

# Treasured Cares Ltd

## 14a Flax Road

### 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

14a Flax Road Care is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 3 people were receiving personal care. Not everyone who uses care at home services receives personal care. 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.

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

Quality assurance systems were not always effectively carried out to ensure people were provided with a safe and responsive service.

Information of how to reduce risks to people's safety were included in people's care plans but were not always detailed to fully ensure staff knew how to reduce risks.

Safe recruitment practices were in not fully in place to ensure only suitable staff worked at the service.

A person and their relative were aware of how to approach the provider to raise concerns or complaints. However this was not the experience of 1 person who said it had been difficult to contact the office when they had a query.

Everyone said they were satisfied with the care staff provided. People said safe care was provided and they were satisfied with the level of protection against the risk of infection. Care plans inspected reflected people's individual needs. Enough staff were employed to meet people's needs and timely calls were in place to provide personal care.

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 a relative told us they were treated with respect and dignity and staff had a caring and friendly approach. They said they had good relationships with staff.

Staff respected people's privacy and encouraged them to keep their independence and do as much for themselves as they wanted to.

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

This is the 1st inspection of the service.

Why we inspected

The inspection was prompted by a concern we received that safe care had not been supplied to people. As a result, we undertook this comprehensive inspection.

#### Enforcement

We have found a breach in relation to the provider's quality assurance systems. Please see the action we have told the provider to take at the end of the full version of this report.

#### Follow up

We will request an action plan from 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 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?

The service was not always safe.

Details are in our safe section 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** ●

# 14a Flax Road

## Detailed findings

### Background to this 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 homes.

#### 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 the previous registered manager had recently left. The provider stated that a new manager had been recruited and would be starting in the near future.

#### Notice of inspection

We gave the service 1 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. We also gave time for the provider to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 4 May and ended 10 May 2023. We visited the office location on both these dates.

#### What we did before the inspection

We reviewed information we had received about the service since registration and we sought feedback from

the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service and 1 relative. We also spoke with the provider of the service, the general manager and 3 staff members. We reviewed a range of records. This included 2 care plans.

We looked at a variety of records relating to the management of the service. Policies and procedures were also reviewed.

# 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 for this newly registered service. This key question has been rated 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

- People were not fully protected from all risks associated with their care and support.
- Risk assessments were in place for a range of issues including skin integrity and continence. Some risk assessments lacked detail such as assisting with a person to eat. We found no evidence this had caused unsafe practice and the person confirmed safe care had been provided. Staff were able to describe how they safely managed to assist the person. The provider took action when informed of the issue and added relevant detail to the risk assessment.
- People said care staff had safely met their care needs. Staff were able to describe how they provided safe care.
- Assessments included checking environmental risks to identify and managed risks in people's homes.

### Staffing and recruitment

- Staff were not always recruited safely.
- Recruitment systems for current staff showed evidence of good character, references and criminal records checks had been completed for staff. These checks help prevent unsuitable people from working with people who use the service. However, not all relevant references had been obtained. We found no evidence this had caused unsafe practice. The provider took action when informed of the issue and sought additional references after the inspection visits.
- Care plans identified the number of staff required to deliver care safely. People and a relative confirmed the right number of staff were always there to provide support.

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

- People were protected from the risk of abuse.
- The provider was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to CQC.
- People and a relative said that staff followed safe working practices and there was good protection from the risk of abuse. One person said, "Staff are fantastic. They help me with everything."
- Staff demonstrated they understood how to safeguard people and were aware they needed to report to the registered manager if abuse was suspected or alleged. They were confident the management would act if they had any concerns about people's safety.

### Preventing and controlling infection

- People were protected from the risk of infection.

- People and a relative said that staff wore personal protective equipment (PPE) and were satisfied this protected them during the COVID-19 pandemic.
- Staff described relevant infection control measures in place to protect people.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that management always ensured supplies were in place.

#### Using medicines safely

- Medicine was not supplied to people as they either handled their own medicine or their relatives assisted them.
- A medicine audit system had been set up to check that medicine had been administered properly for the future when staff supplied this.
- Staff were trained to administer medicines.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents for when they occurred.
- There was evidence of lessons learnt in dealing with a staffing issue.

# 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. At this inspection we have rated this key question 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

- New staff had not always received full training support. Records showed staff had received induction training. However, they showed new staff had been trained in 9 care issues on the same induction day. It would have been difficult for staff to have retained this information.

It is recommended that inexperienced staff commencing work are given an extended time to learn new skills.

- Staff had received training and support appropriate to their role such as infection control, medication and health and safety. The provider planned to extend the training to include more specific health conditions tailored to people's needs in the future such as for Parkinson's disease and stroke conditions.
- People and a relative said staff were aware of what care was needed and provided them with the care they needed.

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

- Peoples' needs were assessed before personal care was provided. This information helped to ensure staff were able to provide the care and support needed.
- People and a relative said there had been no problems in the care provided by staff. However, 1 person stated that they had not received a care plan though they were satisfied with the care provided. The provider took action to set up a care plan with them.

