Leda Homecare Limited

Leda Homecare

Inspection report

Carriage Court
Welbeck
Worksop
Nottinghamshire
S80 3LR

Tel: 01909512550
Website: www.ledahomecare.co.uk

Date of inspection visit:
28 July 2016

Date of publication:
15 September 2016

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection was carried out on 28 July 2016. Leda Homecare provides support and personal care in Nottinghamshire. On the day of the inspection there were approximately 100 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that medicines were not always managed safely as staff did not always have all the information they needed and did not always keep accurate records.

People were supported by staff who knew how to recognise and respond to abuse and systems were in place to minimise the risk of harm. Risks associated with people's care and support were effectively assessed and managed.

People had access to healthcare and people's health needs were monitored and responded to. People were supported to eat and drink enough.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. There were sufficient numbers of staff available to meet people's needs. Safe recruitment practices were followed and staff were provided with regular supervision and support.

Where a person lacked capacity to make certain decisions their rights under the Mental Capacity Act 2005 were not protected.

People who had capacity to make decisions were enabled to make choices about their support and were asked for their consent by staff providing care. People were encouraged to be as independent as possible.

Staff were kind and compassionate and treated people with respect. People's rights to privacy and dignity were promoted and upheld. People were supported to raise issues and staff knew how to deal with concerns if they were raised.

People and their families were involved in planning their care and support and staff knew people's individual preferences. People using the service and staff were involved in giving their views on how the service was run.

There were no formal governance systems in place to check the overall quality of the service. However, there

were informal processes in place to monitor day to day aspects of service delivery.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to consent. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed safely.

Risks in relation to people's care and support and the environment were managed effectively.

People felt safe and staff understood their responsibility to protect people from the risk of abuse.

People received their visits as planned and there were enough staff employed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights under the Mental Capacity Act (2005) were not always respected.

People were supported by staff who received training, supervision and support.

People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with respect.

People's rights to privacy and dignity were promoted.

People were enabled to have control over their lives and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning their care and support.

People were supported in a way that enabled them to maintain relationships and avoid social isolation.

People were supported to raise issues and staff knew how to deal with concerns if they were raised. People were invited to give feedback on the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were no formal governance systems in place to check the overall quality of the service.

The management team were approachable and accessible to people using the service and staff. People and staff were involved in giving their views on how the service was run.

There were informal processes in place to monitor day to day aspects of service delivery.

Leda Homecare

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 28 July 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During the inspection we spoke with six people who used the service and the relatives of four people. We also spoke with four members of care staff, a service coordinator, the registered manager and the director. We looked at the care records of six people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People could not always be assured that they would be given their medications as prescribed. Medication administration records (MAR) were in place for staff to record when people had been given assistance or prompted to take their medicines. However we found that these records had not always been fully or accurately completed to show that people had received their medicines as intended, for example in two people's medication records we saw frequent occasions where the administration of medicines had not been recorded. When people were prescribed medicines to be taken as and when they required them (PRN) there were no written protocols in place detailing what these medicines had been prescribed for or when they should be taken. This meant that staff did not have clear information about when to give people these medicines.

The registered manager did not carry out any formal checks or audits to ensure medicines were being managed safely and consequently they were not aware of the issues we identified with recording the administration of medication. We discussed this with the registered manager and director on the day of our visit and they told us that they would consider introducing a medication audit.

Despite this, people we spoke with told us they were given support and reminders to take their medication and there were no medication errors recorded. Staff had been trained in the safe handling and administration of medicines and had their competency assessed annually to make sure they were keeping up to date with good practice. Staff we spoke with felt competent in administering medications and said that they were encouraged to phone the office if they had any questions or uncertainties about medication.

People felt safe when being supported by the staff employed by Leda Homecare. All of the people we spoke with told us they felt safe. People described feeling secure in the company of the staff and told us that the caring and professional approach of staff led to their feelings of safety. People also told us about practical things that made them feel safe including the appropriate use equipment and security measures such as key safes.

There were systems and processes in place to minimise the risk of abuse. The registered manager told us in the PIR that "Workers receive training to recognise potential abuse and have a full understanding of reporting procedures." Staff we spoke with had a good knowledge of how to recognise different forms of abuse and told us they would report any concerns or allegations to the registered manager; they also told us that they would report to the local authority or CQC if necessary.

