

MK Worldwide Ltd

Lead Care

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 ●

Summary of findings

Overall summary

This was the first comprehensive inspection of this service since the provider initially registered with the Care Quality Commission (CQC) in May 2017. The provider started to provide care and support for people in November 2017 and this inspection took place on 6 and 12 February 2018.

Lead Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults with learning and physical disabilities and older people, including people living with dementia who live in their own homes. The agency works mainly within Cambridgeshire. At the time of our inspection there were fourteen people using the service.

The service had a registered manager. The registered manager had left in December 2017. The owner/provider was acting manager and had applied for registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Whilst there was a recruitment process in place it required strengthening to ensure gaps in employment, verification of references and notes of interviews were documented. The manager had all the required documentation in place before the completion of the inspection.

People, and their relatives, told us they were happy with the care they received.

People told us they felt safe. People were protected from harm by staff that recognised the signs of abuse and were confident to raise concerns. Risk assessments were in place and there were enough staff to safely provide care and support.

People's consent was sought before care was offered and the registered manager and staff were familiar with the principles of the Mental Capacity Act 2005.

Where required people were supported to eat and drink enough to maintain a healthy diet and health professionals were contacted on people's behalf if needed.

There were personalised care plans and assessments of potential risks to people and clear guidance for staff on responding to identified risks. People's care and support needs were kept under review to help ensure that they continued to be met.

People who used the service and their relatives told us the service was able to meet their needs.

People felt their views were listened to and staff supported them as individuals. People's confidentiality was promoted as records were held securely.

People who used the service felt confident to raise any concerns and were confident that they would be managed appropriately. Staff said that they were fully supported by the manager.

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.

Whilst there was a recruitment process in place it required strengthening to ensure gaps in employment, verification of references and notes of interviews were fully documented. The manager had all the required documentation in place before the completion of the inspection.

People were supported by staff who knew how to promote their safety.

People were supported with their medicines by trained staff.

People were protected from the risk of infection because staff followed safe infection control procedures.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supervised.

People's consent was sought before care was offered.

People were supported to eat and drink where needed.

People were supported to access health care professionals as necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People's preferences were taken into account.

People's dignity and privacy was promoted and confidentiality was maintained.

Is the service responsive?

The service was responsive.

People were involved in planning and reviewing their care.

People's concerns were taken seriously.

Good ●

Is the service well-led?

The service was well led.

People had confidence in the staff and the manager.

There were arrangements in place to monitor, identify and manage the quality of the service.

Good ●

Lead Care

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 took place on 6 and 12 February 2018 and was announced. We provided 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to and that records would be accessible. The inspection was undertaken by one inspector.

We asked the provider to complete a Provider Information Return (PIR) as part of this inspection process. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider and saw that no concerns had been raised.

We visited the office on 6 February. We spoke with the care co-ordinator, senior carer and the manager. We looked at the care records for three people who used the service to see if they were reflective of their current needs. We reviewed three staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

On 12 February we telephoned seven people and spoke with four people who used the service and two relatives to obtain their views on the care and support provided by the agency.

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. One person said, "We felt they understood us and yes we felt safe". A relative said, "I have nothing but the highest praise with how they have taken on and won the confidence of my [relative]".

There was a recruitment process in place. Staff confirmed they had a formal interview, had references and that they only started work once a satisfactory criminal record check had been received. However, whilst there was a recruitment process in place it required strengthening to ensure gaps in employment, verification of references and notes of interviews were fully documented. The manager produced the completed documentation before the inspection was completed showing their commitment to providing robust recruitment.

The manager and staff had good understanding and knowledge of how to safeguard people against the risk of abuse. They had all received training which they said was helpful. Staff gave good examples of what might constitute abuse and spoke of how they would manage any situation if it arose. All staff knew, and had no hesitation, in reporting any concerns and told us they were confident that any concern would be dealt with quickly. The safeguarding policy was on display in the office and each person using the service received a Cambridgeshire easy read safeguarding information sheet as part of their care plan folder.

