

Leda Homecare Limited

Leda Homecare

Inspection report

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13 March 2020

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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

Leda Homecare is a domiciliary care agency, providing personal care to 90 people at the time of the inspection. Not everyone who used the service received 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

People were not always protected from harm, as safeguarding concerns were not always reported or analysed in an effective way. Staff and management knowledge of how to report safeguarding events was poor. Some staff had out of date safeguarding training.

There were risk assessments in place, however these were not always clear or comprehensive and not all risks had been identified or mitigated effectively.

There were gaps in medicine charts, so we could not be assured that people received their medicines in a safe way.

Several staff had training that was out of date, which meant staff did not necessarily have the training to support people in a suitable way. People were protected from the risk of infection.

Staff were recruited safely, and on most occasions, there were enough staff to meet people's needs. However, both staff and people who used the service gave examples of times there were not enough staff, and relatives had to provide care.

Staff were kind and caring and respected people's privacy and dignity. People told us staff treated them with respect. Staff were flexible around people's social needs.

People's needs were assessed, however there was a lack of nationally recognised tools to support initial and continuous assessment. Information gathered, around people's wishes at the end of their life was basic.

Staff and management knowledge of the Mental Capacity Act was limited, and we could not be assured the service was working within the Act.

Complaints were not always handled in an appropriate way following the complaints policy.

Due to a lack of analysis of incidents and accidents, the opportunity to learn lessons and improve care were missed.

There was a lack of opportunities and procedures for staff and people to shape the direction of the service.

Quality monitoring and management oversight of the service was poor and audits in place were ineffective at identifying issues or promoting clear improvements.

We recommend that the service followed the complaints policy and responded formally to written complaints. We recommended that the service submit statutory notifications to CQC following serious incidents or safeguarding events where potential abuse is a concern.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (last report published 12 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider has begun to take action to mitigate the risks we found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leda Homecare on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to; management of safeguarding issues; safe care; staffing; consent and governance of the service at this inspection. Please see the action we have told the provider to take at the end of this 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 ●

Leda Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

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

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was 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 11 March 2020 and ended on 13 March 2020. We visited the office location on 11 and 13 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We contacted Healthwatch, this is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke to seven members of staff, including, the registered manager, deputy manager, care coordinators, team leaders, care staff and administration staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision and competency assessments. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider provided us information on staff training, policies and procedures, the business plan, complaints, computerised care plans and documentation, this information was included in the inspection.

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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from harm, because not all staff had up to date training in how to safeguard people from the risk of abuse.
- Staff knew to report potential abuse to the management team. However, they did not always express a clear understanding of who to report abuse to outside the organisation.
- There were safeguarding policies in place. However, we found incidents of suspected abuse that had not always been reported by staff or the management team to the local safeguarding team or CQC.

Poor systems and processes to record, manage and learn from safeguarding issues placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately after the inspection and submitted evidence to say how they would address the concerns.

Assessing risk, safety monitoring and management

- Risk to people were not always assessed effectively. For example, people who were at risk of pressure sores had no formal assessment tool in place.
- Information in risk assessments was unclear. number of people had instructions to apply topical creams, but there were no creams prescribed, no body charts or instructions where to put creams. The management team told us no one had prescribed creams and instructions were referring to moisturisers.
- People identified at risk of falls, had assessments that did not always give clear information on how to mitigate the risk.
- Environmental health and safety risk assessments were not comprehensive. This put people and staff at increased risk of harm.
- For example, there was no risk assessment around the use of oxygen in one person's home. In others there was no risk assessment of equipment used.
- Risks around pets in one person's home, were not fully assessed, when staff raised health issues related to the risk, management continued to send them back to the home.
- A moving and handling assessment in one person's home identified, 'space limitations preventing good posture'. Actions to mitigate the risk were not in place.

Poor risk assessment of people's needs and health and safety, and a lack of mitigating actions placed

people at risk of harm. This was a Breach of Regulation 12 (Safe Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately after the inspection and submitted evidence to say how they would address the concerns.

Using medicines safely

- People were not always supported with medicines safely. There were gaps in medicines records where signatures to show medicines had been administered were missing, so we could not be sure people had received the medicines prescribed.
- The registered manager could not explain what the codes on the medicine's charts signified. On one occasion, one person had not received a medicine for a week. There was no risk assessment to the affect this may have on the person. There was no documentation around why this occurred or who was responsible for collecting the medicines.
- Audits of medicines were not effective, errors around gaps in medicine charts were identified and the resulting action was for staff to retrain, but the incident reoccurred. We could not see any further action the management team had taken.
- A significant number of staff had out of date medicines training. Competency assessments were also out of date. We could not be assured that staff helping people with medicines had the appropriate training.

Poor medicines management placed people at risk of harm. This was a Breach of Regulation 12 (Safe Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately after the inspection and submitted evidence to say how they would address the concerns.

