Yorkshire and Humber healthcare alliance LLP

Leeds Media Centre

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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 and 27 July 2018. The inspection was announced. This inspection is the first time we have inspected this service.

Leeds Media Centre is registered to provide personal care and support to people. At the time of our inspection the agency was supporting 30 people with personal care. The service is located in Leeds in West Yorkshire.

This service is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, people living with dementia, physical and learning disabilities and mental health problems.

The service did not have a registered manager. However, action was being taken to address this. A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality audit checks had not always monitored the quality of all areas of the service. We made a recommendation around the provider introducing some new audits.

People's medicines and risks associated with people's planned care were managed safely. Risk management plans were up to date and provided staff with the information they needed to safely manage and reduce known risks. Care workers followed the guidance provided and understood how to minimise risks to people's safety.

The management team completed regular checks to monitor the quality and safety of the service provided, and encouraged people, relatives and staff to share their views about the service to drive forward improvements.

The provider's staff recruitment systems reduced the risk of recruiting unsuitable staff. People felt safe with their care workers and there were enough care workers to provide all planned care calls, at the times expected and for the length of time needed. The management team and care workers understood how to protect people from abuse and their responsibilities to raise any concerns.

Care records were personalised, detailed and informed care workers how people wanted their care and support to be provided. People, and where appropriate, relatives were involved in developing and reviewing planned care.

Care workers had a good understanding of the needs and preferences of the people they supported. People who required support had enough to eat and drink and were assisted to manage their health needs. People had their dignity respected.

The provider and care workers worked with other professionals to support people to maintain their health and well-being. People and relatives felt care workers had the knowledge and skills needed to meet their needs. Staff had completed training.

Care workers received an induction into the organisation, and a programme of on-going training to support them in meeting people's needs effectively. Care workers felt valued and received regular management support through individual and team meetings.

People's privacy and dignity was respected and their independence promoted. The care staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care workers sought people's consent before care was provided.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. People and relatives were satisfied with the service provided and the way the service was managed. They also told us they were provided with information about how to make a complaint.

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's medicines and risks associated with people's planned care were consistently and effectively managed and monitored.

People felt safe with their care workers and there were enough care workers to provide people's care calls at the times they expected.

The provider and care workers understood their responsibilities to safeguard people from harm.

The provider's recruitment systems reduced the risk of recruiting unsuitable staff.

Is the service effective?

Good

The service was effective.

The provider understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Care workers worked within the principles of the Act.

Care workers supported people with their nutritional needs and to access health care when needed.

Staff received induction and training that supported them to meet the needs of people effectively.

Is the service caring?

Good

The service was caring.

People told us care workers understood their needs and were flexible in providing their care.

Care workers upheld people's privacy and dignity and promoted their independence.

People were involved in making decisions about their care and described the care workers who supported them as friendly.

Is the service responsive?

Good

The service was responsive.

People received their care calls from care workers they knew at the times agreed.

Care plans were personalised and detailed. Care workers had all the information they needed to deliver person centred care.

People and relatives knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider was not operating within all the conditions of their registration as the service did not have a registered manager.

The provider's quality systems were not always effective in monitoring and developing the quality and safety of service provided.

People and relatives were satisfied with the service provided and the way the service was managed.

Care workers felt valued and supported by management team to carry out their roles.

Leeds Media Centre

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 site visit took place on 19 July and 27 July 2018. The inspection was announced.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 19 July 2018 and ended on 27 July 2018. It included review of documentation, speaking with staff and service users and observations. We visited the office location on 19 July 2018 to see the provider and office staff; and to review care records as well as policies and procedures.

This was a comprehensive inspection and was undertaken by one inspector. This inspection site visit took place on 19 July and 27 July 2018. The inspection was announced.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We conducted telephone interviews with three people and three relatives of people to obtain their views of the service they received.

We looked at three people's care records and other records related to people's care, including risk assessments, medicines records and daily logs. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records.

We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at records of the checks the provider and care manager made to assure

themselves people received a good quality service, including complaints, medicine records and accident and incident records.

Good

Is the service safe?

Our findings

The provider's Provider Information Return (PIR) informed us, 'Safe staff recruitment, training and development procedures in place. Care plan and risk assessment documentation are completed and reviewed regularly taking into account the views of the service users and or their family.'

Risks associated with people's care were assessed and risk management plans provided staff with detailed information about the actions to take to mitigate risk and keep people safe. For example, one person was at risk of skin pressure sores. Their plan informed staff about the cause of pressure sores, the action they needed to take to reduce the risk and provided a guide of how to recognise the issue and what action to take.

