

Lead Care Services Limited

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Inspection report

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Date of inspection visit:
09 April 2018

Date of publication:
23 April 2018

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 09 April 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Lead Care Services Limited is registered to provide a service for people living with dementia, older people, people living with a learning disability, people living with a physical or sensory disability and younger adults.

Not everyone using Lead Care Services limited 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. At the time of this inspection Lead Care Services Limited supported four people with personal care.

This is the first inspection of this service since the provider registered with CQC on 27 April 2017.

The provider was also the registered manager for 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 felt safe receiving care and support from Lead Care Services Limited. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. People's needs were met by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. The service provided minimal support with people's medicines at the time of this inspection.

Staff received one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to health professionals as needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able.

The registered manager had arrangements to receive feedback from people who used the service and their relatives about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

The registered manager had developed an open and respectful culture in the service and people, their relatives and the staff team were comfortable to speak with the registered manager if they had a concern.

Arrangements were in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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:

People's safety was promoted by a staff team who were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified and controls were in place to help mitigate identified risks.

There were enough staff deployed to meet people's needs and promote their safety.

Safe and effective recruitment practices were followed to help make sure that staff were of good character and suitable for the roles they performed.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills necessary to meet people's individual needs and promote their health and wellbeing.

The service worked in line with the principles of the Mental Capacity Act 2005.

People were provided with prompting where needed to have a healthy diet and fluid intake

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff team were kind and caring.

People were encouraged to make choices about how they lived their lives and staff focussed on promoting people's

independence and wellbeing.

The service had a strong and person centred culture that was reflected in discussions with the management, staff, people who used the service and their family members.

Staff told us that working with the same people consistently helped them to build up relationships and get to know people as individuals.

Is the service responsive?

Good ●

The service was responsive.

Staff provided individualised care for people.

People's individual care needs and preferences had been assessed and were met whilst staff encouraged and promoted independence.

People could be confident that any complaints or concerns would be taken seriously and dealt with appropriately to promote improvement.

Is the service well-led?

Good ●

The service was well-led.

People told us they would recommend Lead Care Service Limited to their friends.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

The registered manager actively kept themselves up to date with changes in the care sector and changes in legislation to ensure their continued good practice.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs.

Lead Care Services Limited

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 09 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office to support us with the inspection.

The inspection was undertaken by one inspector. Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 07 March 2018. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 09 April 2018 and ended on 11 April 2018. We visited the office location on 09 April 2018 to meet the registered manager and to review care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office location we spoke with one person who used the service and relatives of three people who used the service by telephone to obtain their feedback on how people were supported to live their lives. We also spoke with two staff members to confirm the training and support they received.

Is the service safe?

Our findings

People told us that they felt safe receiving care and support from Lead Care Services Limited. A relative of a person who used the service told us, "I feel my [relative] is definitely safe using the service, they are very good at communicating with us. For example, during a recent period of bad weather they were really good at communicating with us about when they could or couldn't visit which was very reassuring." Another person's relative told us, "I feel my [relative] is absolutely safe using Lead Care Services Limited. This is because the staff are always on time, they are polite, they treat [person] with respect and what [person] says goes."

Staff told us they had undertaken specific online training about protecting people from abuse, and the staff training records we reviewed confirmed that five of the eight staff members employed to work with the agency had undertaken this training at the time of this inspection. The registered manager reported that the subject was discussed in detail with staff members during their induction and as part of the care certificate. Staff had signed to indicate that they had read and understood the policy and procedure for safeguarding matters and were able to demonstrate an understanding of what constituted abuse. Staff told us that they would report any concerns to the registered manager however, did not have awareness of the local authority's responsibility as lead agency for safeguarding matters. We discussed this with the registered manager who undertook to refresh staff understanding in this area and to source additional training for the team.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. The registered manager told us they encouraged staff to undertake a visual assessment whenever they entered a person's home. For example, to check if anything had changed in the environment, to check if there were any obstacles that could place the staff member or person at risk and to confirm that the person appeared well.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. The registered manager told us that learning from any incident or event was shared throughout the staff team immediately via handovers, telephone calls, meetings and supervision sessions.

People who used the service told us that there were enough staff to meet their needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. The registered manager reported that if staff were running late for any reason they contacted people to advise them of this and if needed, arranged for an additional staff member to attend. For example, on the day of this inspection a staff member had contacted emergency medical services for a person who used the service and was therefore delayed.

The registered manager reported that during a recent period of bad weather staff had managed to reach all

people with one exception. The registered manager had kept in contact with the person and their relatives who had been completely understanding of the situation.

The registered manager told us that there were sufficient staff members employed to meet people's needs taking into account staff annual leave and sickness. They said they were not currently looking to take on any new care packages and did not intend to until they had recruited appropriate staff members. This showed that the registered manager was committed to a values based recruitment procedure that helped to ensure they recruited the right people.

The registered manager reported that there had not been any missed care calls since the agency started. They gave us a couple of examples where staff had been allocated care calls but had been taken ill or their car had broken down. In this instance the staff had contacted the registered manager who then covered the calls herself. Travel time was not factored into the rota for staff members at this time. We discussed with the registered manager that this did not have a negative impact whilst the agency was still small however, needed to be addressed as the agency grew to help ensure that people did not have to wait for staff who had been delayed.

