and confident medicines were safely managed. Staff we spoke with told us they had received training in supporting people with their medicines and confirmed this was kept updated and regular checks and competency assessments were carried out by the care coordinators. This was supported by training records we were shown. Individual care records contained clear information about each person's medicines and the support they required. This demonstrated people received their medicines safely and in a timely manner.

People we spoke with said they felt safe and were satisfied with the service they received. They told us they were well cared for and felt comfortable with the staff who provided their support and personal care. One person told us, "Oh yes, they're good girls (Carers) they look after me and I feel safe with all of them." Another person spoke about the punctuality of the care staff; they told us, "Occasionally they're not on time, but usually they are very good, I've got a number to ring if I get worried, but they do let me know if someone is running late." Relatives also spoke positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and well cared for.

The provider had effective systems in place to identify and manage risks to keep people who used the service safe. Staff were aware of people's individual care and support needs. They also understood the importance of accurate and updated support plans, which helped keep people safe and ensured consistency and continuity of their care. Staff we spoke with were confident the people they supported were safe and they understood the importance of ensuring personal and environmental risk assessments were regularly reviewed to reflect changing needs or circumstances. We saw each person who used the service had a care file containing copies of updated assessments used to identify their support needs and any associated or potential risks. This demonstrated any such risks to people's safety were appropriately managed.

We saw the service operated a computerised system to effectively schedule visits and to develop the weekly rota. This calculated, based on individual dependency levels, how many hours of care were required and ensured sufficient staff were available to meet people's assessed needs. Staff worked within small

geographic teams and we saw travelling time was factored into individual rotas. This system also meant people received safe, consistent support from regular care staff who knew them well and were aware of their care needs.

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their responsibility to identify and report issues or concerns to the registered manager. We saw safeguarding policies and procedures were in place. Staff had received relevant training regarding what constituted abuse and understood their responsibilities in relation to reporting such concerns. They told us because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. This was supported by documentation we saw.

People were protected by a safe and thorough recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant people and their relatives could be reassured staff were of good character and suitable to carry out their roles and responsibilities.

Good

Is the service effective?

Our findings

During our previous inspection we found people's rights under the Mental Capacity Act 2005 (MCA) were not protected as the principles of the MCA were not correctly applied. The registered manager was able to identify people who lacked the capacity to consent to their care and support. However, we did not see mental capacity assessments or best interest decisions recorded within people's care plans. At this inspection we saw improvements had been made and staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. They were aware decisions made for people who lacked capacity needed to be in their best interests. Mental capacity assessments had been undertaken where people were unable to make specific decisions about their personal care and support. We saw, where appropriate, family members and health and social care professionals were involved in these decisions. We saw there was a record of meetings held and decisions made in the best interests of the individual. This meant people experienced positive outcomes regarding their healthcare needs and demonstrated the service worked in accordance with the principles of the MCA.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to ensure that restrictive care is lawful and in a person's best interests. No-one receiving personal care from Leda Homecare was subject to restrictive care that would require a court application.

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service provided and how reassured they felt with the care staff. One person told us, "My carers all know what they're doing. They are wonderful and I really don't know what I would do without them." Another person said, "They (care staff) are well qualified to take care of my needs absolutely; two (carers) are training to be nurses." A relative we spoke with told us, "The carers arranged for an OT (Occupational Therapist) to come in to assess [family member's] needs in the home and she now has a rise and falling bed." e We saw staff had developed effective working relationships with people and were aware of - and closely monitored - their routine health needs and individual preferences.

Staff said they felt confident in their roles and spoke positively about the support and training they received. They also described the benefits of the comprehensive induction training they had received when they started working at the service. One member of staff told us, "The training here is pretty good." Another member of staff described how all new staff initially shadowed more experienced colleagues on calls for four weeks or until they felt confident and had been assessed as competent to undertake their roles and

responsibilities. They told us, "Observing working with experienced colleagues is important but you've got to get to know the people you're caring for, their routines and what they like – and they've got to get used to you."

The registered manager told us new staff had completed the Care Certificate. This sets the national minimum recommended training standards that all new non-regulated care staff should achieve before they provide care. Staff were knowledgeable about people's care needs and preferences, and felt care records had enough information about people's health conditions and the support they needed. One member of staff we spoke with described the benefit of effective training and the importance of staff knowing what they were doing. They told us, "Some of the training we do is practical, for example using a hoist. It makes you realise it's a scary thing being put into a hoist but it's good that we know what it feels like. So then we are confident in what we're doing and can reassure the person we're supporting." Training records we looked at showed staff all received a comprehensive induction programme and all essential training. This demonstrated staff had the necessary skills and knowledge to carry out their roles and responsibilities.

Staff told us they were supported through regular supervision and annual appraisals. Observations of staff practice were also completed and enabled the field care supervisor to monitor staff practice and ensure they had the skills, knowledge and competence to fulfil their role. Formal supervision provided each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs and we saw appropriate records to support this. The registered manager confirmed the responsibility for providing regular supervision sessions and annual appraisals was in the process of being delegated to individual team leaders.

We saw people who used the service were, as far as practicable, actively involved in planning and agreeing to the care they received. Relatives who we spoke with said care staff routinely discussed with them the level of support required and always respected their decisions, regarding the level of care and support their family member required. People told us that, as necessary, the care staff supported them to have sufficient to eat and drink and always respected their right to make their own choices. This demonstrated people had been consulted and had consented to the care and support they received.