One person needed specialist equipment to move them safely. The risk management plan stated two care workers were needed to support the person to use the hoist and sling. Staff told us how they supported people with the use of equipment.

Discussions with care workers showed they knew about the risks associated with people's care and how these were to be managed. One care worker told us, "Risk assessments are included in the care plan. They [plans] give you clear instructions about how to manage each risk." We saw risk assessments for the environment, falls and nutrition.

Accidents and incidents were being managed safely and in line with the providers policy and procedure. We found an accident and incident report book was available in the office and there was a clear procedure in place to ensure accidents and incidents were reviewed and action taken to reduce the possibility of a re-occurrence. The provider explained 'all issues' were investigated and changes made where appropriate. We saw changes in care documentation following a skin tear recorded on the accidents and incidents.

Medication Administration Records (MAR) we looked at during this visit had been signed by a care worker to show people had received their medicine as prescribed, including creams and lotions which needed to be applied directly to people's skin. MARs had been returned to the office at regular monthly intervals and management checks of individual records completed.

Records confirmed care workers received medicine training, which was refreshed regularly and their practice observed to make sure they continued to be competent to administer people's medicine safely. One care worker told us, "I have regular checks on medicines but I'm confident in what we do." Another care worker explained, "You can only give prescribed medicines if you have had the training to do this. You have to follow the MAR and the care plan."

People who needed assistance from care workers to administer their prescribed medicines told us they received the support they needed. One person commented, "They give me my tablets, I know I can rely on them." The person explained staff understood which tablets the person needed to take and when. They added, "I know they sign the book whenever they have given them to me." All the MAR charts we reviewed

were completed in full.

People felt safe when receiving care and support from their care workers. One person explained care workers 'always' locked their front door when they left which made the person safe. Relatives told us they had no concerns about their family member's safety.

Care workers understood their responsibilities to protect people from the risks of abuse. They told us they had completed training which included how to identify potential signs of abuse and the actions they should take if they had any concerns. One told us, "If I had any concerns I would tell the manager straight away." Care workers were confident that any concerns reported to the management team would be responded to and reported to the local authority.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers confirmed they were not able to start working at the service until all pre-employment checks had been received by the provider.

There were enough care workers available to support people at the times agreed and people received the support they needed from care workers they knew. One person told us," On the odd time they are running late but it's not a problem." Another person said, "They come when they can. It suits me it's usually the same time so I know when to expect them." We spoke with the provider who told us although they meet all calls, they were currently recruiting staff because some staff had recently left.

Care workers told us they visited the same people regularly and that their work schedules mainly remained the same each week so they visited people at the agreed time. The provider told us there were enough staff to allocate all planned care calls. Records showed staff rotas were prepared in advance to ensure planned and unexpected staff absences were covered. The provider explained care calls could were covered by the services staff or management team. They said this was to ensure consistency for people who used the service.

People told us staff followed good infection control practice by using disposable gloves and aprons (PPE), when needed. Discussion with staff demonstrated a good understanding of infection control procedures. We saw the monthly newsletter sent to staff reminded them to collect PPE from the office each week.

People's care records included information for care workers about how to reduce the risk and spread of infections. For example, one person's records read, 'please clean my bed and give me a new incontinence pad.'

Good

Is the service effective?

Our findings

People and relatives were confident care workers had the skills and knowledge needed to meet their needs. One person described care workers as being 'on the ball'. They said, "They know exactly what to do." A relative explained they felt the training care workers received meant they understood how to support their family member to manage a specific medical condition.

The provider ensured staff training was delivered by a qualified trainer. This included training the provider considered essential when staff started working at the service, refresher and on-going training. Training included, communication, safeguarding vulnerable adults, disability and mental health, and values and principles of care. Records confirmed staff training was mostly up to date.

Staff training records showed induction training for care workers had been completed. Care workers had to demonstrate they have the skills, knowledge, values and behaviours to ensure they provided high quality care and support. Inductions for new staff included working alongside an experienced care worker. One said, "I had a good induction when I started. I read the policies and procedures and had training while waiting for my DBS and references to be returned. I shadowed an experienced carer for a few days who showed me what to do."

Records showed care workers had regular individual meetings with the management team to discuss their work and any development needs. For example, one care worker had expressed an interest in further developing their knowledge and understanding of Mental Health. The provider told us they were looking at enrolling the care worker on a learning course to support them to achieve this. However, one staff's records we saw had no documented supervision records. The provider told us they had been supported but the documentation was missing.

