

## Leicestershire County Council

# Home Care Leicestershire South

## 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?

Good 

### Overall summary

We inspected Home Care Leicestershire South on 3 and 5 June 2015. The inspection was unannounced. Home Care Leicestershire South provides personal care services to people in their own homes in their own homes across Leicestershire. The agency is located in Wigston, Leicester. The service was providing support for up to 198 people at the time of our visit.

The service has 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, and associated Regulations, about how the service is run.

At our last inspection on 6 February 2014 the service was meeting all the regulations we inspected.

People using the service and relatives we spoke with said they thought the agency provided safe care. Staff were trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

# Summary of findings

Some people using the service and their relatives told us that on occasions they thought there were enough staff to meet people's needs as there were no missed calls. However, some people wanted to have the same staff as they thought this would provide better understanding of their needs. A few people's risk assessments were in need of improvement to help ensure staff understood how to support them safely.

People using the service and relatives told us they thought medicines were given safely and on time.

People told us they were happy with the competence and skills of the staff who provided care to them. Records showed staff had a comprehensive induction and on-going training.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the home's training records showed they had attended courses on this. However, assessments of people's capacity were not in place to show they were encouraged to make choices about how they wanted their support provided.

People said they liked the food that staff prepared for them or helped them to prepare. They said staff asked them what they wanted and their requests were met.

All the people we spoke with told us they liked the staff and got on well with them. The people we spoke with said they had been involved in making decisions about their care and support which showed they were encouraged to decide how they wanted their support provided. People also said staff protected their privacy and dignity.

People told us they received personalised care that met their needs. Records showed their preferences, for example getting up and going to bed times and whether they preferred a bath or a shower, were met. Care plans were individual to the people using the service and focused on their strengths and preferences.

People and their relatives told us they would speak out if they had any concerns, but this had not been necessary.

People and staff said they were generally satisfied with how the agency was run and said staff and management were approachable and committed to improving the service. People had the opportunity to share their views about the service by being provided with questionnaires.

The registered manager and staff carried out audits and checks to ensure the agency was running smoothly. Records showed they took prompt action if any improvements were needed to the service.

# Summary of findings

## 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 safe.

Staff knew how to ensure people were kept safe and protect them from avoidable harm. Enough staff were working to enable people's needs to be met. People were provided with suitable support to take their medication.

Good



### Is the service effective?

The service was effective.

Staff had been provided with relevant training to meet the needs of people using the service. People were supported to maintain their health and have access to health services where needed.

Good



### Is the service caring?

The service was caring.

People and their relatives were highly satisfied with the care they received from staff. People were involved in the planning of their support needs. They were encouraged to express their views.

Good



### Is the service responsive?

The service was responsive.

People received care and support that met their needs. People's views were sought and acted upon.

Good



### Is the service well-led?

The service was well led.

Effective procedures were in place for monitoring and assessing the quality of the service. People's views were sought and used to improve the service. Staff were clear about how they would provide a quality service based on a strong commitment to people's rights, as expressed by the management of the service.

Good



# Home Care Leicestershire South

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by two inspectors.

We spoke by telephone with people who used the service and relatives of other people who used the service.

Before our inspection, we reviewed the information we held about the service, which included notifications.

Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted the Local Authority contract monitoring team, responsible for funding people's care at the service and asked them for their views about the service.

We spoke with eight people who used the service and two relatives of other people who used the service. We also spoke with the registered manager, the deputy manager, and eight care staff.

We reviewed records held at the agency office. These included six people's care records, staff personal records and other records which related to the management of the service such as quality assurance and policies and procedures.

# Is the service safe?

## Our findings

All the people using the service and relatives we spoke with said the staff provided safe care. People told us, 'They ask me what I want and they just do it'. 'They asked me what help I wanted and have listened to me'. 'I can ask for what care I need to help me look after my husband. They won't do anything I am not happy with'.

Each staff member carried a telephone device where information about their calls was sent to them two days before the shift. Any changes to the programme, for example due to sickness, gave them an update. Information on any risks or hazards was included in this information. If an incident occurred or if the staff member had any concerns they could contact management easily. Advice was then given and if necessary and a senior staff member would visit and/or take appropriate action. The senior then updated the electronic record and information about any incident was passed onto other staff visiting the same client. This system kept people safe as care staff had up to date information about any potential risks to people's safety.

All staff were aware of the whistleblowing policy. No one said they had needed to use this. They all said they were confident raising concerns with their managers. We looked at the whistleblowing procedure. This supplied details of outside organisations for staff to contact, to ensure swift steps could be taken to protect people's safety.

A staff member, newly recruited, told us she had had all recruitment checks completed before starting work. She said she had received a good induction programme and core training to be able to keep people safe.

Staff told us of a system where there is a procedure that if they were at risk, for example, of physical harm, they can ring the office and ask a specific question, which office staff would recognise as the question to indicate staff or people were at risk, and assistance would immediately be summoned. This system protects the safety of people and staff.

