

Leah Care Services Ltd

# Leah Care

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service:

Leah Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of the inspection the service was supporting 21 people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Leah Care Limited receives the 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.

### People's experience of using this service:

People were happy with the care they received and felt relaxed with staff, they told us they were treated with kindness. People said they felt safe, were well supported and there were sufficient staff to care for them. One person told us, "The carers always spend the right amount of time and there is no element of rush. We have used the service for seven weeks and have had no complaints whatsoever. I have a very good relationship with the carers and management alike. The manager oversees some of my care whilst the carers are caring for me. Only rarely have the carers been late, but the manager is very informative."

People's independence was promoted and they told us their needs were met. People had a regular team of care staff who arrived on time and knew them well. One person told us, "I feel very confident with the carers and can rely and depend on them all the times, almost like a daughter to her mother. They talk to me and often inform me with any news updates. I use them as a connection with the outside world, as I like to know what's going on. They sign and update the book when they leave every visit. They treat me with respect and dignity without any question. I've used Leah Care for four months and never had any complaints."

People felt they were offered choice in the way their care was delivered and they had no concerns around their dignity and privacy in their own homes being respected. One person told us, "The personalities of the carers are excellent. They all speak plain English which is easy to understand. Even if the carers are complete with my care and still have a little extra time, they even vacuum my house before leaving. I'm very well respected. I really like the personality of the carers, for example, they are always very cheerful and very committed to keeping me happy."

Staff had received essential training and feedback from people indicated that they knew the best way to care for people in line with their needs and preferences. 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.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring

that people were cared for in a person-centred way and that the provider learned from any mistakes.

People told us they thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. A relative told us, "Any decisions regarding [my relative's] care, has been totally down to my [relative's] request which has been granted really well by the organisation. There's never been any issues with a shortage of staff and to be honest we are spoilt with the service we get. The carers are extremely effective with my [relative]."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20 November 2019 and this is the first inspection.

#### Why we inspected

This was the first inspection for this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Good ●

# Leah Care

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection team consisted of 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.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults with physical disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

#### What we did:

On this occasion we did not ask the provider to send us the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

During the inspection:

We reviewed a range of records. This included three staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records. We spoke with five members of staff, including the registered manager, a care co-ordinator and care staff. During our inspection we spoke with five people and three relatives over the telephone.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely. One person told us, "They keep my medication in check and make sure I take it every day."
- Detailed medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. One person told us, "I feel very safe with all the care I receive from Leah Care. For example, they get me out of bed safely and get me washed and dressed in the morning and they have a very positive attitude towards me."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting.
- Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff.

#### Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Staff received regular rotas and any changes were passed onto them electronically via the care management system, which staff could access while in the community. This enabled staff to have up to date information on people and their call times.
- Feedback from people and staff was they felt the service had enough staff. One person told us, "I think there are enough different staff to take over when others are off on holiday. I like that because I like to see more people."
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

# Is the service effective?

## Our findings

Effective – this means 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 as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and their family were involved, where possible, in the formation of an initial care plan.

Staff skills, knowledge and experience

- Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. One person told us, "The staff and carers definitely have all the necessary skills and training to cover all my carer needs."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals.
- Care plans included detailed information on their healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People were supported to access and attend routine health care appointments such as visits to the GP and hospital. One person told us, "The carers have been very helpful in arranging taxis to visit my local GP when required."

Supporting people to live healthier lives, access healthcare services and support

- People told us they received effective care and their individual needs were met. A relative told us, "My [relative] is very fragile and the carers really know how to handle her. They are very understanding and quick thinking and know how to adapt to her needs. They know what makes her anxious".
- We spoke to people about care matching. They gave us examples of being matched with care staff who

would be most suitable to effectively meet their needs. A relative told us, "The carers have been very good and so caring in keeping [my relative] calm. One in particular just seems to have a natural counselling manner. My [relative] has such a strong bond and is treated with both respect and dignity."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "They cook my meals and give me a cup of tea at lunchtime and ask me if there's anything else I want. They have a daily menu, for example, on Monday I have scrambled egg on toast and on Friday I have fish. They also often ask for ideas from me for any food I particularly like."
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

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

- 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.
- Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible. A relative told us, "My [relative] has dementia and gets confused, but the care she receives is second to none with the core team she currently has. I feel that decisions made by the carers are for her benefit and not just for the sake of making it easier for the carers."
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

# Is the service caring?

## Our findings

Caring – this means 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.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.

Care staff informed us that they always prompted people to carry out personal care tasks for themselves where possible, such as brushing their teeth and hair. One person told us, "My son introduced me to Leah Care and it was the best thing that ever happened to me. They increased my confidence no end and the carers have effectively encouraged me to do more around the house to promote more independence. I like going out of the house to walk with an aid, which I'm now nervous about doing, but the carers encourage me in this area."

- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. They told us how they always ensured that people knew they were entering their home by announcing themselves or knocking first. One person told us, "They respect my privacy and dignity and honestly they couldn't be better. If I was to tick boxes, I would tick all 10. They are very caring and can talk through anything with me."

- Staff we spoke with also told us they took care to cover people when providing personal care. They said they closed doors and drew curtains to ensure people's privacy was respected.

- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

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

- Staff provided people with choice and control in the way their care was delivered.

- People were empowered to make their own decisions. One person told us, "I have really no safety issues with the care I'm receiving. They are very good with all my care. I feel I'm in control, putting forward what care I require, and the staff can easily deliver that."

- Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "It's all about their choices. We are guests in their home and are there to support them."

Ensuring people are well treated and supported; equality and diversity

- Equality and diversity was respected. Staff adapted their approach to meet people's individualised needs and preferences. A member of staff told us, "We get up to date information from the office, but we get to know the people we visit through talking and understanding what they like."

- People were attended to in a timely manner and were supported with kindness and compassion. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their

independence promoted. A relative told us, "The carers are great in the work they do, and do not invade [my relative's] independence in what my she can still do safely. My [relative] is still allowed to maintain her responsibility and the carers only support the areas she can't manage, like bending down to put her shoes on for example."

# Is the service responsive?

## Our findings

Responsive – this means that services 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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the service responded well to their care needs and that it was flexible to meet their preferences. One person told us, "I have no problems getting more care for longer periods if I need it. I also feel there are enough care staff on hand without shortage. The carers are also very informative and let me know who will be visiting the next day. They never leave any visit before asking me if there's anything else they can do. I would really give them 10/10 for commitment."
- Staff told us that there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure the service was flexible to people's needs.
- We spoke with the registered manager about how they ensured that people got their care visits when it suited them. They told us how the office staff communicated effectively to ensure that staff received their allocated rotas and were able to access the information they needed to ensure they knew what care was required for people.
- A member of staff told us how they planned calls so that care workers were located near where their care calls were required, to cut down on travel time and ensure that staff were available to respond to people's needs.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they did during the day and their preferences around clothes and personal grooming. One person told us, "If I need extra support, they would always be there for me. I do get involved in care plans and there is a genuine interest from the carers and the organisation to keep this updated and maintained. The personalities of the carers are excellent and definitely 100% respect me, for example, I can talk to them about absolutely anything and I don't feel rushed. You can rely on the carers to be punctual and if they are ever late which is rare, the office responds well to let me know beforehand. "I've used the service for six months and had no complaints whatsoever. I think the care is very personalised to me."
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care.
- People received care from a consistent and regular staff team. A relative told us, "My [relative] can get really attached a lot to one person. Sometimes as a daughter, I worry when she gets different carers, but with Leah Care, she seems to get on with all of them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was funded, or part of a person's care plan, staff supported people to enjoy activities and socialise. For example, care staff took people shopping and spent time getting to know them. One person said, "All the carers I have seem very professional to me both in the work they do and the amount of care they show to me. They have the time to sit and listen to your problems like an extended family. I'm less mobile these days, but if my health declines further in the future, I would still be confident in using Leah Care, because they seem well trained to deal with people of greater needs than myself."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. For example, one person received their correspondence in a larger print, as this was easier for them to read.

End of life care and support

- We were told that peoples' end of life care would be discussed and planned, and their wishes were respected should this be required.
- Staff had experience of caring for people at the end of their life, and had received appropriate training and support to facilitate this.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

# Is the service well-led?

## Our findings

Well-Led – this means 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- We received positive feedback in relation to how the service was run. A relative told us, "I find the manager of Leah Care is very knowledgeable in the way risks can be managed. I get involved in my [relative's] care plans and the management have a very proactive team, where things can be managed and changed very quickly if need be."
- People and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. A member of staff told us, "I feel very supported [registered manager] and the office are there for us whenever we need them, no matter how big or small."
- The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality care. One person told us, "My recommendation would be really good for Leah Care. It's an open service and tailored to the own individual needs and fitting in with yourself as a person. There are no limits to the quality care work you can expect. Good continuity throughout."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals.
- Staff meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

### Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.

### Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing and staff commented that they all worked together and approached concerns as a team. One member of staff told us, "I've worked at other care companies, but Leah Care is the best by far in terms of the way we are treated and the care we give to people." The registered manager added, "We like being different and helping individuals live a fulfilled life in the environment that they want to live in."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

### 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

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.