The management team also carried out 'competency checks' annually, to ensure care workers remained competent to provide the care and support people required. The provider explained these involved observing care workers working in people's homes to make sure they were following policies and procedures and that care workers communicated well with people during the visit.

People's needs were assessed and documented before they started using the service. The provider told us, "We see everyone before they receive a service from us." They continued, "It gives us the chance to see if we can support them but also get to know them."

The provider explained during the initial visit people were provided with information about the service which included the provider's contact details and statement of purpose. They told us, "It is important that people know they can contact us and what we are about."

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.

We checked whether the service was working within the principles of the MCA. Discussion with the provider demonstrated they understood the relevant requirements of the Act. They confirmed no one using the service at the time of our inspection had restrictions on their liberty; however, they were aware of when this may be applicable for people. Care workers had received training to help them understand the MCA and were clear they should assume people had the capacity to make their own decisions. One told us, "You always assume capacity." People's care records contained information about people's capacity to make decisions.

People told us care workers sought permission before providing care and support. One person said, "They always ask me before they do anything." Discussion with care workers demonstrated a good understating of the principles of the MCA, including the importance of obtaining people's consent. One care worker explained, "You have to ask them first." At the time of our inspection all people receiving a service could consent to their care. Consent forms had been completed by the service and signed by people to get their agreement with information about them being recorded and photos being taken of them.

People's nutritional needs were met by care workers if this was part of their planned care. One person told us, "They make my food and leave me a drink. They ask me what I would like." We saw people's care records included a care plan which informed care worker of the specific support people required with their nutritional support. For example, one person's care records directed staff to encourage food and fluids to reduce risk of dehydration. During initial assessments the provider completed a nutrition and hydration assessment to examine the needs of individuals. Food and fluid charts were in place for those people who needed it.

People told us they made their own health appointments, but care workers would support them with this if they needed it. One person told us, "I can ring the doctors." A relative explained, care workers or the office staff telephone them if they were concerned about their family member. They said, "It means a lot knowing they are there every day." We observed in daily notes for one person that staff documented a small rash on someone's back. This was passed onto the family who got a doctor's appointment. This showed us staff actively looked for people's health needs and acted when concerns were raised.

The care manager and care workers worked in partnership with other health and social care professionals to support people. For example, the provider told us they worked with district nurses to provide a better service to people.

Good

Is the service caring?

Our findings

People and relatives told us the care workers who visited them were friendly and nice. One person described their care worker as helping them with life. They added, "I don't know what I would do without her." Another person explained how they had regular care workers they had been able to 'develop friendships'. They added, "It's so much better now. I looked forward to their visits so we can have a chat."

We asked care workers what being 'caring' meant for them. Comments included, "Just looking out for people and being nice" and "Listening to people and giving them time, showing them, they are important."

Care workers knew the people they supported and understood how they preferred their care and support to be provided. One person told us, "They know what I need and they do it for me." Another person described how care workers completed all the tasks they needed and also asked if there was anything else the person needed them to do before they left.

People's independence was promoted and the support they received was flexible to their needs. One person told us they had 'good and bad' days and their care workers varied the level of support provided depending on how they said they were feeling. Another person said, "They ask me every day what I need help with and I choose what I need them to do for me."

Care workers understood the importance of supporting people to remain independent and the positive affect this had on people's wellbeing. One care worker explained, a person they visited could shower independently and only needed assistance with 'the areas they can't reach very well'. They told us this was important to the person because it enabled them to remain living in their own home.

People's privacy and dignity was respected by care workers. A relative told us their family member could 'sometimes' feel embarrassed when undressing and that care workers reassured the person to make them feel more comfortable. Care workers told us they promoted people's privacy and dignity by ensuring doors were closed and people were covered when they were delivering personal care. One explained how, with the person's consent, they asked any visitors to leave the room before they offered assistance with personal care.

People told us they had been involved in planning and reviewing their care through regular meetings and telephone reviews. One person said, "If something is not right I will tell them and they will change it." Relatives told us, were appropriate, they were involved in care reviews. One said, "Yes, review meetings are very effective, I think they get what they need." Records confirmed this.

People's records held in the office which contained personal information were secured and kept confidential. Discussion with care workers demonstrated they understood the importance of maintaining people's confidentiality.

Good

Is the service responsive?

