

Leadon Vale Care Ltd

# Leadon Vale Care Ltd

## Inspection report

Grovesend Farm  
Hereford Road  
Ledbury  
HR8 2PS

Date of inspection visit:  
14 March 2022

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23 March 2022

### 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

Leadon Vale Care Limited is a domiciliary care service. People are supported in their own homes so that they can live as independently as possible. At the time of our inspection there were 16 people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff understood how to recognise and alert others to potential abuse involving people who used the service. The risks associated with people's care and support needs were assessed, managed and kept under review. People received a consistent and reliable service, provided by regular staff with whom they were familiar.

The provider demonstrated safe recruitment practices. They carried out checks on the suitability of staff before they started work.

People had the support they needed to manage and take their medicines safely. The provider had measures in place to protect people from infections. The management team reviewed any accidents or incidents involving people who used the service, in order to learn from these.

Before people started to use the service their individual needs and preferences were discussed and recorded for staff to follow. Staff had received training to reflect people's needs and their responsibilities.

People had support to prepare their meals and drinks where they needed this. Staff and management worked effectively with community health and social care professionals to ensure people's 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.

The management team promoted a person-centred culture within the service. People's care and support was kind and caring. People and their relatives were encouraged to provide feedback about the service they received, so any improvements could be identified.

The provider had quality assurance systems and processes in place to enable them to monitor and improve people's care. Staff and management sought to maintain positive working relationships with the community professionals involved in people's care.

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

#### Why we inspected

This service was registered with us on 18 July 2019 and this is the first inspection.

#### Follow up

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

Good ●

# Leadon Vale Care Ltd

## 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 carried out this inspection.

#### Service and service type

Leadon Vale Care Limited is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 March 2022 and ended on 15 March 2022. We visited the location's office on 14 March 2022.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all this information to plan our inspection.

During the inspection-

We spoke with 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. The deputy manager, a care staff member, the office manager and the office administrator.

We reviewed a range of records. This included two people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, accident and incident analysis, the complaints log and quality assurance record.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the providers statement of purpose, training records and policies and procedures. We spoke with two people who used the service and two relatives.

# 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

- People were protected from potential risks of harm.
- Relatives told us their family members felt safe when they received their care and that staff respected their homes and promoted their safety. One relative told us, "I have absolute confidence in the carers [staff] they are terrific"
- Systems and processes were in place to help identify and report abuse to help keep people safe. Staff had received training in safeguarding and staff were knowledgeable on how to identify the signs of abuse and how to report concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- If anything changed or concerns were identified the staff were able to immediately alert and record them on their hand-held devices, so staff had current information.
- We saw risk assessments were reviewed by the management team at least monthly or sooner if required.

Staffing and recruitment

- People were supported by regular reliable staff. One relative described the staff as "Wonderful".
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed..

Using medicines safely

- The provider had systems and procedures in place to ensure people received the level of support they needed to manage their medicines safely.
- Staff received annual training in the provider's medicines procedures, and their competence in this area was checked during unannounced spot checks.
- Staff maintained accurate and up-to-date medicines records to confirm people had taken their medicines as prescribed.

Preventing and controlling infection

- Staff received training on their role in protecting people from the risk of infections.
- Staff were supplied with personal protective equipment (disposable gloves and aprons) to reduce the risk

of cross-infection and were clear on when they were expected to use this.

- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service during the pandemic.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving the people who used the service.
- The management team reviewed accident and incident reports to identify any actions needed to keep people safe and reduce the risk of things happening again.

# 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.

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

- Prior to starting using the service people's needs and choices were assessed to ensure the provider could provide the care and support they wanted.
- Assessments were thorough and looked at people's physical and mental well-being as communication needs, social circumstances, dietary requirements, mobility /independence and their personal preferences.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. We saw there was an ongoing schedule of training in place, to ensure staff kept up to date with good practice.
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects in the form of 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.
- Staff told us they felt supported by the registered manager and had regular supervisions.

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

- People were supported by staff to keep healthy and well. Guidelines were available for staff to follow and to ensure food and drinks were available for people they supported. This ensured people were protected from the risk of malnutrition and dehydration.