Staff were clear about the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Staff said they read the policies and procedures as part of their induction before they started to provide care for people. The provider/manager was developing a staff handbook.

The manager told us that all staff were introduced to people who used the service to ensure that people knew the staff member who came to their home to support their needs. This was done to ensure people felt safe when staff arrived at their homes. Staff confirmed they were introduced to new people. One person said, "I have a group of carers who come and I know them all if they are new they come with someone I know".

Staffing levels were appropriate to meet the needs of the people who used the service. The provider said they were building up the staff as the number of people they supported increased. We saw staff rotas and discussed with the provider the need to ensure the times between visits were sufficient for staff not to feel rushed in the support they offered people. People said they were kept informed if there were any changes to staff or if someone was running late. A relative said, "Only on one occasion were the staff very late but they contacted us to explain and say what time they would visit. They are very reliable".

People had care plans which included assessments of risk and how to mitigate them. Prior to any service being delivered to people the registered manager undertook a full assessment of the person's needs together with an assessment of risks posed by the support they required or the environment they lived in. For example, one person had a special piece of equipment to help them with their mobility. Staff were

trained in the use of the equipment, knew any risks that could be present and how to avoid them. They ensured they were confident with the equipment before supporting the person.

Some people said they were assisted or prompted with their medicines. All staff confirmed they had training. There were documents in place to record when medicines were given. A relative said, "They help my relative with their medicines which are kept locked as [relative] could take them by mistake. It works well with the staff helping". The manager spoke of how they had supported a person who had an amount of out of date medicines which could pose a risk to them. The manager listed all the medicines and took them to the pharmacy who gave a receipt for the medicines and disposed of them safely.

The staff team had received training in the control of infection. Staff confirmed they had stocks of gloves and other protective equipment. One person said, "They [staff] put on something over their shoes before they enter my house and they always use gloves and aprons". One staff member said, "We take our gloves and aprons from the office and always wear our uniform. Before we do anything in someone's home we begin by washing our hands".

Is the service effective?

Our findings

People were supported by staff who were trained and supervised. One person said, "They are top notch, they know what I want and they know how to do it". A relative said, "They know what they are doing and they do it well".

Staff confirmed they completed induction and a period of shadowing before they started providing support to people. One staff member said, "We did the Care Certificate induction and we will continue to learn and can ask for any training that we need". Training was provided by an outside company and this covered areas which included moving and handling, safeguarding people from abuse, health and safety and infection control, fire training and food hygiene. The training was carried out over two days. The manager said staff new to care would start the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The manager said staff competency was tested during spot checks.

Staff confirmed they were supported by the manager and were in frequent contact. One staff member said, "The manager is really supportive and very knowledgeable. They are always happy to help and you can ask anything". The manager said formal supervision was planned in the diary as was the staff meeting stating "We have just started and now we can meet 'formally' and as a staff group".

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.

We checked whether the service was working within the principles of the MCA. All staff members had received training in this area and were knowledgeable about how to put it into practise. Staff told us they obtained people`s consent before they offered any support. One staff member said, "We always involve people in what we do. You can never say someone does not have capacity, it depends on what they need to make a choice about".

People and their relatives told us that staff offered choices and that staff sought people's consent to care. One person said, "They always talk with me before they help me. They are very good and we can talk together".

Staff supported people with their nutritional needs. People said that staff helped them with their meals. One person said, "They are very good". Another person said, "They give me what and how I like my food. Sometimes, if I want, they will leave me a sandwich".

Staff liaised with health and social care professionals involved in people's care if their health or support needs changed. For example, a staff member found that one person was not able to move easily from their

bed and the equipment they had was no longer appropriate. Staff called the GP and also contacted an occupational therapist (OT) which resulted in the person having new equipment that enabled them to move more easily and staff to support them safely.

Is the service caring?

Our findings

People who used the service gave us positive feedback about the manager and staff team. One person said, "I am very happy with the staff, they are brilliant. I can't fault them" A relative said, "They have been exceptional. [my relative] from not wanting any help now looks forward to them coming".

