

Liral Veget Training and Recruitment 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?	Good	

Overall summary

Liral Veget Training and Recruitment Ltd supports people with their personal care needs in their own homes. At the time of our inspection eight people were receiving the service. The majority of people using the service were younger adults with a learning disability. All eight people lived in supported living accommodation. The supported living locations were across South London and Kent. The supported living accommodation was provided by another service which Liral Veget had a close working relationship with.

We undertook an announced inspection of this service on 8 July 2015. At our previous inspection of the service on 18 December 2013 the service was meeting the regulations inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were supported in line with their identified needs. Staff encouraged people to maintain their independence and to undertake tasks themselves when able. Staff involved people in decisions about the support they received. This included the level of support they required and their preferences about how it was to be delivered. Many of the people had limited verbal communication. Staff understood people's communication needs and received training in non-verbal communication which ensured people's wishes and choices were heard and respected.

Staff provided support in a way that maintained people's privacy and dignity. Staff enabled people to make choices about day to day decisions, and offered advice to people to ensure their needs were met. For example, staff supported people to choose clothes appropriate to the weather conditions.

Staff were aware of risks to people's welfare and safety, and supported them to manage those risks. For example,

staff had information about risks to people's health, and ensured people got the support they needed with any on-going health conditions. Staff supported people as required with any meals or medicines.

Staff had received training to ensure they had the knowledge and skills to undertake their roles. They received regular supervision from their manager and had the opportunity to speak with their manager if they needed any further advice or guidance. There was open communication within the staff team and staff were encouraged to express their opinion about service delivery.

The registered manager undertook checks on the quality of the service, and took any necessary action to address any concerns. The registered manager obtained the views of people, their relatives, and other health and social care professionals on the quality of the service.

Summary of findings

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. There were enough staff to provide people with the support they required and people were allocated a staff member who supported them with their personal care needs.

Staff were aware of risks to people's safety and welfare. They had information about how to support each person with any risks to their health. Staff were knowledgeable about what made people anxious or agitated and supported them appropriately.

Staff were aware of reporting procedures to safeguard people from harm, and were aware of procedures to safely manage medicines. However, no medicines were being administered by the staff at the time of our inspection.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to undertake their roles. Staff attended regular training courses to update their knowledge and ensure support was provided to people in line with good practice guidance. Staff were aware of their requirements under the Mental Capacity Act 2005.

Staff supported people as necessary with mealtimes and to maintain good health.

Good



Is the service caring?

The service was caring. Staff had built working relationships with people. Staff were aware of how people communicated and ensured they supported people to express their wishes and preferences. Staff respected people's decisions and provided the support they requested.

People's privacy and dignity was maintained. The service respected the person's preference as to the gender of the care worker supporting them.

Staff were aware of people's interests and likes. Support was provided in line with these.

Good



Is the service responsive?

The service was responsive. Staff were aware of what level of support people required, and encouraged people to maintain their independence and undertake tasks for themselves as much as possible. Support was provided to people to maintain their personal care and hygiene.

People, and their relatives, were asked for their views and opinions of the service. The majority of the feedback received was positive about the service. There was a complaints process in place, which people and their relatives were aware of, but this had not been used.

Good



Is the service well-led?

The service was well-led. There was open and transparent communication within the staff team. Staff felt able to express their opinions and felt well supported by their manager.

The manager of the service regularly checked the quality of service provision, through the completion of spot checks. The manager also obtained the views of health and social care professionals supporting people to identify any further means of improving service delivery.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We viewed the information included in the PIR and reviewed information we held about the service, including statutory notifications received.

During the inspection we visited the service's offices. We spoke to the registered manager and one of the care workers. We reviewed four staff records which included information on recruitment, training and supervision. We read four people's care records. We viewed records relating to the management of the service including spot checks on the quality of the service.

After the inspection we spoke with three people's relatives and three care workers.

Is the service safe?

Our findings

One person's relative said they felt the person was kept safe and that staff kept in contact with them if they had any concerns about the person's safety or welfare.

There were sufficient staff to meet people's needs. Staff were allocated to provide care to each person, this meant that people received support from staff who knew them and who had built a relationship with them. There was flexibility within the team to ensure people's support needs were still met if their usual care worker was on leave or off sick. Safe recruitment practices ensured people were supported by staff who had previous knowledge and experience appropriate to their role and were suitable to work with people using the service. This included obtaining references from previous employers, completing criminal record checks and ensuring people were eligible to work in the UK.

