Laura Care Agency Limited

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Inspection report

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Ratings

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

Overall summary

This inspection took place on 10 February 2016 and was announced. Laura Care Agency provides personal care to sixteen people who live in their own homes. Some people using the service were living with Dementia. This was the first inspection of this service since they were registered with the Commission in February 2015.

There was a registered manager at the service. 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.

People told us they felt safe whilst receiving support from staff. Staff were aware of the possible signs of abuse and could tell us about appropriate action they would take should they have any concerns.

People told us that they received support from a consistent staff team who knew their individual needs

Summary of findings

well. People were able to state the times of day they wished to receive support and gave examples of when they had been able to change support times to meet their needs.

Staff had received training in medication administration. We found that improvements were needed in the recording and monitoring of medication administration.

The Mental Capacity Act (2005) applied to some people using this service. While staff were aware of the need to offer people choices and seek consent in their care they had not received specific training in this legislation.

Staff told us they felt supported in their role and there were systems in place for staff to feedback concerns. Training was provided to staff. However, staff had not received training on some people's health conditions.

People told us they felt cared for. People and their relatives were involved in planning their care to ensure they received care how they wished. Care was reviewed with the person. In some instances care plans had not been clearly updated following a change in a person's needs. This meant that people may not receive care that reflected their most current needs.

People and their relatives were aware of how to raise concerns or complaints. Where concerns had been raised, relatives informed us that the provider had taken action to resolve the concern for the person.

People were happy with how the service was managed. Systems were in place to monitor the quality of the service although these systems were not always robust and had not consistently identified where improvements were needed.

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?

Requires improvement

The service was not always safe.

Medication records did not provide evidence that medicines had always been given as prescribed.

Recruitment checks were completed but systems around checks were not always robust.

Staff were aware of how to keep people safe and could recognise when to report concerns they may have.

People were supported by sufficient staff

Is the service effective?

Requires improvement

The service was not always effective

Staff had not received training in the Mental Capacity Act (2005). However, staff were able to describe how they offered people choices in their care.

Training was not provided on some people's health conditions and the effectiveness of training had not been considered.

The service alerted healthcare professionals if they had concerns about a change in a person's health.

Is the service caring?

Good

The service was caring.

People and their relatives were complimentary about the caring nature of staff.

People and their relatives were involved in planning their care and were able to state the times of day they wished to receive support.

Is the service responsive?

Good

The service was responsive

People were able to choose the times they wished to receive support.

People and those who were important to them were involved in reviewing the care provided.

The provider had systems in place to respond to any concerns or complaints.

Is the service well-led?

Requires improvement

The service was not always well-led

Systems in place to monitor the quality and safety of the service were not consistently robust.

Summary of findings

People and their relatives were happy with the management of the service. Staff told us they felt supported in their role.

Laura Care Agency Limited

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 10 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us plan the areas we were going to focus our inspection on. 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.

During our inspection we spoke with the registered manager and two staff. We looked at records including three people's care plans, three staff files and training records and undertook a review of the provider's recruitment processes. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. As part of the inspection we spoke with one person who used the service, four relatives and four staff members.

Requires improvement

Is the service safe?

Our findings

People we spoke with felt safe receiving care from the service. All the relatives that we spoke with said their family member received safe care and one relative told us, “Mum is happy and safe.”

Four people required the support of staff to manage their medicines. Staff had been trained to provide this support. Checks of staff competency had been carried out but had not been recorded. Doing this is a way of further ensuring staff have the skills and knowledge required to safely support people with medicines. Staff we spoke with were able to describe how they safely administered medicines, and the registered manager informed us no medication errors had occurred since the service started. The two records we viewed from two months prior to the inspection did not provide confirmation that people had always received their medicines and creams as prescribed. The registered manager could not provide explanation of the gaps we found in medicine administration records and informed us that these medication records had not been audited as had been planned. This meant that there was a risk that medicines were not been given as prescribed.

People that we spoke with told us they were supported by a consistent staff team. Many calls were undertaken by two staff members in order to meet the person’s needs safely. The registered manager told us that continuity of staff was important to people so that they could recognise any small changes that may indicate that the person was unwell. We looked at the processes in place for staff recruitment. We found that the provider’s recruitment processes included obtaining Disclosure and Barring Service (DBS) checks prior to staff supporting people to ensure staff were suitable to work with people. We found that where recruitment checks had identified risks the registered manager had taken suitable action to manage these. However we found gaps in records and incomplete processes that the registered manager had not followed up or addressed. The registered manager had not assured themselves of compliance with safe recruitment practices.