Our findings

People told us care calls took place at the times they expected and care workers stayed for the agreed amount of time. Relatives confirmed their family members received their care calls at the times expected. One relative said, "Maybe once they were a bit late but you cannot help that. They are usually really good."

Most people told us their care workers were allocated sufficient time to carry out their calls without having to rush. One person said, "They get everything done when they are with me. I haven't felt rushed, I know they have to get on." In contrast, another person said they felt their care call could be rushed and more time was needed. However, the person told us the provider was addressing this.

Care workers felt they had sufficient time allocated for each care call and had flexibility to stay longer if required. One care worker told us, "It's busy at times but we stay with people until they have everything they need."

We looked at call schedules for the three care workers. These showed care calls were allocated to the same people at the same time each day. We found travel time was included on the rotas so care workers were able to arrive at people's homes around the time they were expected.

Care plans we reviewed were personalised, up to date and provided detailed step by step guidance for staff to follow to ensure care and support was delivered in line with people's preferences and wishes. Information included people's cultural backgrounds, religious and spiritual beliefs and life style choices. Plans contained additional guidance about how to support people to manage specific health conditions such as dementia and hypertension. The provider told us, "We try to get the information that is important to people." They added, "Sometimes the little things are important."

Care workers told us they read people's care plans and were alerted to any changes to people's needs via a telephone call or at team meetings. We reviewed care records which included people's personalised information. For example, one person's care records said, 'I do not like to be called any of those old lady names like "Sweetie" or "Lovie." I still feel very young at heart. This showed us the service had captured important personalised information about people.

We looked at how complaints were managed by the provider. People told us they knew how to make a complaint because information about how to complain was provided when the service started. People and relatives told us they had no cause to complain but would not hesitate to contact the office if they needed. One person said, "I would be on the phone to them." Discussion with care workers demonstrated they would support people to make a complaint or share any concerns. One told us, "I would tell them who to ring if they didn't know." At the time of inspection there had been two complaints made against the service. We saw evidence these complaints had investigated and documented with an outcome.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand

information they are given. The provider was familiar with the framework and told us information was available to people in different formats, for example large print and further formats were being developed.

Requires Improvement

Is the service well-led?

Our findings

During the inspection the service did not have a registered manager in place and were therefore not compliant with the conditions of registration. We discussed this with the provider who explained one of the directors had submitted an application to be the registered manager. The provider gave assurance they would follow this process through.

The provider told us they had actively sought to recruit another manager but despite making one appointment this had proven unsuccessful.

The service had a clear management structure. The provider was part of the management team which included directors, and a human resources recruitment officer. The provider told us they felt supported by the rest of the management team who were responsive to their suggestions for change. They said, "We are a small but strong team and we always help each other out."

The management team regularly completed audits of the quality and safety of the service provided. These included checks to ensure staff competence and documentation was effective. Where the need for improvement had been identified action had been taken. For example, an audit of one staff member skills indicated they required additional training. However, we found some of the audit checks had not been documented such as medicines and care plan audits. This made it difficult to review what the service was looking for and improvements made.

We recommend the Seeks guidance about the effective implementation and recording of audits.

The provider had ensured people and relatives were invited to share their views about the service provided and areas where improvement could be made. People and relatives confirmed they were encouraged to provide feedback through an annual questionnaire. One relative told us they had completed a 'quality survey'. When we asked if they had identified any areas where the service could improve, they responded, "No, at the moment there are none."

People and relatives were satisfied with the service they received and the way the service was managed. Comments included, "[office staff] are lovely. I can telephone at any time if I want to talk to them and they visit me" and "Things seem organised. I have no concerns. There is always someone around on the phone."

People told us they felt communication from, and within the service was good. One person commented "They ask us if they need to change something." A relative described communication with the service as 'fine' and said they had 'frequent' contact with the care manager to discuss 'how things were going'.

Care workers told us they enjoyed working for Leeds Media Centre. One said, "It's a really good team, I really enjoy working here." Another explained care workers were asked for their opinions about what was working well or what could improve. Minutes of meetings confirmed these were regularly held and gave staff an opportunity to discuss issues important to them.

Care worker told us they were supported and felt valued by the management team. One told us a member of the management team was 'always' available including outside of normal office hours so care workers could seek support, advise or guidance. They told us the 'out of hours' system worked well.

During our inspection we found the provider had driven improvements and was motivated to continue to improve the service. They told us, "We are a new company, but we are willing to learn and get better and better."

The provider had a responsibility to inform the CQC of certain events called notifications. We found the provider notified us of such events.