Learning lessons when things go wrong

- There had been a failure to learn lessons from incidents that occurred. For example, there was no clear analysis or investigation record of poor medicines management and financial irregularities that should have been investigated, with actions for improvements identified.
- Due to a lack of staff meetings, there was no evidence that information from these events were reported back to staff to learn lessons.

Staffing and recruitment

- Most people and relatives told us they were supported by the appropriate number of staff. However, one person told us there were occasions when only one staff member attended a call when two staff were expected, and their family had to help staff. Staff corroborated this information.
- The service used a dependency tool to calculate the number of staff required. Staff told us if there was sickness, the office staff would cover calls.
- Staff recruitment was safe, however we identified some staff files had information missing. We noted the service had made recent changes to the recruitment process to make it more robust. Pre employment checks were performed to ensure staff were suitable to support people.

Preventing and controlling infection

- People were protected against the risk of infection. There were infection control policies and procedures in place. Staff had received training in preventing the spread of infection.
- Staff told us they had personal protective equipment such as gloves and aprons available.

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.

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

- We could not be assured that the service was working within the principles of the MCA.
- One person was described as having fluctuating capacity, however, there was no mental capacity assessment or best interest decisions in place.
- Staff had limited knowledge of the MCA and were not able to demonstrate a detailed understanding of this or best interest decisions.
- Staff told us that the management dealt with MCA assessments, however we saw no evidence that the management did these assessments or displayed a detailed understanding of their detail and application.
- Managers we spoke with stated they did not have the training or feel it was their responsibility to complete MCA assessments. This meant if people lacked capacity to consent to their care we could not be assured that staff were working in people's best interests.
- There was no one with a deprivation of liberty in the community order in place.

Due to staff and management having limited knowledge of the MCA and a lack of evidence of capacity assessments, this is a Breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately after the inspection and submitted evidence to say how they would address these concerns.

Staff support: induction, training, skills and experience

- We could not be sure, people were always supported by staff who had up to date training for their roles.
- We reviewed the staff training records and found some staff training was out of date.
- The registered manager was aware of this and had begun to update the training.
- We reviewed staff supervision records which showed supervision took place, but these were irregularly scheduled.
- Yearly appraisal had not taken place and spot checks on staff performance were not being performed on a regular basis.

Staff had not received sufficient training and support to effectively care for people. This is a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The provider responded immediately after the inspection and submitted evidence to say how they would address these concerns.

- One member of staff told us they thought the training was very good, and the service had recently provided dementia training, which gave them excellent insight into what it feels like to live with dementia.

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

- There were omissions in the assessment of people's needs. People's physical needs were assessed on admission to the service and reviewed every six months on a formal basis.
- However, we noted that needs assessments were not always updated when their needs changed. For example, following a change in condition or a fall.
- Additionally, there was little evidence of people's mental and psychological needs being assessed.
- There was no evidence the service used formal assessment tools such as the Waterlow score to assess people's risk of pressure sores or the Malnutrition Universal Scoring Tool to assess people's nutritional needs.
- Two people, who had a catheter, had no information around the care of this, or how to identify signs of infection or blockage or who to contact if staff had concerns.

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

- People who had problems with nutrition or hydration had food and fluid charts in place. However, these were kept in people's homes and were not visible on the computerised care plans.
- The management team told us they had oversight of these records on a daily basis via electronic records.

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

- The service worked with other agencies to provide consistent and timely care. For example, we saw clear occupational therapy instructions recorded in people's support plans.
- Only a few people had grab sheets prepared for emergency admission to hospital. The deputy manager told us that these were a work in progress.

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 Good. At this inspection this key question has remained the same. 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 told us staff were kind and caring. One person told us, "They (staff) have become like family." People told us staff treated them with respect and respected their property. Relatives also told us staff were very respectful.
- Some people told us they had new staff introduced to them and had regular staff, however others told us had different staff.
- People told us they did not receive a rota of which staff were coming and staff also told us their rotas were often changed.
- Most people told us they did not feel rushed with staff. Only one person told us they had a missed call.
- Staff told us recent training had helped them understand people's needs to avoid discrimination.

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

- People told us staff treated them well and involved them in day to day decisions about their care. People told us they were involved in their care planning and their views were listened to.
- One person told us, "All the staff know what they are doing, they sit down with me to discuss what I want, they always ask me if there is anything-else I want them to do before they leave."
- We could see people's preferences had been recorded. However, one person told us they did not feel staff listened to their views.
- For people who did not have close family or friends to support them to make decisions about finances and other matters, the service enlisted help from advocacy services to support them. Advocates speak up for people when they are unable to speak up for themselves.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff respected their privacy and maintained their dignity.
- One person told us they had been in a care home and had decided to return home and staff had supported them to maintain their independence at home.
- People told us staff supported them to maintain their independence and would be flexible with timings to allow them to visit daycentres and friends.
- People told us staff wore uniforms, so they could identify staff and they had the choice of male or female staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- There was limited evidence to show discussion had taken place with people and their families around their wishes at end of life and the majority of staff had not received training in end of life care.
- Therefore, we could not be assured that the service was aware of people's specific preferences and were able to fully support them at this time.