People were supported by staff who were able to describe the different types of abuse people were at risk of and could describe action they would take if they had concerns and understood their responsibilities to report any concerns. Staff told us and we saw that safeguarding training had taken place to ensure staff had knowledge about current safeguarding procedures. The registered manager was aware of her responsibilities to raise any safeguarding concerns to the appropriate agency.

We looked at how the service managed risks to people. Before a person received support from the service, the service carried out assessments to determine if they were able to meet the person’s specific needs safely. This ensured that the service only provided support to people whose needs they could meet. The registered manager was able to cite examples of when she had refused to commence providing care because the correct equipment to support someone safely was not in place. We saw that where risks to the individual had been identified measures were put in place to keep the person safe.

Requires improvement

Is the service effective?

Our findings

People and their relatives informed us they were happy with the care provided. Some relatives told us that staff seemed suitably trained to carry out their role and one relative told us, "They are well informed of what to do," and another relative commented, "I do think the staff are trained."

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 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 of their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that staff had not received training on MCA. We spoke to the registered manager about this and they assured us that they would seek and book training for staff to ensure they had knowledge of what this legislation meant for people they were supporting.

Although staff had not received training on this legislation staff we spoke with were able to explain how they supported people in line with the principles of the MCA. People and their relatives told us that staff offered people choices. One person told us, "They ask me how I want to have my care." Staff that we spoke with explained how they offered people choice and sought consent depending on people's communication needs. Care plans detailed the importance of offering choice. We found that where people had been identified as lacking capacity there were no assessments available that detailed what decisions the person was unable to make. In these instances we saw that the service had involved relatives in making everyday decisions that were in the person's best interests.

Staff that we spoke with felt supported in their role and told us they received training and supervision to carry out their role effectively. We saw that new staff had to carry out an induction which included training and working with a senior member of staff to get to know the person they were supporting. The main form of training provided to staff consisted of a one day course that covered many important topics and training provided via videos. The registered manager had no systems or processes in place to ensure that following receipt of training that staff had been assessed as competent and able to put into practice the training they had received. We found that many staff employed had prior experience within the care sector that would equip them in their required knowledge for their role. We saw that training had not been provided in good dementia practice. This meant that staff may not have the knowledge to provide care based on the person's individual needs. We spoke to the registered manager about this and they told us they would seek out training in these areas to rectify this oversight. The registered manager informed us that they were currently seeking out a provider who would provide staff with care certificate training. The care certificate is a set of minimum standards that should be covered as part of induction training for new care staff.

Most people received support with eating and drinking from family members in order to meet their nutritional needs and did not need any support from staff. One person who received support with eating had their meals prepared by family and staff supported the person to eat their meal. There was some level of detail about the support the person required in their care plan and the registered manager explained that family were always at the home to provide advice to staff if needed.

Relatives told us about times when the service had contacted appropriate healthcare professionals when there had been a change in a person's care needs. One relative described the action staff had taken to prevent sore skin as, "They are really on the ball." The registered manager was able to share additional examples of when she had referred people to healthcare professionals when it had been identified that a person's care needs had changed. We saw that staff did not have access to information about some healthcare conditions such as diabetes. It is important for staff to have information so that appropriate, consistent action could be taken if a person's health deteriorated or changed. The registered manager told us that she would rectify this and supply staff with the information they needed.

Good

Is the service caring?

Our findings

People and their relatives were happy with the support they received from staff and were very complimentary of staff's caring attitude. Comments from relatives included, "The level of care is exemplary," and "The staff are fantastic, they've forged such a bond with Dad," and "We get wonderful care and support."

One person that we spoke with told us they received support from regular carers and explained, "They know my routine now." All the relatives we spoke with confirmed that people were supported by the same member of staff/or staff team and explained the importance of this for continuity of care for their family member. One relative we spoke with explained, "It's a real bonus to have regular staff for Dad." People were able to specify the times they required support and could request the gender of carer who supported them. Staff that we spoke with described the people they supported in a caring way and one staff member explained, "The most important thing is the service user." This meant people were being supported by consistent staff who had got to know people well.

We saw that care planning was carried out with the person and their family. The registered manager advised that where they could and with the person's agreement, that it was important to involve families in agreeing the care. People's care plans contained some information about their life histories to help staff to engage with people. Care plans contained some detail about how the person communicated to enhance communication between people and staff. However, we saw that two care plans lacked detail of the specific support people needed and much of the care plans described tasks to be completed with little detail of how the person would like to receive their care. The registered manager assured us that staff worked with people consistently and therefore had got to know how people liked to receive their care. Staff that we spoke with explained they had got to know people well and one staff member told us, "We have to get to know the person well to then know their support needs."