Staff were confident that any concerns they raised with the management team would be dealt with quickly and effectively. A member of staff said told us "yes they would definitely (act on safeguarding information) the managers listen to you." The registered manager had taken appropriate action in response to previous concerns and made referrals to the local safeguarding team as required. One member of staff described how they had noticed changes in someone's behaviour which had made them concerned for the person's welfare. They reported it to the registered manager and told us "It was dealt with straight away." We saw records that the staff member's concerns had been reported to the local authority safeguarding team.

Care plans contained information about how staff should support people to keep them safe. For example, where staff let themselves into someone's home there was information about how they should enter the home and also clear information about securing the property when leaving. The registered manager talked with us about the importance of ensuring that people who used the service were aware of their right to feel safe from harm. They told us that they were planning to develop a newsletter to share information about staying safe with people who used the service to try and empower people.

People told us that any risks to their health and safety were appropriately managed by staff. For example, one person told us they used a mobility aid, they said that staff always encouraged them to use it and made sure it was within their reach before they left the person's home to reduce the risk of them falling.
Risk assessments were in place for a number of areas such as falls, choking and pressure ulcer risk. These assessments detailed the level of risk and also contained information about control measures that had been put in place to reduce the likelihood of the risk occurring and to lessen the impact. For example one person was at risk of falls and we saw clear information in the persons plan instructing staff how to reduce this risk, such as ensuring that ensuring that important items were left within the person reach so that they did not fall trying to reach them.

Some people using the service communicated with their behaviour. Some of these people had 'positive behaviour plans' in place detailing how staff should respond to keep the person safe and to minimise any restrictions. The management team had also found alternative ways of sharing information with staff where it was felt that it would not be appropriate to have this information in the person's care plan. We saw records of group supervisions which had been used to ensure that the staff team supporting a particular person had an understanding of how to provide consistent support in this area.

People could be assured that equipment was used safely by staff who had received appropriate training. Records showed that staff competency to support people to move and transfer using equipment was observed and assessed annually by the training coordinator to ensure that staff were skilled and competent. Risks associated with the home environment had been assessed for each person to ensure their care and support could be provided safely. There was a contingency plan in place, to ensure continuity of care in emergency situations that might disrupt the service. This covered potential risks such as adverse weather conditions and staff sickness. This also covered service level risks such as systems failure and business viability.

There were enough staff employed to provide people with consistent care and support. The majority of the people we spoke with told us that staff were punctual and said that if staff were going to be late they called ahead to let them know. The staff we spoke with also felt that there were enough staff to meet people's needs, one member of staff told us "Yes there are enough staff, I don't feel rushed." Another member of staff told us "yes there's enough (staff), it's not too bad, we get decent time off." Staff told us if there were any shortages, for instance if a member of staff was unwell, they would ensure people had their visits by working additional hours, they also told us that the management team helped out by covering shifts where necessary.

A computerised system was used to schedule visits and to develop the weekly rota. This calculated how many hours of care needed to be provided and ensured that there were sufficient staff available to meet people's needs. Staff worked within small geographic teams so that they did
not have to travel long distances between care calls. This system also meant that people received support from a consistent group of staff. People we spoke with confirmed this telling us that they were normally supported by a group of regular staff.

There had been a two missed calls in the past 12 months, these had been fully investigated and apologies had been issued to the people involved. These missed call resulted from administrative errors and were not related to staffing levels.

People could be assured that safe recruitment practices were followed. The registered manager told us in the PIR that "Safe and robust recruitments procedures are in place to ensure appropriate selection of workers." During our visit we saw records demonstrating that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and appropriate references had been obtained prior to employment and were retained in staff files. Where people had gaps in their employment history this had been explored at interview and was clearly recorded.

Requires Improvement

Is the service effective?

Our findings

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's rights under the MCA were not protected as the principles of the MCA were not correctly applied. The registered manager was able to identify people who lacked the capacity to consent to their care and support. However, we did not see mental capacity assessments or best interest decisions recorded within people's care plans. For example, when someone was unable to consent to the content of their care plan there was no mental capacity assessment in place and no recorded best interest decision. We asked the registered manager about this and they told us that best interest decisions were normally made by someone else such as a relative. Staff we spoke with described making decisions on people's behalf and said that in most cases they acted on the wishes of the person's relatives. One member of staff spoke about a particular person saying "Yes I do make choices for [person], things like what they eat, when they eat, I try to give them a choice but it's hard because they don't understand." This demonstrated a lack of understanding of the legislation.