We saw in people's care plans that their homes were checked to make sure all hazards were identified to keep people safe. These assessments identified risks relating to relevant issues such as equipment, any issues in the home and moving and handling risks and how to manage them.

One person said that they had had two late visits but had been informed by the service about this delay. All the other people spoken with said staff arrived in the time period agreed, which meant their needs could be attended to safely. This indicates that appropriate staffing levels were in place to protect people safety.

We saw that recruitment procedures were in place to ensure that required checks were carried out before new staff commenced employment. This ensured that only suitable people were employed to provide care to people.

Staff told us they had received medicines[CK6] training. They were aware of the policy and procedure on how to prompt medication safely. People told us that they had been prompted by staff to take their medication.

# Is the service effective?

## Our findings

All people spoken with felt staff had sufficient skills and experience to support them. One person told us; 'All the care assistants do their job thoroughly and know what they are doing. They are a lovely team. They are all really good and efficient'.

All staff had received induction and mandatory training. This covered relevant issues such as fire safety, infection control, safeguarding, food hygiene and staff safety and security and moving and handling training.

We saw that staff were booked onto training by programme coordinators. Information was sent to them electronically, so they were assisted to have training to make them more effective in providing care to people.

We saw that staff had opportunities for individual personal development. For example, one staff member said she was being supported to complete her vocational training. Staff told us had received additional training to meet the specific needs of people e.g. in Parkinson's disease.

Staff had received training in the Mental Capacity Act (MCA) 2005. This is legislation that protects people who lack the ability to make certain decisions. The provider was not fully following the MCA Code of Practice, as there was no record of staff carrying out mental capacity assessments of some people who may have lacked capacity using the service. The manager stated this would be reviewed for these people.

The provider had a training programme for ensuring that all care workers completed training about the MCA 2005. At the time of our inspection most care workers had completed that training. Care workers we spoke with understood that they could not provide care and support without a person's consent. People using the service told us staff sought their consent before providing care. This helps to ensure that effective care is provided to people.

The service provides care for people with dementia. Dementia training was not part of the induction training provided to staff at the commencement of their employment, as it was provided some months after they had started work. This meant there was a risk that effective care may not be provided, though the feedback from people and relatives had not identified this as an issue. The manager however recognised this and said she would follow this issue up.

Staff told us they had supervision with their manager approximately every six months, and the records we saw had some evidence of this. They said they received support from management on each shift as needed. All staff had a yearly appraisal and personal development plan. This supported staff to provide effective care.

Two people we spoke with had food provided for them by the carers. Both were happy with the way staff attended to food hygiene. One person was happy with the food provided. The other person said; 'there is not enough time for them to cook a proper meal so I have a sandwich and hot drink instead'. She was going to ask the provider if additional time could be provided at lunch time, so she could have meals that effectively met her preferences.

Everyone told us that the service had supported them to access health services such as occupational therapists, and they had been assisted with aids and adaptations to effectively meet their needs.

All staff working at the service had 'staff handbooks'. The handbook set out important policies and procedures which described their responsibilities we saw that the provider worked closely with other services who took over the care of people after they stopped using the service. This gave people continuity of care.

# Is the service caring?

## Our findings

People and their relatives told us that they were satisfied with the level of care provided, and that staff were caring. They told us: 'All the carers have been very friendly, caring and helpful'. 'I feel very relaxed with them. They are well mannered and their attitude is great. I can't praise them enough'. 'Mum looks the best she has done for some time – she gets on very well with carers and looks forward to seeing them'. 'I am very grateful. They will do any extras I need like putting out the bins on their way out'. 'I couldn't get any better care. I couldn't have managed without them'. 'The carers have been brilliant, very helpful; they help me to be independent.' This showed that staff had very caring attitudes towards people.

We observed telephone conversations in the home care office between staff and people. All interactions were respectful, caring and demonstrated a good awareness of people's needs. We found that staff we spoke with showed a good knowledge of people's needs. They were able to give examples of how they respected privacy and dignity. For example, in how they helped people maintain their dignity while their personal care was being attended to.

Staff told us they informed people what they were doing or going to do in providing care and gave options as to how

they would like their care to be given. They said they also encouraged independence whenever possible. This showed that staff were caring in the manner they approached people.

People told us they thought they had been involved in planning for their care and their care records proved this.

We looked at the equality and diversity workbook supplied to staff. This included exercises to test knowledge gained and gave information on the law. It gave examples of equality in practice, so that effective care was provided irrespective of gender, culture or religion.

All staff had had training in respect for people's culture, equality and diversity and gave examples of how they used this in practice, for example, taking their shoes off in certain households. This showed a caring attitude towards people's cultural practices.

Staff told us that they always asked people what their preferences were when they were delivering care. People confirmed this to be the case.

We saw information provided to staff by the provider emphasising people's right to respect, privacy and independence. There was also information about advocacy services in the provider information given to people. This enabled people to express their views about their care with the help of an independent person, if they wished to access this service.

# Is the service responsive?

## Our findings

All people we spoke with told us they had different carers visit them. Most said that this was not a problem for them but they would prefer more consistency. One person said; 'We do get different carers but they all have the same outlook and know what to do, we are very satisfied'.