The manager spoke of how they have noted peoples birthdays so they can send them a card and bring them a cake. A relative commented on how happy their relative was and how touched they were when their relative received a card and birthday cake.

People said they were involved in planning their care and support and staff members were aware of their preferences when they supported them. One person said, "Yes they come with a lot of paper and we go through and agree. My relative comes too and helps." A relative said, "I think they go beyond and above in how they care. For example, my relative now has their meals sitting at the table all nicely laid".

People's dignity was respected and their privacy maintained and staff were respectful of people's home environment. Staff gave good examples of how they maintained people privacy. For example, a staff member said, "I always knock on the door and announce myself. I ask the person I support if I can help them with personal care and I make sure they are comfortable and as covered as possible".

One relative said, "My relative was embarrassed at the young age of the staff member who might be helping with personal care even though they were very good. So the manager changed to an older staff member and they were more relaxed". Another relative said, "They [staff members] really treat my relative as a person, they spend time talking with them and make them feel valued".

Confidentiality was promoted within the agency and staff spoke clearly of their responsibilities in maintaining confidentiality at all times.

Is the service responsive?

Our findings

People confirmed that they were involved in creating their care plan and their families took part when appropriate. One person said, "I am satisfied they are doing what we want – just what they should."

People said they felt involved in their care and support. The care plans seen were personal and gave sufficient detail for staff to support people in the way they wished. Attention was paid to people's preferences and any specific needs. For example, people whose religion meant they did not celebrate Christmas had a note stating this so staff could respect their wishes. One care plan read 'I like to have my bed lowered at night in case I fall and I like to sleep with two pillows'. The manager was further developing the personal profile for each person with details of what was important to people and other key facts that would enable staff to gain an overview of the whole person.

Staff spoke of how they encouraged people to maintain their independence. One staff member said, "Even if they can do a very little we encourage them to do it – maybe being able to wash their face, it's important for them"

People and their relatives confirmed they could contact the agency out of normal hours. The registered manager said they and the senior support staff member were on call and had access to all relevant information to enable them to respond and act on any calls they may receive.

The agency had received a number of compliments about the care shown to people they were supporting. A relative said how they were always kept in touch and shown great respect.

People were aware of how to make a complaint should they need to. People and their relatives said they would contact the manager and were sure they would listen and act on any concerns. We saw there had been one complaint which had been responded to and action taken.

Is the service well-led?

Our findings

People, their relatives and staff were positive about how Lead Care was run. It is a new service and had only been supporting people since November 2017. One person said, "It's is a well-run agency, the manager is really on the ball and the staff who are with her are copying and learning all her good ways". A relative said, "It really is well run, they have done so much. I am hugely grateful as you can be confident they will do all".

The provider/manager was knowledgeable about the people who used the service. Staff spoke of the manager as being supportive and someone who really listens. One staff member said, "[The manager] is very knowledgeable and very open. They are one of the best managers I have ever worked with".

There were quality assurance systems in place. Audits of care plans, spot checks and a review of complaints were seen to be in place. There were systems to review any accident or incident once reported and all of these will be used to inform and implement any changes if necessary. The manager had sent out questionnaires to people and their relatives and had received a good response rate. They were awaiting all the responses before completing an analysis and seeing what actions may be required. They will put the feedback on their website.

The manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager was committed to providing a safe service.

There were formal staff supervisions planned and diarised as well as the first staff meeting. The staff said how they were supported and had constant informal supervision with the manager as the agency is developing. We saw there were schedules for staff training in place.

The manager had just invested in software which will be used to monitor calls, staff rota and staff training. The manager said, "It has just arrived so we need to set it up and make sure it is running smoothly."

The managers and staff worked closely together and this was demonstrated by the manager requesting that the senior and care coordinator were present at the feedback following the office visit. The manager said, "We work as an open team who work and learn together for the good of the people we support".