We recommended that people's end of life wishes are fully explored and recorded in more detail.

Improving care quality in response to complaints or concerns

- We reviewed complaints the service had received, and the majority of recorded complaints were dealt with effectively. However, for one detailed written complaint, the service could provide no evidence of a formal response as per the complaints policy.
- There was a complaints procedure available and staff told us they would report any issues they could not deal with to the management team.
- People we spoke to told us they felt comfortable raising complaints and would call the office if they needed to.

We recommended that the service follow its complaints policy, record all incoming complaints and compliments and produce a formal written response to complaints.

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

- The management team was updating all care plans and we could see people had signed their care plans after they were updated and there had been family involvement.
- However, although care and support plan's contained information around people's basic needs, there was a lack of personalised information to show people's detailed preferences to the care they wanted.
- Staff told us, and we observed, that at times they were unable to access pages of people's support plans on their computerised record system, specifically people's assessed needs. This meant they did not always have the information they needed to hand, to meet people's needs.
- The management team were not aware of this issue until we raised it with them. Following our inspection, the management team informed us they were taking-action to rectify the errors.

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.

- Staff had identified ways to ensure people's communication needs were met. There were easy read documents and picture cards available.
- Support plans identified individual communication needs, for example one person used facial expressions to communicate, another person had assisted technology they used, which spoke the words for them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with friends and family, and staff were flexible with care if people had other commitments. For example, one person told us they attended a day centre, and staff worked around this.
- The service had organised various events such as a tea dance and fun days locally for service users and their families to enjoy.
- People who were isolated were taken out to local amenities to socialise.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has 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; Working in partnership with others

- There was a lack of governance and oversight of the service, issues such as, staff training, supervision, appraisals and spot checks had not been effectively monitored.
- Systems to check the safety and quality of the service were not effective.
- For example, the service used a mix of paper and computer records. For example, records for food and fluids were recorded on paper and left in people's homes, but not recorded on staff computerised records. This meant that the management team did not have oversight of people's nutrition and hydration status on a daily basis.
- Audits in place were not robust. Audits of food and fluid charts, medication charts and daily records were undertaken on a three-monthly basis. This was not frequent enough to identify problems as they occurred. This meant errors were not identified quickly enough and allowed to continue.
- Problems were identified by our inspectors that the management team were not aware of and had not taken-action to address.
- Financial audits had not identified potential financial abuse. Following this, the management team had not implemented robust formal process to monitor finances in a comprehensive way.
- The service had not complied with its regulatory requirements as we found not all serious notifiable incidents had been reported to CQC. We have reminded the provider of their responsibilities.

We recommended that the service reports all serious incidents to CQC at the time they occur.

We found no evidence that people had been harmed as a result of poor governance. However, there were poor systems and processes to record and monitor the quality and safety of the service provided. This is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection.

- Peoples confidentiality had not been maintained. The service had a social media page with people's pictures on, however the service could not find any records of consent given by people to have photographs taken. Following the inspection, the service removed the social media site.
- During the inspection and we had difficulty accessing and corroborating information from the

management team. The registered manager stated that the service had encountered some unforeseen issues, which we have acknowledged in our assessment of the service.

- As a result, the service was working with the CCG and Local Authority quality team, to improve on a range of issues that were identified during a recent local authority quality audit.

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

- The management team did not demonstrate an adequate knowledge of the MCA, or how to apply the principles of the Act effectively. Failure to implement legislation meant we could not be sure the rights and best interests of people were protected.
- Staff were positive about the service and told us that despite the lack of meetings, they felt supported and could pop into the office any time to chat about issues. Staff told us they felt the service was person-centred. However, we found, some aspects of care planning lacked personalised information.

Continuous learning and improving care

- The opportunity to share continuous learning and improve care was missed.
- There was a lack of analysis of incidents and accidents for themes and trends, and effective action was not always taken to prevent the same thing from happening again.
- The management team told us they had just started analysis of falls following local authority recommendations, however we did not see any evidence of this.
- There was a lack of regular staff meetings to share information with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were not always involved in the running of the service. There was a lack of meetings for people and staff to express their views and gain feedback from the management.
- There were yearly surveys of people views, however we could not see how this shaped the direction of the service.
- The service recorded staff feedback on a range of topics via an electronic system and planned to increase the use of this.
- The service had a staff reward system in place to reward and recognise staff who had gone above what was expected to help someone.
- The service had included family members in its recruitment of staff and had opened some training up to families.

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 management team acted on the duty of candour and informed people if errors occurred.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Staff and the management team had limited knowledge of the MCA. There was a lack of evidence that capacity assessments had been undertaken. It was unclear if consent to care and treatment was always sought in line with the Mental Capacity Act 2005</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There were poor systems to assess and mitigate the risk of harm. Medicines were not always managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes to manage and learn from safeguarding issues which placed people at risk of harm were not robust. This placed people at risk of harm. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to effectively monitor and improve the</p>

quality and safety of the service. This placed people at risk of harm.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There was a lack of sufficiently trained and skilled staff.