Furthermore we found specific examples of where decisions had been made on people's behalf without first assessing if the person had the capacity to make a decision for themselves. For example the registered manager described one person as having 'fluctuating capacity'. We saw that this person's capacity to make decisions had not been formally assessed and the person's care plan did not contain any clear details about if, or when, staff would need to make a decision in the person's best interests. The registered manager told us that there had been occasions in the past where they had made decisions in this person's best interests. For example staff had made a decision to contact a health professional in the person's 'best interests', they did not gain the person's consent and this did not respect their rights under the MCA.

Staff received basic information about the MCA in their induction to the service however staff had not had formal training in the MCA and the registered manager advised that this training was not routinely provided to staff at present. Although staff had an understanding of how to keep people safe they did not have a good understanding of the MCA and how to apply this within their role. The registered manager told us that they were planning to deliver MCA training to staff in the future, however these plans had not yet been implemented.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other than the lack of training relating to the MCA staff were provided with appropriate training required to provide effective support. Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely and felt they could request additional training if necessary.

People using the service felt that the staff team had the skills and knowledge to provide good support. One person told us they thought the care staff were "well trained."

The registered manager told us in the PIR that, "care staff are given effective ongoing training to ensure they have the appropriate skills and knowledge to meet their service user's needs." The provider employed a training coordinator who worked with the registered manager to deliver training to the staff team. We saw records which showed that staff had training in a number of areas including safeguarding, moving and handling, safe handling of medication and food hygiene. In addition to this some staff had completed training related to people's individual needs such as dementia care and stroke awareness. The provider had an in-house training facility comprising of equipment for moving and handling such as slings and hoists, this enabled them to provide 'hands on' training and conduct observations of staff competency. Staff we spoke with felt competent and were knowledgeable about systems and processes in the service and about aspects of safe care delivery. The management team had identified that staff required training in basic first aid, they had taken action to train the management team as trainers and they had plans to roll out the training to all staff.

The registered manager told us that all new staff completed the care certificate and we saw records to support this, they told us that they were also encouraging existing staff to complete the certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

New staff were provided with an induction period when starting work at Leda Homecare. The registered manager told us that new staff had a two week induction period which was a mix of training, observation and shadowing. Staff we spoke with told us that they felt competent to support people following their induction. One recently recruited member of staff told us, "The induction was very good, it put me at ease… the care plans were very helpful and I have had support from other carers too." One person using the service commented on the effectiveness of the shadowing period and told us they had watched the new staff member grow in confidence with the support of their colleagues.

People were supported by staff who had regular supervision and support. The registered manager told us staff had individual supervision between three and six times a year. Staff and the registered manager told us that supervisions were used for the discussion of work related issues, resolving issues and also to provide support around personal issues. The registered manager held group supervisions with small teams of staff. Records showed that these were focused around particular, sometimes difficult, issues. The registered manager also told us that all staff have an annual performance appraisal to assess their progress. Records showed that areas such as performance, training needs and development opportunities were covered in staff appraisals.

Where people clearly had capacity to make decisions they were supported to make choices and were involved decision making about their care. Staff we spoke with described consulting people about their care and support. We saw that where they had capacity to people had signed their care plans to indicate their consent to them and the people we spoke with told us that staff asked for their consent before providing any care and support.

People were provided with the support they required to ensure they had enough to eat and drink. People told us staff always checked how much they'd had to eat and drink. Staff we spoke with were clear about their role in supporting people to access adequate food and drink and had a good knowledge of people's support needs in this area. One member of staff described how they prepared food for one person who was no longer able to do this themselves, they also provided encouragement and guidance to the person whilst

eating. They told us it was unlikely that the person would eat without this support. Another member of staff described strategies which they used to ensure that one person had access to drinks, they told us, "I leave a couple of drinks in each room, that way I know if [person] forgets that they were having a drink in the living room they might see one when they go into the bedroom."

People's nutrition and hydration needs were monitored and action was taken if necessary. The registered manager and a member off staff we spoke with told us about a person supported by the service who had lost a significant amount of weight in a short period of time. The staff member had identified this and taken action which resulted in the person being admitted to hospital. The registered manager told us in the PIR that they were planning to further improve in this area by introducing an assessment tool to "identify risks of potential malnutrition and dehydration…to facilitate referral to a dietician or the nutritional support team."

People were supported with their healthcare needs. Staff we spoke with had a good knowledge of people's health related needs and this was detailed in people's care plans. People who used the service and their relatives told us they felt staff understood their healthcare needs and were quick to act when someone's health changed. One relative we spoke with told us the staff team always contacted them if they were concerned that their relation was unwell.

