

XL Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

XL Care Services Limited is a domiciliary care service, supporting adults in the community who require assistance with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 6 people using the service.

People's experience of using this service and what we found

The service was well managed. The registered manager was responsive to feedback about the service and took immediate action to address reporting concerns we raised. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly. The registered manager responded well to how feedback and lessons learnt could be used more routinely to improve the service.

People told us they had an initial assessment; however, this had not always been recorded formally. Information gathered was used to develop risk assessments and care plans. People described ways they had been involved in the development of care plans.

People, their relatives and friends told us the care they received was safe. There were enough staff available to meet people's needs. People told us staff always attended their scheduled visits and would let them know if they were going to be delayed. The provider ensured safe recruitment of staff. People were supported to take their medicines safely and this was consistently well recorded. People told us staff took appropriate infection protection control measures. We have made a recommendation that staff training about safeguarding is reviewed and practice updated accordingly.

New staff received an induction programme and all staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. Staff were supported with training and supervision to ensure safe care. Staff felt well supported by the registered manager.

People consistently told us staff obtained their consent and views about the service they received. One person told us, "I'm never rushed and I can make my own decisions about what I want doing and how." Staff demonstrated they knew people well and understood the way people wanted to be cared for.

People told us staff were kind, caring and consistently gave them choices. People's privacy, dignity and independence were promoted. Staff understood how to provide personalised care and ensure people's nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 23 September 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and the date 'regulated activity' started.

Recommendations

We have made a recommendation the provider review staff training about safeguarding and update practice accordingly.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement 

XL Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector visited the service and an Expert by Experience made telephone calls to people, their relatives or friends off site, to gain their views about the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 24 January 2023 and ended on 10 February 2023. We visited the location's office on 24 January 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, Healthwatch and a local advocacy organisation. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 4 relatives and or friends about their experience of the care provided. We spoke with 3 staff, this included the registered manager, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records. We looked at 2 staff records in relation to recruitment. A variety of records relating to the management of the service, including audits and policies and procedures, were reviewed.

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked additional information offsite the provider sent us including; training data, rotas and quality assurance records. The provider also gave us access to their electronic record keeping system so we were able to review care records, risk assessments and other documents and records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Some staff knew what to do if they thought someone was at risk. However, some staff did not know about how to contact the local authority safeguarding team if they had concerns.

We recommend the provider review staff training about safeguarding and update practice accordingly.

- The registered manager was open and transparent about incidents and accidents at the service, these were investigated. The registered manager took immediate action, when we were on site, to notify the local authority safeguarding team and CQC about a recent accident they described during inspection.

- People, their relatives and friends told us they felt the care provided was done so safely. One person told us, "I do feel safe because they've always been a good team, my carers. I know what to look for [because of reasons given]. If I didn't feel safe, I'd tell them and get them to do things properly."

Using medicines safely

- Protocols for administering as needed medicines were not always in place and medication administration record (MAR) charts did not contain body maps for topical medication. No one came to harm, however, this meant staff were not always given clear direction where creams should be applied. The registered manager took immediate action to address this.

- People were supported safely to manage their prescribed medicines. We saw the correct MAR were used to ensure an accurate record was being kept. A regular audit of MAR was in place to ensure the support in this area was safe and consistent.

- Records showed staff had completed training in the safe management of medicines and had their competency checked.

Assessing risk, safety monitoring and management

- The risks to people's safety were assessed. Changes were made to care and support when required. The registered manager told us care plans and risk assessments were reviewed on an annual basis. However, they had a plan to review the frequency of the reviews.

- We saw care records and risk assessments recorded the risks to people's safety and provided staff with guidance on how to reduce risk to people's health and safety. We saw individualised risk assessments in a number of areas such as medicine management, mobility and personal care.

- Care records we reviewed showed staff were attentive to keeping people safe. The registered manager highlighted an example, where one person's equipment was suspected to be faulty. Care staff checked this with health care professionals and put in place a contingency plan with the person's consent.

Staffing and recruitment

- There were enough staff working within the service to meet people's needs.
- Staff were recruited in a safe manner, and the appropriate checks were carried out, such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Effective systems were in place to organise and monitor calls, making sure visits had been completed. People, their relatives and friends, we spoke with confirmed staff were on time, and consistent. One relative told us, "There's always a carer available. For example, the carer can't go on holiday until somebody has been arranged to cover. [registered manager] tries to arrange for a familiar face."

Preventing and controlling infection

- People, their relatives and friends told us they were happy with infection protection control measures used by staff.
- People, their relatives and friends told us staff wore, personal protective equipment (PPE) appropriately.
- Staff were able to tell us about measures in place to reduce the risk of the spread of infection and COVID-19.

Learning lessons when things go wrong

- We saw evidence accidents, incidents and concerns were being reported and recorded, with action taken to address these. However, we did not see routine analysis to identify any patterns or trends to reduce any potential future risks and help improve the service. The registered manager took immediate action to address this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the importance of seeking consent before providing care or support. However, some staff did not fully understand the requirements of the MCA. The registered manager had a plan to address this.
- The service was not supporting anyone who was deprived of their liberty.
- The registered manager understood the requirements under the MCA and the need for people to be given choice within the decision-making process unless they lacked capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us initial assessments had taken place and they were involved in the development of their care plans. However, initial assessments had not been recorded.
- People gave us examples how they were always involved in making choices about all aspects of their care. One person told us, "[Staff] just say 'Is it all right if I do this?' for example."
- The provider considered people's protected characteristics under the Equality Act (2010) to make sure if the person had any specific needs, these were met. For example, one person's support had been arranged to enable them to attend their church.

