

Miss Leah Scowcroft

# Leah Victoria Cares

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Leah Victoria Cares provides personal care to people living in their own houses and flats in the community. Not everyone who used the service received personal care. 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. At the time of our inspection the service was providing personal care to 19 people.

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

People told us they received safe care and treatment and spoke positively about the care staff and the support the service provided. However, the providers' risk management practices were not robust, this included the lack of ongoing training in areas such as infection prevention. The registered manager needed to improve their recruitment practices to protect people from unsuitable staff. We made a recommendation about this.

People's care records provide adequate detail regarding their care needs and how risks around them would be monitored. People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The registered provider's governance systems did not always support the delivery of safe care and compliance with regulations. Systems for maintaining care records, risk management, auditing staff training and supervision were not always in line with current practice. People and staff shared positive feedback regarding the support they received from the registered manager.

Medicines management practices were not robust, we made a recommendation about this. Some of the staff had received safeguarding training and staff knew how to report concerns about abuse.

The registered manager had supported staff with a range of training, however improvements were required as majority of the training had not been updated in line with the providers' policy. Staff supported people to have maximum choice and control of their lives. However, improvements were required to ensure people's ability to consent to care and make their own decisions was assessed. We made a recommendation about seeking consent.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

People and their relatives told us they were treated with dignity and staff were respectful of their homes. Staff knew how to maintain people's privacy and confidentiality. They were respectful of people's protected characteristics such as gender, cultural and religious needs. One relative told us, "The care is excellent, they

try to get [relative] independent and on an emotional level they are very kind."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection the service was rated good. (published 05 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement:

We have identified breaches in relation to risk management, good governance, record keeping at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Leah Victoria Cares

## 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. This inspection was planned to check 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 Care Act 2014.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Inspection team

This inspection was conducted by one 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. It provides a service to older adults.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 03 March 2020 and ended on 12 March 2020. We visited the office location on 03 March 2020.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection, we spoke with the registered manager who is the owner and one care staff. We looked

at five people's care records. We looked at three staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records and staff rotas. We spoke to professionals from the local authority, one person who used the service and five relatives via telephone to seek their views about the care. We also spoke to two care staff.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual safety and well-being were not assessed and recorded adequately to protect them from personal and environmental risks. People's records did not have risk management plans or detailed care plans to guide staff on how to support people against ongoing risks.
- Whilst the registered manager knew people well, they had not kept formal records of people's personal and environmental risks to guide staff on how to minimise the risks.
- There were emergency procedures for keeping people and staff safe during care delivery. These included guidance on summoning help in the event of emergencies. However, staff had not always reported or documented accidents and incidents to ensure lessons were learnt. Lessons learnt processes were not established in the service.
- Staff we spoke with were aware of the lone working policy which supported staff who worked alone in the community.

Preventing and controlling infection

- People were protected against the risk of infections. Care staff were provided with protective equipment such as alcohol gels for disinfection, gloves and aprons. People told us staff used the equipment appropriately which helped to protect people against risks of cross contamination. However, staff had not completed ongoing training in infection control and food hygiene. We asked the registered manager to take immediate action to address this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered provider had carried out employment checks to check if staff were safe to work with people. However, the system needed to be robust. Staff had started working before full criminal checks or risk assessments had been carried out. In addition, the registered manager had not kept interview records or induction records for new starters.

We recommend the provider consider current guidance on safe recruitment and take action to update their practice accordingly.

- There were adequate numbers of care staff to meet people's needs. Comments from relatives included; "Staff visit on time and are very consistent, we get same carers all the time. They will never send a new staff member on their own. Their time keeping is generally alright unless they are delayed."

#### Using medicines safely

- The registered providers' systems for managing and monitoring medicines were not effective. Medicines administration records were not audited to check if staff were giving people's medicines as prescribed. We found a number of gaps in the records. Care records did not always indicate the level of support each person required.
- Staff had received training in the safe management of medicines, however their competence needed to be checked.

We recommend the provider consider current guidance in the safe management of medicines and take action to update their practice accordingly.

#### Systems and processes to safeguard people from the risk of abuse;

- There were systems and processes to safeguard people from risks of abuse. People and their relatives told us they felt safe receiving care from their care staff. Staff and the registered manager knew what to do if they were concerned about the well-being of people who used the service. However, not all staff had up to date training in safeguarding adults.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The registered provider's training arrangements were not robust. Their mandatory training provided to staff did not cover significant areas of people's needs. This included the lack of training in infection control and awareness, mental capacity and equality and diversity. This meant the registered manager and the provider could not be assured staff had the right skills in these areas.
- Whilst some training had been provided in some areas. The training needed to be updated in a number of areas to keep up with changes and current best practice. There was no formal records for monitoring staff training such as a training matrix.
- Staff had not been effectively supported with induction, supervision and appraisals. While the registered manager worked alongside staff, there was no formal induction process to show whether staff had received the required support before they could independently carry out their role.

