

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Leda Homecare Limited

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06 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Leda Home Care Limited
Registered Manager	Miss Linda Catley
Overview of the service	Leda Home Care Limited is owned and managed by Leda Home Care Limited. The office is situated in the town of Worksop in Nottinghamshire and provides personal care to adults in their own homes across North Nottinghamshire.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2012 and 7 November 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke on the telephone with two people who used the service and three relatives and asked them for their views. We also spoke on the telephone with four care workers. We spoke with two care coordinators, the nominated individual and the registered manager. We also looked at some of the records held in the service including the care files for six people.

We asked people who used the service and their relatives if they were in agreement with the care that had been planned and then provided. They all said they had agreed and given their consent. One person told us, "I give my consent to everything."

We found care workers were usually on time for people's appointments and care workers stayed for the time the person was allocated. A person told us, "They (care workers) always stay the whole time they are meant to."

When we asked a relative if we could ask them about the service their relation received they said, "I am always happy to sing the praises of Leda. I sent a thank you card with a teddy on."

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

Before people received any care or treatment people who used the service were asked for their consent and the provider acted in accordance with their wishes. We asked people who used the service if care workers asked for their consent when providing them with any type of care and they all said the care workers did. One person told us, "They only do something if I want them to." A relative said, "They went through everything (at the initial assessment) in great detail down to what they (their relation) liked for breakfast."

The care plans and other documentation including risk assessments we looked at did not show whether the person had been in agreement and given their consent to the planned care. Care workers we spoke with all said they obtained people's consent before they provide any care. They said they usually provided the same service each visit such as attending to their personal care needs or preparing food so people knew what they were doing.

A care worker told us, "I don't do anything without the person's consent." A relative told us, "I heard them (their relation) telling the carers they liked the curtains opened a bit further. It was their way of showing who was in charge."

We asked people who used the service and their relatives if they were in agreement with the care that had been planned and then provided. They all said they had agreed and given their consent. One person told us, "I give my consent to everything."

The care coordinators said they always obtained people's verbal consent to the care plans they made. The care coordinators said they carried out the initial assessment and prepared the care plans with people at their homes. The coordinators said they then take them back to the office to write or type them up and then send out to the person who used the service. This did not enable the coordinators to obtain people's signatures. This meant the coordinators could not enable people who used the service to sign their care plans to show people were in agreement with these and had given their consent. The provider may wish to note that written agreement and consent was not being obtained for the care and support provided to people.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw copies of initial assessments in the care files we looked at. The care coordinators told us they completed these with people who wanted to use the service to ensure they could meet their needs.

The care coordinators told us they then prepared individual plans detailing the care and support care workers would provide each visit. We noted that some of the descriptions were brief and we also found the files to be a little disorganised. The provider may wish to note all staff would find the information they needed easier if more detail was included in care plans and files were kept in a more ordered manner.

We found care workers were usually on time for people's appointments and care workers stayed for the time the person was allocated. A person told us, "They (care workers) always stay the whole time they are meant to." Care coordinators told us they ensured sufficient travelling time was allocated between appointments. Care workers confirmed this to be so.

A relative told us that recently a care worker who did not usually visit their relation had provided one of the regular calls. The relative said the care worker had referred to the care plan so they knew what support the person required. A person who used the service told us, "I get the same ones (care workers) most the time so they know what I need."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. There were risk assessments in people's care files showing how the care and support provided would be done so safely. The five people who used the service and relatives we spoke with all said they had copies of their care plans and risk assessments in their home. They also told us they felt the care provided was done so safely.

There were arrangements in place to deal with foreseeable emergencies. The care coordinators told us a care worker would stay with anyone who needed medical attention until a relative or appropriate medical professional arrived. The care coordinators said they were able to make adjustments to ensure other people who used the service received their calls. They also said they were able to respond to any short staffing problem. A relative told us, "They (the care coordinator) know the rounds so they can make changes if they

need to." A care worker said if they were running late they tell the coordinators who would "sort it out."

Care coordinators told us they took part in an out of hours on call rota. If anyone (care workers, people who used the service or relatives) needed to contact them in emergency or for advice. Care workers and people who used the service confirmed they knew how to contact the staff member on call out of normal office hours.

**People should be given the medicines they need when they need them, and in a safe way**

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### **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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### **Reasons for our judgement**

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Appropriate arrangements were followed in relation to the recording of medicine. We found care workers would prompt people to take their medication but were not allowed to administer it.

Care workers told us they did not administer people's medication, but did prompt them to self medicate if this was included in their care plan. In a care plan we looked at it stated care workers should, "Prompt medication from blister pack and offer a glass of water to take medication." We also saw records were kept showing this had been done. A relative told us, "They leave the tablets for them (their relation) to take."

Medicines were handled appropriately. Care workers told us they had information about the service's medication policy in the handbooks given as part of their induction when they started work with the agency. The manager told us they used the medication policy provided by the local authority. The manager showed us a copy of this and the associated training programme. They told us care workers had to complete this before they could be involved in supporting people in taking their medication. The manager said care workers also had to be assessed as competent before being allowed to do this.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. We looked at a sample of two staff recruitment files and found the required information was collected and the necessary checks were carried out. This included obtaining two satisfactory references and undertaking a Criminal Records Bureau (CRB) check. There was also evidence to confirm staff's identity and show they were physically and mentally fit to carry out the duties required of them.

Care workers told us they had been through the required recruitment process and had undergone the necessary checks. People who used the service told us the care workers were able to fulfil their duties. One person said, "I don't know how I would manage without them they are fantastic, they do everything I need so well."

## Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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### Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### Reasons for our judgement

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Staff received appropriate professional development. At our last inspection we found supervision and appraisals figures needed to be improved to ensure that all staff received regular supervision and appraisal as appropriate.

We looked at the records held showing care workers received appraisals and supervision. We asked care workers if they had supervision and they said they did. They also told us they had received an appraisal about their work.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A care coordinator showed a selection of thank you cards they had received from people who used the service. The coordinator told us they appreciated the positive feedback they had received.

When we asked a relative if we could ask them about the service their relation received they said, "I am always happy to sing the praises of Leda. I sent a thank you card with a teddy on."

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The manager told us the annual quality assurance surveys were due to be sent out shortly. They showed us the returned surveys from people who used the service, their relatives and staff for 2011. There was an analysis of the results and these showed a high level of satisfaction with the services provided. Where actions or improvements were identified there was details about how these would be actioned.

The manager told us a copy of the survey results were sent out to all people who used the service and a copy was displayed in the office for staff to see. One care worker told us "I think communication is the key, the people at Leda listen to the staff." A person who used the service said, "I was asked to fill in a questionnaire, I am very pleased with the service."

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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