Staff we spoke with told us that they knew the people they supported well and described how they were able to identify changes in people's behaviour which may indicate that they were unwell. One member of staff told us they had contacted the emergency services when they were concerned about a person's health. We spoke with the registered manager about this who described the perseverance of the member of staff who had to make multiple phone calls to enable the person to access healthcare

Where people were at risk of developing pressure ulcers this had been identified and there was information in their care plans about preventative measures. Staff had a good knowledge of how to support people to maintain their skin integrity. We spoke to a recently recruited member of staff who was clearly able to describe what they did to help prevent one person they supported from developing pressure ulcers, they told us "[person] doesn't move around much so when I go I keep the [person] standing for as long as they are comfortable, they have a pressure cushion and an air mattress too." Records showed that people using the service had frequent input from the district nursing team.

Good

Is the service caring?

Our findings

People we spoke with were very positive about the staff team at Leda Homecare and the support they received. One person told us, "I cannot fault them. They are all very good. They even send me a Christmas and birthday card. They understand my needs and they give me a very personal service, I would definitely recommend them to other people." Another person said, "I would be lost without them. They always offer support and will do small extra jobs." Relatives we spoke with were also positive about the support provided by Leda and the approach of the staff team, one relative told us, "The carers are absolutely fabulous because they are so sensitive to [person]'s needs." Staff we spoke with all said they enjoyed working at Leda Homecare, they were proud of the service they delivered and felt like they made a difference to people's lives. One member of staff told us, "I love my job, being around people and getting to know them, I like helping."

People we spoke with felt that the staff were patient and gentle. One person told us, "They are very gentle and supportive in the way they treat me." Another person said, "I think that the carers are very good…they are very protective of me and they help me patiently with my hair." A relative we spoke with told us that the staff were "very kind" when supporting their relation. They told us staff encouraged the person and had a professional yet caring approach.

People using the service felt that they had developed good relationships with staff and were usually supported by consistent members of staff. One person told us, "I really look forward to them coming." A relative of someone using the service said, "The staff are bright, breezy and chatty with [person], who actually looks forward to them coming!" The registered manager told us in the PIR, "We aim for consistency of care workers which fosters meaningful relationships and workers often go that extra mile for people… workers understand the importance of building positive relationships with people, taking time to get to know them and understand what is important to them." Staff told us they were encouraged to get to know people, one recently recruited member of staff described how they had been introduced to the people they would be supporting by another member of staff who knew the people well. Staff also spoke about the importance of getting to know people who were new to the service, one member of staff told us "I spend time talking to people, as you get to know them you get to understand who they are."

We saw that staff had developed trusting relationships with the people they supported which had a positive impact on people's wellbeing. The registered manager told us that staff often went "over and above" what was expected of them to ensure people's welfare. For example the managers and staff had formed a 'relay team' on Christmas day to provide companionship and food to a person who was coming towards the end of their life and who had no one to spend the day with. People who used the service described staff as "going the extra mile" and as "exceptional." One person told us that their relation received regular phone calls from the coordinator at Leda Homecare when they were discharged from hospital to check on their welfare.

Where possible, people were involved in decisions about their support. People told us that they were consulted with by staff and felt in control of their support. One person told us, "The care assistants always

ask if there are any odd jobs that need doing to make our lives easier, they are very kind and considerate." Another person said, "Anything I want doing they'll do it within the time they are with me. I have a lovely rapport with them." The care plans we looked at confirmed that people and their relatives were involved in deciding what care they wanted and at what time. The staff we spoke with described offering people choices about food and drink, clothing and also told us they consulted with people about their preferences for support. Staff told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for. We saw one person's care plan which did not contain detailed information, we spoke with a member of staff about this who told us that the person directs their own care and informs staff at each visit what support they require.

The registered manager was aware of local advocacy services and told us that they would signpost people if needed. Advocates are trained professionals who support, enable and empower people to speak up. Nobody was using an advocate at the time of our inspection.

People were supported to be as independent as possible. People we spoke with told us that staff encouraged their independence. One person using the service told us, "They (staff) are helping me to make a full recovery so that I can get out and about again in the future." One person's relative told us that the staff get the right balance of giving support and encouraging "independence and autonomy." The registered manager told us that enabling people regain their independence was a core part of their service and they described a number of people who they had supported to regain full independence, they told us, "Some people have got to the point where they no longer need our service."