Staff were aware of their responsibilities to safeguard people and protect them from avoidable harm. For example, they understood they should record any concerns or observations about people that may indicate possible abuse. This including completion of a body map and a reporting form. They told us any concerns raised would be reported to the registered manager who would liaise with the safeguarding team from the local authority as appropriate. At the time of our inspection no safeguarding concerns had been raised.

Staff had obtained information from people, their relatives and staff at the supported living service about any risks to people's safety. They had then developed plans about what

support people required to keep safe. For example, in relation to a person who was diabetic, staff had developed a prompt sheet of signs that a person was having a hyperglycaemic attack so they were able to identify this and get the person the support they need promptly. In the case of another person, who had epilepsy, staff had specific guidance about supporting them whilst bathing in case they had a seizure.

Some people at times displayed behaviour that challenged the service. Information was provided to staff about what the triggers and early warning signs of the behaviour were. Management plans included how staff were to support the person to manage and minimise the behaviour. The staff at the support living service provided Liral Veget staff with information about people's interests and this was used to calm and reassure people when they become anxious and agitated.

There had been no incidents whilst the service was providing personal care to people. However, they had been occasions where people had fallen outside of the times support was provided. Information about these incidents were shared between the supported living service and Liral Veget care staff. This ensured all staff supporting the person were aware of any changing risks to people's safety and the plans to manage and minimise the risk recurring.

Staff were trained to support people with their medicines and were aware of what medicines people were required to take and when. However, at the time of our inspection people were being supported with their medicines by the staff at the supported living service and therefore we were unable to inspect this area of service delivery.

Is the service effective?

Our findings

People's relatives told us the person liked that they received a regular care worker and one person's relative said the care workers "do a very good job".

Staff had the knowledge and skills to carry out their roles. Relatives of people using the service were pleased with the support people received. Staff received training to ensure they had the knowledge and skills to support people and undertook refresher training to ensure their knowledge was kept up to date and in line with good practice. Annual training was undertaken on topics including; first aid, food safety, health and safety, safeguarding adults, and managing behaviour that challenged. Staff also received training specific to people's individual needs for example, in relation to dementia and epilepsy.

Staff received supervision from the registered manager. Staff told us they were able to ask any questions about how to support people effectively. Staff also received an annual appraisal to review their performance and identify any areas staff needed to improve upon to enable them to undertake their role.

Staff were aware of the importance of providing care and support in line with people's choices. Staff adhered to the requirements of the Mental Capacity Act (MCA) 2005. People had the mental capacity to make decisions about the day-to-day support they received, and staff liaised with people's relatives as required to obtain any further information to inform people's choices. The registered manager told us that some decisions had been made for

people about how their medicines were stored and they were unsure as to how the decision had been made and whether a 'best interests' meeting had been held in line with the MCA. The registered manager was going to speak with the staff at the supported living service to obtain further information to ensure the person was supported in line with their wishes and consented to the arrangements.

Staff provided people with the support they needed at mealtimes. Most people using the service were able to prepare their own meals, but required some support with cooking. People chose what they wanted to eat and staff supported them to cook to ensure their safety in the kitchen. People were able to access their own drinks. Staff had obtained information about the support people required with specific dietary requirements. For example, one person was diabetic and staff supported them to make dietary choices to manage their blood sugar levels.

Staff had obtained information about people's health needs. This included information about diagnoses and any support they required. For example, one person had epilepsy and information was provided to staff to ensure the person was supported if they had a seizure. We saw that records were kept of any seizures the person had so the frequency of seizures could be reviewed and action taken to support the person. Staff liaised with the staff at the supported living service if they had any concerns about a person's health, so that they could support the person to maintain good health and access health services. There was good communication between the two services so all staff supporting the person were aware of any changes in people's health needs.

Is the service caring?

Our findings

People's relatives told us staff were "very tolerant" and "very patient". They said staff were "polite", "friendly" and "kind". One person's relative said the care workers knew the person's communication needs and ensured their wishes were heard. One person's relative said the staff "Respect [the person's] decisions."

Staff were aware of people's communication needs. Many of the people using the service had limited verbal communication. Staff were aware of how to communicate with each person, for example they told us some people spoke using short sentences and key words. They said other people used hand gestures and makaton (a method of using signs and symbols to help people communicate), and one person used pictures to communicate. Staff had training in non-verbal communication methods to ensure they had the skills to communicate with people. Information was included in people's care records about their communication methods so if new staff were supporting the person they were able to understand people's wishes and preferences.

