

Cared4 Leeds Ltd

Cared4Leeds

Inspection report

Morwick Hall
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Date of inspection visit:
05 October 2018

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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

The inspection took place on 5 October 2018 and was announced.

Cared4Leeds 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 younger adults and older people who may be living with dementia, have a learning disability, a mental health condition, physical disability or sensory impairment. There were 11 people receiving a service on the day we inspected.

Not everyone using Cared4Leeds receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager employed by the service. 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.

People were protected from the risk of harm. The provider followed robust recruitment processes. Staff had been trained in safeguarding adults and knew what to do if they suspected or observed abuse.

Risks to people had been identified and there was information about how to address these risks. Personal protective equipment such as gloves, pinafores and shoe covers was provided for staff in order to prevent the spread of infection. Medicines were managed safely.

Care plans were person centred and detailed and were reviewed regularly. Staff were aware of people's communication needs.

Staff provided nutrition for people where that was part of their care plan. Where necessary healthcare was accessed for people or people able to attend appointments.

Staff had been trained in subjects relevant to people's needs, and were supported through regular supervision. Staff were caring and compassionate. People and their relatives were involved in planning people's care.

There was an effective quality monitoring system in place. Audits had been completed and feedback sought. The provider had a complaints policy and procedure and people knew how to make a complaint.

The provider was compliant with data protection legislation.

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.

There were safeguarding policies and procedures for staff to follow. Staff received training in safeguarding adults and knew what action to take if they suspected or witnessed abuse.

Risks to people had been identified and actions taken to keep people as safe as possible.

Medicines were managed safely by staff.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's needs. Feedback from people who used the service and their relatives confirmed that they were skilled. A thorough assessment had been completed before people received a service.

The service worked within the principles of the Mental Capacity Act 2005 by seeking people's consent and where they were unable to give consent working with their legal representative.

Staff supported people to eat and drink where it was part of their care requirements.

Is the service caring?

Good ●

The service was caring.

Staff approached people in a caring and friendly manner.

Care was focused on the person and their diverse needs. Equality and diversity policies were in place and staff received training on equality and diversity.

The service was compliant with all data protection requirements. People's personal information was stored safely.

Is the service responsive?

The service was responsive.

Care plans were detailed and person centred. They contained information relevant to people's needs.

The service had policies and procedures in place to deal with complaints. People told us they had no need to complain.

People's social needs were recognised and met where appropriate.

Good ●

Is the service well-led?

The service was well led.

There was a registered manager employed at the service.

There was an effective quality monitoring system in place. The service sought feedback from people.

The culture of the service was friendly and open.

Good ●

Cared4Leeds

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 5 October and was announced. We gave the service 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 5 October 2018 and ended on the same day. It included speaking with people and their relatives in their own homes during the morning. In the afternoon we visited the office to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed all the information we held about the service including notifications they had sent to CQC. Statutory notifications are a legal requirement and give CQC information about important events that have taken place at the service. We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and what improvements they plan to make.

During the inspection, we visited people at home and spoke with three people who used the service, two relatives and two care workers. When we returned to the office we spoke with two directors, one of which was the registered manager.

We inspected records that were kept there with people's permission. We reviewed three people's care plans including risk assessments and medicine administration records (MARs). We looked at four staff recruitment files, supervision and training records. We also looked at records associated with the running of the service such as meeting minutes, policies and procedures.

Is the service safe?

Our findings

People told us they felt safe and their relatives confirmed this. Comments from people included, "I am safe" and, "I feel safe with the carers I have who are mostly the same team each time they come." One person said, "They have not missed any calls and they tell me if a different person is coming or if they are running a little late."

Relatives told us, "[Name of relative] is safe with these carers. They stay for the time allotted and have not missed any calls" and, "Safe? Absolutely!" Staff told us, "If I am going to be late I ring the office and they let people know or send someone else to do the call. The provider worked to prevent infections by providing protective equipment and, "They [the provider] make sure we have gloves, pinafores and shoe covers." We observed staff working in people's homes and using protective equipment.

Risks to people had been identified through the assessment and support planning process. Risk assessments had been completed for a range of areas such as mobility and medicines. The risk management plans meant that risks were minimised and actions were identified to help staff keep people safe.

Accidents and incidents were monitored and analysed and action was taken if concerns were identified. For example, one person who was administering their own medicines were noted, by staff to have taken too many tablets. The family were informed and an automatic medicine dispensing system introduced so that the person could only take the prescribed dose. The persons relative told us, "The carers can check the device as there is a key for access. I set it up but they [care workers] would let me know if there were any problems." Where there were incidents lessons were learned.