Staff members contacted the registered manager by text or telephone call to advise when they had finished a care call. This was to promote the safety of the person and the staff member. The registered manager told us that they were in the process of exploring computerised call monitoring systems in order to help monitor if staff were being delayed so that the rotas could be amended if needed. They also said it would give them peace of mind as the system would also help promote the safety of the staff team.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff and found that all the required documentation was in place including two written references, proof of identity and criminal record checks. Written application forms were completed however, we noted that gaps in people's employment history had not always been explained. We discussed this with the registered manager and that it was good practice to contact referees to confirm the validity of the response received. The registered manager undertook to record these actions going forward as a matter of good practice.

Some people who used the service were prompted by staff to take their medicines independently, some required greater level of support and had their medicines administered by staff. The registered manager was clear about the difference between prompting and administering. The staff team had undertaken varying levels of on line training in relation to medicines management, and the registered manager and a senior staff member assessed the team's competency to administer people's medicines. We discussed with the registered manager that face to face training in this important area would be more effective, they undertook to explore this avenue with immediate effect.

The registered manager had arrangements in place to manage and monitor infection control practices. Gloves and aprons were available in people's homes for staff to use as needed. Staff received on line training about infection control, one staff member had recently attended face to face training in this area. However, some feedback received as part of this inspection from people who used the service and staff indicated that staff did not always use the plastic aprons provided when delivering personal care. The registered manager assessed staff competencies in this area during shadow shifts and on-going daily practice and undertook to refresh staff knowledge and understanding in this area as a result of this feedback.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided by staff of Lead Care Services Limited was appropriate to meet people's needs. One relative said, "The staff know what they are doing and they do it well."

Staff told us that when they first started working at the service they completed an induction. They also told us that they shadowed experienced staff until they felt confident in their role. The registered manager told us that new staff shadowed for a minimum of three shifts before working alone. The registered manager said this was not limited to three shifts however, they gave an example where a newly recruited staff member had lacked confidence so had shadowed for a longer period of time until they were confident and competent in their role. This also meant that new staff were gradually introduced to people who used the service and understood their individual needs prior to working alone.

Staff received training to support them to be able to support people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. The training to date had been primarily delivered via e-learning and included basic core areas such as health and safety, fire safety, moving and handling, safeguarding and food safety. At the time of this inspection the people who used the service did not require support to transfer by means of a mechanical hoist. The registered manager told us that they would ensure that face to face training was provided for the team should a person require this support. The registered manager told us they were exploring the possibility of undertaking a 'train the trainer' qualification to enable them to provide training for staff members as needed in the future in a dedicated training room.

The registered manager told us that there was a programme of staff supervision in place. They said this needed to be formalised but they aimed to provide 1:1 supervision for each staff member at least quarterly with an additional annual appraisal. The agency was still very small and there was frequent contact with staff members on a daily basis. The day following this inspection the registered manager sent us an overview of supervisions completed and planned for the year ahead. All staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests. However, at the time of this inspection the people who used the service had the capacity to make decisions about their care and support. The registered manager told us that some people wanted their relatives to

support them in this area and this was discussed during the initial assessment of needs. However, if the registered manager was in any doubt that the decisions made did not appear to be in people's best interests they told us they would contact health and social care professionals for additional support in this area.

People told us that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about how to obtain consent from people with limited or restricted communication skills. It was clear from talking with people that they had been involved with making decisions about their care and support and, where appropriate, their family members as well.

People were provided with prompting where needed to have a healthy diet and fluid intake. The registered manager said staff heated meals for people and always prompted them to maintain a healthy fluid intake.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed.

The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse as appropriate. For example, on the day of this inspection a staff member had contacted the registered manager because a person had felt unwell and experienced difficulty breathing. An emergency care practitioner attended the person and they had been able to remain at home with reassurance. The staff scheduled to visit the person later in the day had received handover information so that they were aware.

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A relative told us, "They do provide people with good care. Staff went out of their way to do things outside their role to support [relative] whilst we were away." The person's relative told us that they had found this very reassuring. They went on to tell us, "They gave [relative] an Easter Egg; it is a small thing but a very nice touch. My [relative] was delighted. They [staff] care and are just not going through the motions."

The registered manager told us that due to a robust assessment process they had ensured that staff had the time to care. They said that people were not rushed and were made to feel that they were important and valued.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. People were asked their preferences in terms of the gender of the staff that provided their personal care and this was respected.

People told us that they received their care and support from a consistent team of staff which enabled them to build up positive relationships. A relative of a person who used the service told us, "[Relative] has one key care worker assigned to them and there are just one or two additional care workers to cover for absences. This means [relative] has been able to develop a relationship with the staff who provide their care which has been important for them." Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service.

People were treated with dignity and respect. Without exception people told us that staff respected their privacy. One relative said, "They respect [person's] dignity, they cover [person] up if I am there when they are washing them."