Some of the relatives we spoke with explained the support the service gave to the whole family and the importance of this for the person receiving the service. An example given was how the service had sourced training for the family to enable them to carry out tasks safely when staff were not at the person's home. One relative told us, "They've supported us as a family emotionally and given advice on how to approach things."

Relatives told us that staff supported their family member with dignity and respect. One relative told us, "Dad is always immaculately dressed," and another relative commented, "The carers are always patient, gentle and never rush Dad."

Ways to promote independence were detailed in people's care plans to encourage people to maintain their ability to carry out tasks. Staff told us how they supported people to carry out as much as possible to encourage independence. Relatives described how the support that was given had allowed their family member to stay living at home as had been their wish. One relative described this as, "It's a comfort that he's at home." Staff understood the importance of people continuing to live in their own homes and told us that they understood that it helped people's wellbeing.

Good

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to their needs. One person told us, "If I have any requests they carry them out for me."

People told us they could change the times they received their care. Relatives gave examples of when the service had been responsive to requests to change family members support times. Comments from relatives included, "They've changed times for us and have been very accommodating and helpful," and "If I want to change a request for support they will do it."

People and their relatives informed us that care was reviewed with them to ensure it was still meeting their needs. One person told us, "They do a review every so often to look at my care plan." The registered manager informed us that they carried out informal reviews on a weekly basis to check if things were going ok. More formal reviews were then carried out monthly with staff who supported the person, the person and their family to ascertain if the care provided was still meeting people's needs.

There were systems in place for staff to feedback information to the registered manager. In one instance carers had reported that one person had reduced mobility so the registered manager had then carried out a reassessment of the person's needs. However, we found that when there was a change in a person's care needs these were not always clearly reflected in people's care plans and we found that some people's care plans did not contain up to date information. This meant there was a risk that people were not receiving care that reflected their current care needs. We spoke to the registered manager about this and they assured us that people were supported by consistent staff who knew people's current support needs but advised that she would update the care plans accordingly.

We found that there were systems in place to share important information between staff to ensure continuity of care for the person. One relative informed us of a system staff and family had devised to ensure information could be shared between them on a daily basis. One relative told us, "They let me know if there's anything out of the ordinary."

People told us they knew how to raise concerns or complaints. When people first started to access the service they received a copy of the complaints procedure. Although there had been no formal complaints made since the service started, relatives told us that the service was quick to investigate, respond to and resolve any concerns they had raised. Staff told us they felt able to raise any concerns they may have with the registered manager and one member of staff told us, "If I raise concerns they are acted on by [name of manager]." This meant there was an open culture around raising concerns.

Requires improvement

Is the service well-led?

Our findings

People and their relatives were happy with the management of the service and one relative told us, "We have lots of contact with the senior staff, they listen to us and are flexible." Staff told us they felt supported in their role and one member of staff told us, "I'm supported really well by the manager."

The registered manager had some knowledge of their responsibilities to inform the Care Quality Commission about certain events that occurred. However, we found that we had not received one notification of a safeguarding concern that had been raised and investigated. A notification is information about important events which the provider is required to send us by law. The registered manager had some knowledge about recent changes in regulations and what this meant for the service. Failing to have this knowledge could mean that people would not be provided with support and care that complied with the regulations.

The registered manager informed us of monitoring checks they carried out to observe staff practice when they were at a person's home although these were not currently planned or recorded. The registered manager told us that these checks were carried out to monitor care practice and to check accurate record management had occurred.

We looked at systems in place to monitor the quality and safety of the service. Although there were some monitoring systems in place they were not robust and in some instances not been undertaken as frequently as planned. This had led to a failure to identify that some medication records that had not been completed to indicate that people had received their prescribed medication. Monitoring had not revealed that care records did not always reflect people's most current care needs. Gaps and omissions in the recruitment practice or processes had not been identified through the quality monitoring system checks. Checks of staff's competencies in administering medicines had not been recorded and checks of staff competencies following training had not been carried out or recorded.

People and their relatives told us that staff were rarely late for a call. There were systems in place to inform people if a member of staff was running late due to circumstances outside of their control. One relative told us staff are, "Always on time and make sure we are well informed if they were running late." The registered manager told us that staff lateness was not an issue in the service but that they monitored lateness although the registered manager could not provide evidence of a formal system in place.

The service had not carried out any monitoring surveys for people or staff since the service became operational. The registered manager understood the importance of gathering the views of people and would be using surveys in the future to monitor the quality of the service.

Staff that we spoke with felt supported in their role and one staff member told us, "I do feel supported and really appreciate the support I get." We saw that staff meetings took place to share good practice and keep staff up to date with changes in people's care. Staff told us they could suggest ways of improving the service. This meant people benefited from a service that was open to change and improvement.