Safeguarding procedures were in place and staff were knowledgeable and understood what action they should take if abuse was suspected. Staff had completed safeguarding training and could describe the different types of abuse people may experience. One care worker told us, "I would 100 per cent report any issues." They told us they would raise any concerns with the managers. Care workers told us that they were aware of the whistleblowing policy and understood what it meant through their training. They felt confident that the registered manager would take any concerns seriously and act on them appropriately whilst maintaining confidentiality.

Checks were carried out of the environment where care and support was provided and an environmental risk assessment completed. This identified any areas of concern and what actions were taken. There were checks of equipment where used to ensure staff and people were safe.

There were safe systems in place for the management of medicines in people's homes. Medicine administration records were completed accurately. Medicines were stored in people's homes and a medicine information list had been developed for staff to refer to. This showed a picture of the medicine and gave relevant details to assist staff in identifying the medicine and knowing when to administer. Medicines care plans were completed and they identified where guidance should be followed in relation to named medicines. For example on person's care plan identified a person should sit upright for 30 minutes

after taking a particular medicine. This ensured staff were aware of any special instructions to increase the effectiveness of people's medicines. Audits were completed regularly when staff were responsible for administering medicines. These were effective in identifying and addressing any issues.

Staff were recruited safely. Checks were thorough and background checks had been completed prior to people starting work to ensure the safety of people. Staff had two references and a check by the Disclosure and Barring service (DBS). This organisation carries out background checks including criminal record and barred list checks which assists employers in making safe recruitment decisions and helps prevent unsuitable people being employed in people's homes.

There were sufficient staff on duty as each person's requirements were determined prior to the service providing care. Each person had a contract which stated how many staff would attend and this was agreed with the person or their representative. Staff told us that if someone was unable to attend they would always stay and make sure the person was provided with the agreed level of care. We observed that staff carried out their duties in a calm, unhurried manner and had time to provide emotional support.

Is the service effective?

Our findings

People and their relatives told us staff met people's needs because they were knowledgeable and knew what they were doing. One person who used the service told us, "Staff know what they are doing." A relative commented, "[Name of person] and I feel supported by Cared4Leeds staff. I feel they know what they are doing."

People's needs had been thoroughly assessed before any service was started. This was done in discussion with the person and their family ensuring people had a say in what care was provided.

Staff felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in subjects such as first aid, Mental Capacity Act 2005 (MCA), safeguarding adults, medicine administration. Staff completed training for other key topics related to the needs of people who used the service, such as dementia care. Staff received support to understand their roles and responsibilities through supervision and their skill was checked by competency checks. One care worker told us, "We have supervision and can ask for more whenever we need it."

The (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. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLs) and are authorised by the Court of Protection. No DoLs applications had been made for people at this service but the registered manager had knowledge of this and understood what constituted a restriction.

Staff followed the principles of the MCA by seeking consent and consulting with others but had not always recorded this. We discussed this with the management team and where this process had not been carried out this was rectified immediately. Staff sought people's consent before carrying out any care or support and people had also given consent for access as staff sometimes held a key code to access the property.

People were supported to eat and drink if necessary. One person was living with dementia and their relative felt it was very important to maintain the same healthy diet their relative had enjoyed throughout their life. Staff went shopping for fresh produce and cooked for the person because that is what they preferred. Staff described to us how they fortified this person's diet as they had recently started to lose weight. Their relative told us, "[Name of relative] had lost a bit of weight and I wanted her to have full fat everything. It was instantly put into place."

People told us care workers supported them to access healthcare services. People were assisted to make sure they attended their appointments as part of their planned care. When we visited one person they told

the registered manager they had received a letter about an appointment. The registered manager arranged for one of the team that supported that person to go through the letter with them to ensure they had a good understanding of what was happening. The care workers accompanied people to appointments where necessary.

Is the service caring?

Our findings

The feedback from people and their relatives was positive. One person told us, "I am very happy with these carers. They are friendly" and another said, "They care." One relative told us, "I don't have one issue with anything. They are friendly and responsive." A second relative said, "This is a perfect service."

Staff approach was caring and compassionate. One care worker told us, "It's good. I get to know them [people who used the service], they get to know me and I know their families. Clients are more like friends. I do love working here." A second care worker said, "We all care. If someone was ill I would stay with them until someone came." Staff displayed warmth when interacting with people. We observed positive interactions between care workers and people. One relative said, "We are fond of the named carer. She communicates well with [person who used the service]."

Staff spoke about the importance of maintaining people's independence. One care worker said, "[The person who used the service] helps me to prepare food and we shop for things they like." A person who used the service told us, "They are caring and let me do what I can."