Staff we spoke with told us that people were encouraged to maintain their independence by carrying out tasks for themselves where they were able to. People's care plans contained information about what people were able to do for themselves and areas in which they needed prompting or assistance and staff had a good knowledge of peoples skills and abilities. One member of staff described a situation where they had noticed that a person was being given support that did not promote their independence, they discussed this with their manager who took swift action to ensure that all staff were aware of how to enable the person to contribute to their own care.

People's rights to privacy and dignity were respected. People we spoke with told us that staff respected their right to privacy. A relative of someone using the service told us that staff always respected the person's dignity when supporting them with personal care. Staff we spoke with were aware of how to respect and promote people's privacy and dignity. One member of staff told us "I make sure people's doors are closed, and always check what parts of their care they can do themselves." Another member of staff described the actions they took to ensure people's privacy including, covering people when supporting them with personal care and ensuring that people were given privacy when they had friends and family to visit their home. We also saw information in care plans which promoted people's privacy and dignity. Where people using the service had previously raised concerns about their privacy we saw records that the registered manager had discussed the issue with the staff team in group supervisions.

Staff respected people's right to confidentiality. We spoke with one member of staff who described the steps they took to ensure confidentiality. They told us, "We don't talk about people – it's need to know."

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning their own care and support. Everyone we spoke with told us that they, or their relative had been involved in developing their care plan, they were happy with the content and felt that staff knew them well. One person's relative told us, "My [relation]'s needs are always met."

People, and where appropriate, their relatives were involved in the assessment and planning of their support. The registered manager told us in the PIR that they had a "thorough assessment process which formed the basis of care plans before the service started or within the first few days of the service." During this assessment people discussed their care needs and specified the number and length of calls they needed. We saw records to show that where possible people were involved in pre-assessments and these were used to inform their care plans.

Each person had a care plan which contained information about their individual needs and preferences for care. Care plans also contained information about the person's level of independence and details of areas where support from staff was required. Staff told us care plans were easy to use and contained the information they needed. Staff we spoke with had a good knowledge of people's support needs and preferences. One member of staff told us, "They (care plans) are quick, easy and to the point, they have enough detail and I also ask people (how they want to be supported)."

Five of the six care plans we reviewed contained detailed information about people's needs. One plan contained very basic information, staff told us this person was able to verbally direct their own care and we spoke with the registered manager about this who had already identified that this care plan needed updated with further information. The majority of care plans we saw were up to date and had been regularly reviewed. We saw two plans that had not been recently reviewed and one contained out of date information which put people at risk of receiving inconsistent care and support. We discussed this with the registered manager who assured us that action would be taken to ensure care plans were reviewed and updated.

The registered manager told us in the PIR that "The service strives to be as flexible as possible, responding to service users wishes and preferences wherever we can." They told us that efforts were made to schedule each call at the time the person had requested whilst also giving staff a realistic timetable. An electronic system was in place to ensure that staff attendance and punctuality was monitored and action was taken if a member of staff was running late by contacting the member of staff and the person using the service. People and their relatives told us that the staff and managers were normally able to accommodate their requirements and were responsive to their requests for changes to their care and support. A relative of someone using the service told us that when they had requested changes to the person's care package this was listened to and acted upon.

People were supported by staff who understood their role in supporting people to maintain relationships and to reduce social isolation. The registered manager told us that staff were based in small geographic teams and supported people in the areas in which they lived. As well as ensuring that people were

supported by consistent staff this also meant that staff built connections with people using the service. The registered manager told us that this meant that staff "looked out" for people and offered informal support. For example the registered manager told us about one member of staff who regularly took someone using the service to visit a friend as the person had no other means of getting out.

People could be assured that complaints would be taken seriously and acted upon. People we spoke with told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. People described the management team as "accessible" and "responsive to complaints."

People we spoke with told us that when they had previously raised concerns and complaints these had been acted up on quickly and they were happy with the outcome. For example one person's relative told us that they had raised a concern that the number of different staff providing support was causing their relative distress. This was acted on quickly and the number of different carers was reduced. We saw records of complaints and action that had been taken by the management team.

Staff we spoke with knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to the manager. Staff told us they were confident that the management team would act upon complaints appropriately. Each person using the service was given a copy of the complaints procedure when they started using the service and we also saw that there was a copy of the complaints policy included in the daily journal that was kept in people's homes. People we spoke with knew where to find this information. The complaints procedure gave details of how people could make a complaint and how it would be dealt with and also signposted to external organisations.

People were encouraged to give feedback about the service in a number of ways. The office team at Leda Homecare had recently launched a social media page to encourage people to give feedback on the service. We saw that people were using the page to leave compliments about the care delivered by the staff team. The service also promoted websites where people could leave their feedback on the service for members of the public to view and we saw that the provider sent out leaflets to encourage people to do so.