People's care records were safely stored in locked cabinets within a lockable office at the service in order to promote people's dignity and confidentiality.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. Care plans had been developed using information from hospital discharge teams and the registered manager's own assessment of needs. The registered manager said the care plan was then developed with the person to try and ensure it was as personalised as it could possibly be. The care plans included information to guide staff in terms of people's individual needs and wishes. For example, one care plan we viewed instructed staff to remind a person what the date was as they sometimes became a little disorientated. The care plan went on to state the support the person needed in terms of personal care, prompting to take their medicines and what foods they liked to eat. People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

The registered manager told us that staff communicated with them about people's needs and should any person's care needs change staff escalated this to the office. The registered manager would then visit the person to undertake a care call themselves and assess the situation and what was needed to ensure the person's needs continued to be met. They said they would then discuss this with the person and their relatives where appropriate to achieve a positive outcome for all parties. A relative told us, "They keep in contact regularly to check that all is working OK for my [relative] and for us too." A person who used the service told us, "The [registered]manager comes to see us to check if everything is OK."

People's care plans detailed the level of care and support people required and clearly reflected what actions staff were to undertake at each visit. The registered manager told us that all staff were completely conversant with people's needs before they started to provide people's care and support due to undertaking shadow shifts initially and people who used the service had the capacity to communicate their needs.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

The registered manager reported that, although Lead Care Services Limited was registered to provide personal care for people, they would also provide social engagement for people as requested. They gave an example where a person had asked staff to go out for a walk with them to help regain their confidence. The registered manager said, "A lot of people just want to chat with staff, they enjoy the company."

People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call. A relative told us that a person had a health appointment coming up and that they had informed the agency who were arranging to fit the person's care calls around their appointment time.

The provider had policies and procedures in place to ensure that concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. However, they told us

that there had not been any formal complaints raised since the service had started. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. A person who used the service told us, "I would speak with the registered manager but I have never had anything to complain about."

Is the service well-led?

Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "I have met the registered manager twice, she seems to be very organised and has a very positive way with her. It means I have confidence in her both as a caring person and as a business person."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships.

Staff told us that the registered manager was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. However, staff meetings were not routinely held as the service was still very small and there were logistical barriers in getting the team together. The registered manager said the intention was to hold meetings every two months over two different days to enable all the team to be able to attend.

People told us they would recommend the service to their friends. We saw a compliment received from a relative of a person who used the service. They had written, "We can't thank you enough for looking after [relative] so well. I would be more than happy to recommend Lead Care Services Limited. It has really been a pleasure from start to finish." A relative told us, "I would definitely recommend Lead Care Services limited for anyone looking for care in their own home. I like the fact that it is a small independent company as opposed to a large national concern. The service they provide is much more personal."

Staff members told us that they were proud to work for Lead Care Services Limited. One staff member said, "I am enjoying working for Lead Care Services Limited, the ethos of the organisation is care first."

The registered manager reported that they felt communication was key to providing a safe and effective service. They told us there were various means by which the team communicated including through handovers and meetings. A social media messaging application was used to good effect. For example, the registered manager had been in a meeting recently and noted a staff member had asked for a staff member to volunteer to pick up a care call for them. Within minutes another staff member had responded that they would do this call. This gave the registered manager confidence that people's care was not interrupted if staff had personal matters that meant they could not attend the care call. Staff were conscious of the need for confidentiality when using social media in this way and did not refer to individuals by name or include personal information.

The registered manager was passionate about providing good care for people. They told us, "I don't accept 15 minute calls and I have turned many away. I don't think you can deliver good care in 15 minutes."

The registered manager kept themselves up to date with changes in the care sector and changes in

legislation by being a member of care provider associations and communications from CQC. The registered manager was currently working towards a leadership and management qualification in health and social care. The registered manager told us that they worked alongside the staff team regularly which gave them a good insight to any issues the staff encountered and enabled them to quality assess the service they provided for people.

The registered manager had support from a business partner who conducted their supervision and was able to provide them with effective challenge in relation to the management of the service. Additional support for the registered manager was provided by a senior support worker who knew all the people who used the service and the staff team and could continue to run the service in the absence of the registered manager.

At the time of this inspection any concerns out of hours would be directed to the registered manager. They told us that there had not been any concerns so far but that there were plans to formalise an out of hours system between them and a senior support worker so that staff and people who used the service could be confident of accessing a member of the management team as needed.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were in care calls, checks on care records to confirm they were accurately completed and reflected the care that people needed and had been provided with and routine checks with people who used the service to confirm their continued satisfaction. We discussed with the registered manager that it would be beneficial to maintain an overarching action plan to capture areas of the service identified for improvement. Such as issues raised through inspection, complaints from people who used the service, learning from incidents or issues identified during the registered manager's routine audits of the service.

The registered manager showed us quality assurance survey responses they had received from people who used the service and relatives. The responses were all positive and one comment we noted stated, "I am hugely appreciative of the help provided to me by Lead Care Services Limited. My recovery from injury and illness would not have been so speedy without their continued care over the weeks since my hospitalisation."

The registered 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.