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

- 1 person needed assistance with food and was satisfied with the care provided. A relative said it was good that their family member's cultural food needs were respected and well-prepared food was provided by care staff.
- People said staff always asked if people wanted a drink. This helped to protect from potential dehydration.

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

- Staff were aware of what to do should someone need medical assistance. This had only been needed on one occasion when a person was ill.
- A relative said a staff member recommended them to obtain medical intervention for their family

member, and they were grateful for this advice.

- People and a relative told us they were confident staff would alert a GP or nurse if this help was needed.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- Staff members understood the principles of the MCA and supported people to make choices.
- People and a relative confirmed staff always asked for consent before providing care.

# 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 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

- People were well treated and supported.
- People and a relative said staff were very friendly and caring. A person said, "Staff are fantastic. Very caring to me."
- Staff members had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs.
- People said staff respected the way they wanted to live their lives.
- The provider and staff members understood the need to respect people and their diversity. This information was contained in peoples' care plans. This meant that peoples' cultural needs were met.

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

- People were not always supported to express their views and be involved in making decisions about their care
- 1 person said they had been supported to be involved in making decisions about their care. Another person said this had not been the case. The provider stated there had been an issue with previous management of the service and full consultation would be in place in the future.
- 1 person and their and relative told us that they were involved in planning care at the beginning of their contact with the service before their personal care was provided. Another person said this had not been the case though could not fault the care provided to them. The provider acted and contacted the person to arrange to discuss their care needs.
- Staff members were aware of how people liked to receive their care. For example, people were supplied with choices of what clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their privacy, dignity and independence was encouraged.
- People and a relative said staff promoted privacy and dignity when providing care. Staff members provided good examples of how they would do this such as closing doors and covering people when providing personal care.
- People and a relative said staff respected people's independence and did not take over and do things that people could do for themselves.
- Staff members said they always encouraged people to be independent and would only provide support when needed.
- Staff members were aware of keeping information safe and confidential. This was supported by the

provider's policy on confidentiality which stressed the importance of doing this.

# 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 is the first inspection for this newly registered service. At this inspection we have rated this key question requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place so complaints could be recorded and dealt with formally. The procedure implied that the Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The manager amended this policy accordingly. The provider took action to amend this document.
- To date, the provider stated there had been no complaints made.
- A person and a relative told us if they had concerns, they would have no hesitation about discussing this with the management of the service. This is because they found the manager had always been responsive to their views. 1 person said it was difficult to contact the office about concerns they had because no one had answered the phone. The provider said contact numbers had changed and people would receive the new numbers.

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

- People's care was personalised. They had choice and control over the way their care was provided.
- Care plans detailed people's personal history such as family, employment and hobbies. This helped to provide staff with more personalised information to understand people's preferences and needs.
- People and a relative said that staff helped by chatting to them and being interested in them as individuals.

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 provider was aware of the need to put systems in place such providing information in people's first languages and using text and pictures.
- There was evidence in people's care plans to record communication needs.
- The provider and manager was aware of the need to respect people's preferred communication styles.

End of life care and support

- End of life care had not yet been delivered by the service though the provider was planning to provide training on this issue. No one currently wished to discuss their end of life wishes.
- The provider was aware of the need to respect people's end-of-life preferences to include respecting

people's religious and cultural wishes. The provider said that this information would include preferences such as which visitors they wanted to see, temperature of bedroom and whether they wanted music playing.

# 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 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

- People were not protected from potentially poor quality personal care by the provider's quality assurance and governance systems.
- Audits and checks had not been systematically carried out to check the service met people's needs. Auditing had not identified issues we found such as the lack of detail in some risk assessments. There were no audits of care records to check whether care provided met peoples' needs. There were also no audits of call times, staff recruitment and training. This put people potentially at risk of poor care.

The provider had failed to have effective systems in place to check the quality of care and of staffing systems. The lack of leadership and management oversight of the quality of care provided increased the risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had submitted a statutory notification as required
- The provider understood their role and the needs of their staff team. Staff understood their responsibilities, and who to report to if they had concerns and needed help.
- Spot checks on staff took place. They showed staff were providing appropriate care and had a positive approach to supporting people with personal care.

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

- The provider engaged with people and relatives.
- Surveys with people were positive about the standard of care provided.
- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important issues such as training and people's care needs.
- People told us that they were treated fairly and had their cultural needs met.

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 of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

- Staff knew how to raise concerns and how they would escalate if they felt they were not being listened to or their concerns were not acted on.

#### Working in partnership with others

- The provider was aware of the need to work with health professionals to ensure people's needs were met. There was evidence the provider had liaised with an occupational therapist about equipment for a person.
- Staff understood they needed to inform the manager if people were ill or had an accident.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to have effective systems in place to check the quality of care and of staffing systems.