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

- People's care files set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP and District Nurses.

Adapting service, design, decoration to meet people's needs. Supporting people to live healthier lives, access healthcare services and support

- Any risks were assessed in people's home environments prior to people starting to use the service, so both people and staff were safe.
- If it was identified a person needed further assistance, referrals had been made to health professionals such as district nurses, occupational therapists and physiotherapists. A staff member told us how the registered manager was very proactive in assisting people to acquire specialist equipment to aid their mobility and maintain their independence.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. Staff had completed training in relation to the MCA.
- Relatives confirmed staff always asked for their family members consent before providing care and support.
- Care plans involved people and recorded where their consent had been discussed with them.

# 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

- Everyone we spoke to was very positive about the service they received. One relative told us, "I couldn't ask for better care for [person's name], I'm convinced they wouldn't have lived so long without them [staff]."
- The provider had received many thank you cards and compliments from people and their families using the service. For example one read, "We are all really grateful for all the staff give to [person's name]. They are very caring and [person's name] doesn't know what they'd do without you."
- The registered manager told us, "I choose my staff very carefully and ensure they treat people the way I would treat a member of my family or how I would like to be treated."
- Staff had received training in equality and diversity.

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

- People were involved and made decisions about their care. For example, people were offered choices about their day to day decisions such as what they wanted to wear and what they want to eat and drink. A relative told us, "When staff go to [relative's name] on the morning call they always ask what [person's name] fancies for their lunch and gets their choice out of the freezer."
- Care plans described people's individual needs, daily routines, cultural needs and preferences, so staff had guidance to follow.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "They [staff] treat [person's name] with absolute dignity and respect."
- People were encouraged to maintain their independence and do as much as they could for themselves. One relative told us staff supported their family member to walk each day with staff support to help maintain their mobility.
- The registered manager understood their responsibility to ensure confidentiality and stored all records securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except with those that needed to know.

# 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.

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

- People and their relatives told us they had care and support from a reliable, regular staff team, they trusted. People were involved in the care planning process to ensure their individual needs were identified and could be met. One relative told us, "They [staff] always follow what [person's name] wants and needs."
- Staff utilised the handheld technology to instantly up-date any changes the person required, so care and support was person centred to meet their needs.

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.

- People's communication needs were considered as part of their pre-assessment and their care plans described how people communicated, preferred language and the best way for staff to offer choices and support. A relative told us, "Staff really understand [person's name] and how to help with their dementia."

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

- People were supported to keep in touch with family and friends. Staff described the difficult time during COVID-19 restrictions when people were unable to see their loved ones but told us communication was positive. A staff member said, "During the pandemic we were the only contact some people had, because they were unable to see their relatives. We were very mindful of this and offered extra support."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which people were aware of, but no complaints had been received in the last twelve months.

End of life care and support

- People's care plans detailed their end of life wishes and preferences.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had moved office location and was in the process of registering the change with Care Quality Commission [CQC] by completing the necessary statutory notification.
- The registered manager ensured there were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed

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

- The management team promoted a positive culture within the service, based upon openness, inclusiveness and respect for people, their relatives and staff. They worked closely with staff and listened to feedback from people and their relatives to ensure staff were working in line with expectations.
- People and their relatives spoke highly of their relationship and dealings with the management team. A relative told us how the registered manager had offered them support in completing benefit application forms and in a family emergency "Dropped everything to be with me".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- People and their relatives were asked by the provider to complete an annual customer satisfaction questionnaire. We saw all the responses received were very positive particularly agreeing the service had a strong culture of good quality care.
- Management and staff completed audits and checks to monitor and identify potential improvements in the safety and quality of people's care and support. These included audits on key aspects of the service, such as people's care records, staff personnel files, medicines records, safeguarding issues and accident and incident reports.
- The deputy manager told us they conducted unannounced spot checks on staff to ensure they were upholding the care and support standards expected.

### Working in partnership with others

- Management and staff worked collaboratively with the community health and social care professionals involved in people's care, to the benefit of the people who used the service. We saw a recorded compliment from a health professional enquiring whether the service had vacancies for people. They had heard good comments about the care delivery and they wanted to recommend them to their clients.