Requires Improvement

Is the service well-led?

Our findings

There were no formal systems in place for auditing the overall quality of the service. The registered manager told us that they did not have a formal quality audit as "monitoring quality is an ongoing process and we act on things as they occur." This reactive approach to governance meant that issues that we identified during our inspection relating to the implementation of the Mental Capacity Act and medications management had not been identified. Had effective systems been in place issues could have been identified and acted on. We discussed this with the registered manager and director during our visit and they said that they would consider implementing a formal quality audit to improvement their approach to governance.

The quality of the service people received was monitored informally by the registered manager. For example, the daily journals that staff completed were checked for any issues when they were returned to the office. This identified where improvements were required either to the practice of individual staff or across the service as a whole. The management team also carried out periodic spot checks of staff practice.

People spoke positively about the staff and managers at Leda Homecare and felt they provided high quality, consistent care. One person told us "I have complete faith in them." A relative told us, "Leda Homecare were very good in responding quickly to get the right people at the right time to [name]. We are very happy with the quality of care that our relative receives." We also saw compliments and thank you cards received from people using the service, comments included, "You brought cheerfulness into [relation]'s home" and, "What a smashing group of people you employ."

People who used the service and their families were supported to have a say in how the service was run through an annual satisfaction survey. The registered manager told us that they had previously sent the survey out to people but had got a low response rate so they now conducted the survey over the phone. The survey gave people an opportunity to provide feedback about their experience of the service. The last satisfaction survey was carried out in May 2016 and the scores were very positive. One hundred percent of people said that they were completely or very satisfied with the overall service provided by Leda Homecare. People had also left many positive comments on the surveys such as, "Lovely carers, I am more than happy with them." Where issues had been raised for example, regarding staff punctuality, these had been responded to and acted upon.

Staff were given an opportunity to have a say on the service in regular staff meetings and group supervisions. Records of these meetings showed that these were used to discuss specific peoples care packages and to address issues and problem solve. The manager told us in the PIR, "Managers practice an open and transparent management style where both people who use the service and care workers can access senior staff." We observed a good rapport between staff and the management team on the day of our inspection.

Staff we spoke with told us they felt able to make suggestions about changes to the service to the management team. One member of staff told us, "I have done that (suggested changes)" they went on to explain how they had told they had spoken to their manager about potential improvements to the way one

person was supported, this was taken on board, discussed with the person and implemented. The registered manager told us, "Staff make suggestions all the time, they are our eyes and ears out there." Staff also told us they would feel comfortable in reporting any issues or concerns to the management team. One recently recruited member of staff told us, "Before I started I was worried about this but now I would feel happy to speak to managers about anything like this, I know that I have got to be responsible, it's people's lives."

There was a registered manager in post to manage the service. Although the registered manager had notified us of some events in the service, they had failed to notify CQC of safeguarding referrals which they had made to the local authority. A notification is information about important events which the provider is required to send us by law. We spoke with the registered manager about this and they assured us that they were now aware of their responsibilities to notify CQC of these incidents.

The management team had a clear vision for the service and were passionate about further developing the service. They held regular business planning meetings and had developed a business strategy to grow and improve the service whilst ensuring they retained their focus on local community based support. Actions recorded in the strategy were underway, such as the recruitment of senior carers to improve support for staff and strengthen the management structure of the service.

People felt that the service was well managed and had confidence in the management team. One relative we spoke with told us, "The management are easy to contact and very receptive to requests for changes." People told us that when they raised issues these had been satisfactorily addressed. Staff told us the management team were approachable and supportive. Staff said they were able to talk the managers directly if they wanted to discuss anything or raise any ideas for improvement. One member of staff told us, "They (managers) are always there to answer questions, they always following things through…I don't feel alone, I can always ring them and get advice if I need to." Another member of staff told us, "They (managers) are approachable, I can just pop in and chat with them."

Staff and managers had an understanding of their responsibilities under the Duty of Candour. The Duty of Candour is a legal duty on providers to inform and apologise to people if there have been mistakes in their care that have led to significant harm. We saw that they had applied the principles of the Duty of Candour to complaints. Records showed that people were provided with written apologies from staff and managers when they were dissatisfied with their care and support.

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 11 HSCA RA Regulations 2014 Need for consent People's rights under the Mental Capacity Act 2005 were not respected. Regulation 11 (1) (2) (3)