People were provided with the support they required to ensure they had enough to eat and drink. They told us staff always checked how much they'd had to eat and drink. One person told us, "The carers always ask me what needs doing; they say, 'What can I do to help?' They see to my breakfast, cereal or toast and a cup of tea and anything else I need." Staff we spoke with were aware of their responsibility in supporting people to access adequate food and drink and had a good knowledge of people's assessed needs in this area.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. This helped ensure people's individual health care needs were effectively met.

Good

Is the service caring?

Our findings

We received positive comments from people who used the service and their relatives regarding the care provided. People said they were supported, with dignity and respect, by kind and considerate staff. One person told us, "They're good lasses and they're compassionate. I've certainly got no complaints." Another person said, "All my carers are very kind and they always look so neat and fresh and they always wear the gloves and an apron for my personal care. Yes they're very good."

There was a caring ethos amongst the staff we spoke with and they had clearly established good working relationships with the people they supported and had a good understanding of their care needs. Staff we spoke with recognised the importance of treating people as individuals, with dignity and respect They were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. We saw the language and terminology used in care plans and support documents was respectful and appropriate.

People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. One person told us, "They (Care staff) all respect my privacy and the quality of care I receive at the moment is superb." We asked one relative if carers were polite and respectful to their family member; they told us, "Yes, yes very much so, of course they are." People spoke of the kindness and consideration they were shown while they were being supported They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

Communication was effective throughout the service and the registered manager confirmed regular formal and informal meetings took place to enable staff to discuss issues, including ongoing support packages. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

People told us they were actively involved in making decisions about their care, treatment and support. They and their relatives, where appropriate, said they were regularly consulted regarding any changes to the care plan and felt 'in control' of the personalised support provided. Individual care plans we saw were concise and accessible. They contained information about their identified needs and preferences related to their care and support. The plans also contained information regarding the person's level of independence and details of areas where support from staff was required.

Staff we spoke with told us care plans were easy to use and contained the necessary information they needed. They demonstrated a good knowledge and understanding of people's support needs and preferences. People and their relatives told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care

planning and the support they received reflected their identified needs and preferences.

Good

Is the service responsive?

Our findings

People we spoke with told us they felt listened to and said care staff responded appropriately to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. People, and where appropriate, their relatives were involved in the assessment and planning of their support. One person spoke of their carers, "Going the extra mile," and described a recent example of what they meant; they told us, "Last Saturday I wanted a haircut in the village, so [carer] took me in the wheelchair to the hairdressers. The majority of them (carers), I feel I've known for years – and I can't fault them." Another person said, "They (carers) do whatever I need, I couldn't ask for more and I don't know what I'd do without them."

People were supported by staff who understood their role in supporting people to maintain relationships and to reduce social isolation. The registered manager told us that staff were based in small geographic teams and supported people in the areas in which they lived. As well as ensuring that people were supported by consistent staff this also meant positive professional relationships were developed between staff and people who used the service.

Staff we spoke with told us of the importance of routine and consistency, which helped to ensure people received care and support in a way that reflected their needs and preferences. Staff we spoke with had developed close working relationships with the people they supported. They were knowledgeable about people's needs and fully aware of their individual wishes and preferences. A team leader explained that before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives. This demonstrated the service was responsive and the care and support provided was personalised and met people's individual needs.

We saw from the initial needs and risk assessment, a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed how they wished the support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People and relatives we spoke with said they were fully involved in drawing up their personal care plan and confirmed the plan accurately reflected their individual support needs. This demonstrated people's care needs were being met and they were supported in accordance with their choice and preference.

The provider had a complaints policy and procedure in place. People and their relatives we spoke with were aware of how to make a complaint, if necessary and were confident any such issues would be appropriately addressed. This demonstrated people knew how to raise concerns or make a complaint and were confident any issues raised would be listened to, taken seriously and acted upon.

Good

Is the service well-led?

Our findings

During our previous inspection we found there were no formal systems in place for auditing the overall quality of the service. The provider operated a reactive and inconsistent approach to governance which shortfalls in service provision were not always identified or appropriately addressed. Following our inspection the provider developed and implemented a wide range of audits of service delivery, including medicines, pressure relief management, meals and record keeping.

We saw these audits incorporated details of any concerns identified and action taken. The completed templates which also recorded who had carried out the audit and the date it was undertaken were signed off by the registered manager. We also saw newly implemented quality assurance questionnaires for people using the service, relatives, and other stakeholders. This demonstrated a commitment by the provider to monitor and raise standards of care and support and drive improvements in service provision.

People who used the service and their relatives told us they thought the service was well managed and communication with the office staff was effective. We asked people and their relatives if they felt the service was well managed and would they knew how to contact the office, if necessary. One person told us, "Oh yes it's definitely run very well and I've got their number if I needed to speak to them but I've never had to call." This view was supported by a relative who told us, "Yes, I think it is well managed; and [Registered manager] does a good job."

The service had a positive ethos and clear set of principles and values. People we spoke with, without exception, told us how much they appreciated their carers, the communication with the office staff and how valuable the service was to them. Care staff we spoke with were friendly and helpful and clearly shared the provider's vision and values for the service; which included promoting people's independence and ensuring their choice, involvement, dignity and respect. During our inspection staff spoke very positively about the registered manager, who they described as, "Approachable" and, "Very supportive." This demonstrated a positively, open and inclusive culture, which centred on the needs of people who used the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

The management team had a clear vision for the service and were passionate about further developing the service. They held regular business planning meetings and had developed a business strategy to grow and improve the service whilst ensuring they retained their focus on local community based support. We saw the latest business plan for 2017-18 which had recently been developed and which supported the vision of the provider.

Services that provide health and social care to people are required by law to notify the Care Quality

Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.