People were involved in decisions about their care and the day-to-day support they received. For example, people

were able to make decisions about whether they wanted support with their personal care, what they wanted to wear and what support they wanted with other tasks such as meals. One care worker told us, "All you have to do is listen to her and she says what she wants."

Staff encouraged people to make decisions that protected their health, dignity and welfare. For example, they supported people to choose clothes to wear which were appropriate for the weather. Staff ensured people's privacy and dignity was maintained. They told us? they supported people with their personal care in the privacy of their rooms and ensured doors and curtains were shut. People were supported by staff who were the gender of their choice. People's care records showed the majority of women using the service preferred to receive support from female care workers and the majority of men preferred to receive support from male care workers. This preference was respected and maintained.

Staff obtained information from people about what they liked and 'what made a good day'. They acted on this information when supporting people to engage in activities and conversations. For example, one person liked having their nails painted and staff supported them to do this.

Is the service responsive?

Our findings

People's relatives told us people received the support they required and that people were enabled to stay independent and do things for themselves. One person's relative said the person was "well looked after." The majority of relatives said they had no concerns about the service provided and had not needed to make a complaint.

Staff obtained information from people, their relatives and the staff at the supported living service about people's needs and any support they required. Management and support plans were in place to inform staff how people were to be supported and the level of support they needed. For example, some people needed support from staff to remember to brush their teeth but were able to do it themselves. Information was also included about promoting cleanliness and good personal hygiene. For example, encouraging people to maintain good hand hygiene and washing their hands after using the toilet. Support plans also identified proactive support staff took, for example, one person needed support and encouragement to use the toilet frequently to reduce the risk of the person having accidents and to protect their dignity.

Staff encouraged people to maintain their independence. People's relatives told us staff were patient. Staff said they, "Always give people time and do things at the person's pace." Staff encouraged people to do as much for themselves as possible. For example, staff encouraged people to wash their face and areas of their body they were able to reach. Staff told us they supervised the person to ensure their personal care needs were met and provided support when people were unable to undertake certain tasks for themselves. For example, washing their back and their legs.

People's relatives were asked for their feedback about the service through completion of satisfaction surveys. We saw that the latest satisfaction surveys were positive about the service people received. Comments included, "[The person] gets excellent support." The registered manager asked for people's views and opinions about the service they received during spot checks and visits to review the quality of the service. Staff encouraged people and their relatives to express their views and any concerns they had. Relatives said any concerns raised were addressed promptly. The service had not received any complaints since their last inspection.

Is the service well-led?

Our findings

One staff member told us about the registered manager, “She likes to get it done and get it done right.” They also said the manager was supportive, gave them advice when needed and they were “always able to give her a call”. Staff felt their suggestions were listened to by the manager and acted upon.

There was a clear management structure which provided good leadership at the service. The registered manager was in regular communication with the managing director for the provider and received support from them.

Staff had regular formal supervision with their manager. Staff told us the supervision sessions gave them the opportunity to talk about any concerns or issues they had. They said if they had any concerns about the supported living service where people lived that the registered manager addressed these with the manager of the service when needed. Staff told us there was a good team approach and colleagues worked well together. They said they were able to call each other if they needed advice or had any questions.

Staff felt there was clear and open communication within the team. The registered manager held team meetings to share information and ensure all staff were updated about any changes to service delivery. Notes of the previous staff meeting showed the registered manager had reminded staff to follow people’s support plans and about the importance to continuing to assess risks to people’s safety. Staff told us they felt able to be honest and open with the registered manager so that any mistakes made could be addressed and learnt from.

Staff were given the opportunity to express their views anonymously through the completion of satisfaction surveys. The recent surveys showed that staff felt motivated and proud to work for the company. They also felt the management team encouraged continuous improvement.

The registered manager asked visiting health and social care professionals for their views about the service so they could use the feedback as an opportunity to improve the quality of care. The latest satisfaction survey included comments such as, “[The person] is treated as an individual and is given respect from staff” and “The care and support [the person] is receiving is of a high quality and standard.”

The registered manager undertook unannounced and announced spot checks to review the quality of service provision. This included reviewing staff’s adherence to policies and procedures, interactions with people and ensuring people received support in line with their care plan. No concerns or performance issues were identified in the spot checks we reviewed as part of this inspection. The spot checks identified that people were given choices about the support they received, staff were polite and courteous when speaking with people and that staff provided care and support in line with people’s support plans. As part of the spot checks the registered manager asked people for feedback about the service they received. We saw that people were positive and satisfied with the service and the support provided.