Staff support: induction, training, skills and experience

- All staff completed induction training at the start of their employment. Ongoing training was also provided so that staff updated their skills and knowledge. Staff new to care had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of

specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- People said staff were trained and knew how to meet their needs. One person told us, "They are well trained for my needs, yes. They know to stay while I eat, because of the risk of [condition]."
- Staff received support and checks from the registered manager so they could discuss their learning and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Care records we reviewed showed people's nutrition and hydration needs had been assessed and the support the person needed with their meals recorded. This meant staff had the guidance they needed to meet the persons dietary needs.
- People, their relatives and friends told us staff gave them choice about what to eat and drink. One person told us, "[Staff] ask me what I want for my meals and I tell them. I know what's in the fridge, so I just decide from that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People receiving care had a range of professionals involved and staff liaised with them and followed the advice they provided, so people had the best health outcomes possible. One person told us, "The doctor came out last week. I think [registered manager] rang them – the carer had reported back to [registered manager]; they report every evening. I knew they had, and [registered manager] knows to tell me before they ring the doctor or anyone for me."
- We observed the registered manager speaking with a person's GP to ensure they received the best health care outcomes.
- We saw evidence to show the provider sought specialist support and advice to meet people's wider health needs.
- The registered manager gave us an example how a person's wish to have long walks was balanced with their health needs by care staff bringing the person's wheelchair in case they needed it.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were respectful and caring and they were getting to know them.
- Staff understood how to treat people well and with respect. One person told us, "I think ahead of the carers – mainly, what they could be doing to save time – and they listen to me, and do what I suggest." Another person told us, "My [condition] is not good so sometimes I can't do things. The carers let me do things if I can; I ask them to help if I can't."
- Care records we reviewed were written in a respectful and person-centred way.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in decision making about their care. One person told us, "The [social worker] comes and we go through the care plan with [another professional], all done separately and then passed to [registered manager], who goes through it with me."
- The registered manager and staff were able to give us example of how they ensured people were involved with their care.
- People told us staff consistently sought their views about their care, on a day to day basis. This meant the service received was person-centred.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this which included when supporting people with washing and dressing. One person told us, "Yes, [staff] are all friendly etc but there has to be a line they don't step over, and they don't. They're very good at shutting the curtains and things and shutting the bathroom door; there are people in and out [of the house], so that's really important."
- People and their relatives told us staff encouraged independence. One person told us, "I wash myself as much as I can - the staff understand that there needs to be some reablement. They cut up my food for me so I can use a fork to eat it independently."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained. Staff were able to give us examples how they maintained confidentiality in people's homes, such as putting away care records kept in people's homes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager did not fully understand the requirements of the accessible information standard. However, they did tell us they could make information available in different ways to meet people's communication needs.
- Currently people using the service were able to communicate verbally with staff. People told us how staff listen to them and carry out their wishes. Staff described how they allowed time for people to express themselves.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their preferences and personal histories, this meant staff were able to support them in ways they would like.
- Staff knew people and their interests well and were made aware of people's changing care needs through telephone calls and an electronic messaging system, where appropriate.
- Staff told us people's care plans contained information which was relevant and accurate about people's needs. Staff had a good understanding of person-centred care and were able to give us some examples of meeting people's individual needs.
- People told us they had choice and control to meet their needs and preferences. One person told us, "I was offered a choice of carer gender. I said no to a male carer and it's been respected."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and the provider had a complaints policy and procedure.
- At the time of inspection, the provider had not received any formal complaints, we saw evidence feedback and informal complaints were proactively followed up by the registered manager. This was verified by people and relatives we spoke to.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. However, the registered manager told us they could support someone at the end of their life with support from other health professionals and with specific training for staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager investigated and followed up incidents and accidents. However, they did not fully understand information sharing requirements when concerns had been identified and when notifications should be sent to the CQC and the local authority, as required by law. No one came to harm and the registered manager took immediate action to address this.
- People, their relatives and friends told us the registered manager had responded quickly and proactively to feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and checks were conducted routinely, and accidents and incidents were investigated and followed up. However, there was little evidence to show how lessons learnt were routinely used to improve the quality of the service.
- The registered manager generally understood their role and regulatory requirements. However, they recognised they required further training in some areas and had a plan to address this.
- The registered manager had a good understanding why quality performance was important to keep people safe and well. The registered manager told us they would only take on extra provision of care if they had the staff and capacity to do so safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and friends told us they had received questionnaires asking them about the service received. However, one relative told us the findings of the survey had not been shared with them.
- People, their relatives and friends told us the registered manager and staff, listened to their views and acted on them. One relative told us, "I know [registered manager]. I think [they] are good at what [they] do; [they] have a good manner and knows how to communicate with people like my [relative]. [Registered manager] has a tolerant way with [relative]."
- The provider recognised the diversity of people in receipt of care. We saw examples how people's particular needs, such as disability and religious needs had been accommodated as part of the service they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had good knowledge and understanding of the people they were supporting and knew them well. People, their relatives and friends told us they had a positive experience with the service. One person told us, "XL Care is very reliable and [registered manager] really seems to work on keeping things together. [Registered manager's] there when you ring, and you get a response straight away."
- Staff told us they were happy working at the service and felt supported by the registered manager.
- People, their relatives and friends gave us examples how staff ensure person-centred care. One relative told us, "I'm happy with the service – absolutely, and I know my [relative] is as well. All [relative's] needs are covered."

Working in partnership with others

- The service worked with other health and social care professionals to ensure people received consistent and timely care. The registered manager told us they would routinely record this information and use feedback to improve the service.