There was a failure to ensure all staff had received such appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and their choices were considered before they started using the service. Whilst information gathered was used to record people's preferred routines, the information was not always used to create robust care plans and risk assessments.
- The registered manager and their staff had referred to current legislation, and standards. However, they needed to be consistent in respect of best practice in medicines and risk management.

Supporting people to eat and drink enough to maintain a balanced diet ;Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. However, where appropriate records did not show associated risks with eating and drinking such as risk of choking. Where required, people were supported with meal preparation.
- The registered manager and staff worked with healthcare professionals to ensure people's healthcare needs were met. Staff supported people with access to GP practices, dental care and referrals to hospitals.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one supported by the service had restrictions on their movements and their liberties.
- The registered provider had a policy to protect people's rights and ensure people received the care and support they needed. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. However, from records viewed, consent to care and treatment had not been recorded.
- Staff had not carried out mental capacity assessments to assess people's ability to consent to their care support.

We recommend the provider consider current guidance on seeking consent and carrying out mental capacity assessments and act to update their practice accordingly.

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with kindness and respect. Relatives told us staff were caring, patient and approachable. Comments from relatives included, "I am very happy with the service, it's very personalised to my [relative] who is very fond of care staff and recognises them all." Staff we spoke with knew the importance of respecting people's choice and independence
- Staff knew people well and had formed familiar relationships with the people they supported. They understood, and supported people's communication needs and choices. One person told us; "They promote my independence but I try to be independent as well. If they are coming, I can ask them to bring some bread and they will do, they will help me in times of emergencies. They are very respectful, and I feel safe around them."
- People's records were kept securely to maintain privacy and confidentiality in the office.

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

- People and their family members were able to share their views about the care they received. We saw each care file had details of people's preferred routines and people told us staff followed their preferred routines.
- People and their relatives were confident in expressing their views about the care and support provided by staff.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were not written and designed in a person-centred manner to reflect person-centred approach to care. There were no care plans, and records available did not contain care plans and risk assessment for identified needs and risks.
- Some of the records we reviewed contained details of people's likes, dislikes, wishes, allergies and preferences in relation to treatment and time of care visits. However, there was no evidence to show whether records were regularly reviewed and checked for accuracy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had not assessed people's communication needs as required by the AIS. While the registered manager informed us people could be provided information and reading materials in a format that suited their communications needs, there was no policy around this and care plans did not include people's communication needs.

We found no evidence people had been harmed however, systems for keeping contemporaneous care records were either not in place or robust enough to demonstrate people's care needs and risks were effectively assessed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service. All the people we spoke with knew how to raise concerns. One person told us; "I am very confident to raise concerns and know they will listen." No complaints had been received since our last inspection.

End of life care and support

- The service was not supporting people who required end of life care at the time of the inspection. However, they had arrangements for exploring people's preferences and choices in relation to end of life care if they required this.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and their staff were not always clear about their roles. The governance systems were not effectively established to assist the registered manager to effectively monitor the quality of the care delivered and ensure compliance with regulations. Systems for staff training and supervision, care records, medicines audits and risk management were not effectively implemented, and quality audits had not been established to monitor these areas effectively.
- The registered manager had not established formal audits to check the quality of care and people's experiences of receiving care. There was a lack of awareness of the regulatory requirements and policies had not been effectively implemented to maintain compliance with regulations.
- The registered manager showed a desire to promote continuous learning and improve the care provided. However, they had not continuously reviewed systems and arrangements at the service to enabled them to maintain standards and to identify any shortfalls in the quality of care provided.

We found no evidence people had been harmed however quality monitoring systems were either not in place or robust enough to monitor the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt the service was well managed. They were complimentary about the staff and the registered manager. They informed us the registered manager was actively involved and would step in to support if there were any staff shortages.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider was aware their legal responsibility to share information with relevant parties, when appropriate. This included notifying CQC of events, such as death of a person who used the service.

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

- People and staff were involved and engaged in the service delivery. Staff told us they were able to share their views on how the service could be improved and they felt listened to by the registered manager who worked alongside them.
- People told us they could propose a change in their visit and felt listened to. Staff told us they felt valued.
- There was good partnership working with the relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and to include plans for managing risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not robust and there was lack of robust oversight on the regulated activity.</p> <p>The registered provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had failed to ensure staff were suitably qualified and competent to make sure that they can meet people's care and treatment needs.</p>