We found the care planning process centred on individuals and their views and preferences. One person told us where all their information was kept in their home and told us what care they received. A relative said, "We [the relative and the provider] had a discussion at the beginning and discussed [name of relative's] needs. People and relatives told us that they were involved in decisions about people's care. One person told us they shared the care of their relative and spoke with care workers every day."

Staff treated people with dignity and respect. They spoke with people in a respectful manner and people told us their privacy was respected. One person said, "They [staff] are thoughtful. They cover me up as much as they can when I am having a shower."

Equality and diversity policies were in place which staff read through during their induction. They received training about equality and diversity to assist them in their everyday practice. Records showed that some people were supported in different ways to meet their needs.

The provider had data protection policies and procedures to ensure staff were compliant with data protection laws. Personal information was securely locked away in cabinets and the office premises was locked when unattended. People's care records were kept in their own homes. Where records were kept at the main office these were also locked in cabinets within a locked room. This ensured that people's personal data was stored securely.

Is the service responsive?

Our findings

People and relatives told us the staff were responsive to their needs and delivered care and support in the way they preferred it. One relative told us they felt the care was person-centred, saying, "It is important who they send and they always send the same small team." The person who used the service said, "I like the same people if possible."

Staff knew how to best to support people, especially those with communication difficulties. They adapted their communication and practices accordingly using different means of communicating where necessary. For example, one person had an orientation clock which had the date, day and time displayed. They also had an automated voice recording which reminded them to go back to bed if they got up at night. This had been introduced by the family and staff made sure it was set before they left. This person also had a problem losing keys and so they had a tracker to identify the whereabouts of the keys.

Care plans contained detailed information about different aspects of people's care to guide staff, such as; mobility, nutrition, medicines and personal cares. People's personal preferences and the level of support needed was detailed. Care plans were reviewed regularly and changes noted.

People were supported to continue their social activities. One person living with dementia had just returned from yoga. The care worker had supported them to attend and then left them whilst they did their shopping. Their care plan outlined all the activities they enjoyed and these formed part of their daily routine. To assist another person to retain memories one of the staff told us they used photographs and devised a memory game to stimulate the person. This showed us that staff worked above and beyond what was required of them at times to ensure people were supported in their social and spiritual needs. Management supported this practice and encouraged staff to be as caring and supportive as they could be for people.

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People and their relatives told us they would be confident speaking with the management or staff about any issues or concerns. Most people told us they had not needed to raise any complaints. One person said, "Yes, they are very good at responding. This person told us they had raised one concern and were satisfied with the way in which it was dealt with. Records showed the provider dealt with complaints in line with their own policy.

Is the service well-led?

Our findings

Cared4Leeds was registered with CQC one year ago and this is the first rating inspection we have carried out. There are two directors who are involved in the running of the company, one of whom is the registered manager. They have experience in similar roles and settings. The second director has a business administration background in an adult social care setting and they take responsibility for administration within the company.

Staff described the culture of the service as friendly and like a family. People knew the registered manager and felt confident they managed the service well. Feedback from people included; "It's an excellent service. We moved when [name of registered manager] moved (from their previous role) and, "I think they are brilliant." Staff told us the registered manager was approachable and that they had confidence in them.

We viewed satisfaction surveys that showed people had praised staff. All the responses were rated at good or very good. Staff surveys had comments such as, "Flexible hours, great management team" and, "I feel safe and could call someone at any time." A third staff and said, "I love everything about my job." People told us they were regularly asked for feedback about the service and the registered manager came out to check that everything was going well.

The registered manager took responsibility for the services delivered to people. Many of the people we spoke with told us that the registered manager had visited them to check they were ok and ask for their views about the service. This showed us that the provider was actively seeking people's views to improve the quality of the services delivered.

Staff told us they attended staff meetings and could visit or telephone the registered manager at any time. They found these beneficial and staff felt they had a voice. All the staff we spoke with felt supported and valued by the management team. One member of staff advised, "I had a recent family matter to deal with and they [management team] have been so supportive. They allowed me time off as I needed it and are supportive now I have returned to work."

Care plans supported people's community links. For example, the service had developed links and worked in partnership with the neighbourhood elderly team in Garforth to support those people who lived in the area. The provider had signed all staff up to become 'Dementia friends'.

The registered manager told us they never took on anything they could not cope with and that they had never advertised as all their work came through recommendation. One relative told us, "I recommended the service to a friend and to a psychiatric consultant as it is so good."

The registered manager had a quality monitoring system in place and had plans to further develop this area to strengthen the quality of the service. They had completed audits but wanted to develop that to use their findings to make improvements to the service.