Two people and one relative said that having different carers was a problem. One person said; 'It's a waste of time having to tell them what to do and where everything is'. This comment was supported by a relative, who said; 'They all know what they are doing but having to go over the history each time is wearing and wastes time'. The manager said that this issue would be reviewed with a view to trying to improve people's continuity of care. This would mean more responsive care could be provided to people from staff who knew their needs in detail.

People were given information about care and support options when they began to use the service. The aim of the service was to help people become independent. We saw that the provider worked with other health care services to further this aim of being a responsive service.

If staff had any concerns about a person's health they said they immediately raised this with management who would then pass the information to relevant health professionals. All staff we spoke with were aware how to respond in a medical emergency and would remain with the person until help arrived. Staff gave examples of what they did when this had happened. They notified the senior staff member on duty, who then reorganised their programme and on occasions came to the house where care was being provided to support the staff member.

Assessments were undertaken to assess the health and support needs of the person. Care plans included detailed information about people's needs and the independence they wanted to work towards. We saw from visit records that this support had been provided in line with people's care plans.

We saw that reviews of people's care confirmed they had received support that met their needs. This showed that people who used the service had been supplied with responsive care that met their needs. Records we looked out also included information indicating that senior care workers spoke with people and discussed ongoing care needs.

From records we saw systems were in place which monitored whether staff supported people for all of their agreed times. This meant that responsive support had been planned and delivered to meet people's needs.

The provider made sure that other health care support had been arranged when needed, for example, arranging for occupational therapists to be involved in a person's care. We saw other records where other healthcare specialists had been involved to ensure people had the equipment they needed to help them become independent.

Everyone said staff gave them choices about how they wanted their support provided. Staff gave examples of the choices that they would give people. For example, choice of food, choice of bathing options and choice of clothes.

None of the people spoken to said they had been able to choose the gender of their carers but none thought this was a problem.

Staff gave us good examples of providing personalised care. These included a person with advanced dementia who presented as having agitation, being given choices about what care they wanted to receive, with distraction and de-escalation techniques used when the person was agitated.

We saw evidence that staff met weekly to discuss people's needs and to discuss the best ways of providing care for them. This meant staff learnt from each other to provide more responsive care. Staff were also able to feedback to management if they needed more time to provide care that met people's individual needs. Care programmes were then adjusted accordingly. Similarly, if a visit took longer, they rang the senior staff on duty who then reorganised the programme and let people on the next call know of the delay.

Information about the complaints procedure was included in people's information packs about the service. People had the opportunity to comment about their experience of the service as a form for this purpose was available in information supplied to them.

People using the service and their relatives told us they were aware of the formal complaint procedure. No one had made a complaint but people were satisfied that if they raised any concerns the provider would quickly respond to them.



# Is the service well-led?

## Our findings

All people we spoke with knew how to contact the service. They said staff were always contactable if they needed them. Where people had requested assistance, their experience was positive. One person told; 'when I had to go to hospital I asked for an earlier visit and they did this – no problem'. A relative said she successfully asked staff to change the time they visited as her relative's care needs had changed. One relative told us they had raised an issue that staff could not pick up her relative if he fell, and she was pleased that a new service to respond to such incidents was being considered to save calling out an ambulance. People also told us they had been asked for their opinions about the service. These are good examples of a well led, responsive service.

Staff were very positive about the quality of management and leadership in the service. They felt supported and empowered to raise any concerns about care provision. They felt listened to. This testified that the service was well led.

We saw records where senior staff undertook spot checks of staff at people's homes to check the quality of their work. Ensuring the quality of care provided is a sign of a well led service. Staff said they felt able to ask for assistance from management if they needed help with a particularly challenging or complex case.

Staff met weekly with their manager and everyone spoken with found this to be supportive. They were given updates in terms of service or policy and procedure developments. They were able to raise any issues they wanted to discuss. Staff were aware of the service's values and priorities and received regular staff newsletters containing relevant information about providing a quality service.

Staff were positive about working for the service. Four of the staff we spoke with had worked for the service for over 15 years. One staff member said; 'this is heaven working here'. This indicated that staff morale was at a high level, which will maintain staffing stability and help to ensure a trained and motivated workforce that provides a quality service.

We saw that staff were provided with staff newsletters, which included topics such as values, equality and diversity, relevant training, focus on new legislation and procedures including using whistleblowing if needed.

There was evidence that management monitored the quality of the service by speaking with people on the telephone to ensure they were satisfied with the service they received. We saw evidence from surveys that people thought the agency was well-managed. Comments included; 'one word will suffice. Excellent! I am very grateful for the service provided. Thank you.' And; 'I have been very grateful for the care and respect from each staff member.'

Staff also told us that the registered manager communicated the message that people using the service should be treated respectfully and with dignity at all times and their rights should always be protected.

Whilst we saw that staff supervision took place, this was not always carried out regularly. We saw that some staff had not had supervision for up to eight months previously. The manager said this issue would be followed up. More regular supervision will then give staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were supporting people who used the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.