

Laurel Homecare Limited

# Laurel Homecare Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Laurel Homecare Ltd provides personal care to people living in their own homes. Not everyone supported by 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. At the time of the inspection the service was providing personal care to 35 people, two of whom were in hospital.

The provider also runs a day centre. This provision is not regulated by CQC.

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

People told us they felt safe with staff. Relatives were confident their loved ones were safe. Staff had received safeguarding training and there were robust systems in place to manage safeguarding concerns.

Staff understood the risks people faced and supported them in ways that reduced these risks. New risks were identified and plans put in place to reduce their impact.

There were enough safely recruited and trained staff to meet people's needs. The registered manager monitored staffing capacity to ensure this was the case.

People received their medicines safely and systems were in place to ensure medicines administration was monitored and staff competency was ensured.

Staff were confident in their understanding of infection control measures. People told us staff wore PPE appropriately.

There were systems in place to ensure any restriction of people's liberty was identified and managed appropriately.

Improvements had continued to be embedded in the oversight of the service. There was an open culture within the staff team which meant staff felt valued and able to focus on the people they supported. People and staff were complimentary about the management team. Audits and checks were completed to monitor the quality and safety of the service.

There were robust processes in place to drive improvement and to continually develop the service in line with the needs of the people and the staff team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (supplementary report published 26 September 2022) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this 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?

Good ●

The service was safe.

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Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Laurel Homecare 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

The inspection team was one inspector and one bank inspector.

#### Service and service type

This service is a domiciliary care agency. It currently provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was one of the owners of the provider organisation.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit. 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 11 October 2022 and ended on 18 October 2022. We visited the location's office on 11 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete an updated 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.

During the inspection

We spoke with three people who used the service and four relatives. We spoke with the registered manager and six members of the staff team including those with responsibility for delivering care and support and oversight. We visited the office and looked at records related to five people's care, and the oversight and management of the service. This included training records, meeting minutes, staff newsletters, internal oversight tools and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure the effectiveness of safeguarding systems. This put people at risk and was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had received safeguarding training. They knew the potential signs of abuse and described confidently what they would do if they were worried about anyone they supported. We saw examples of staff raising concerns appropriately and action being taken in a timely manner to address and report concerns to the local authority.
- People using the service told us they felt safe with the staff who supported them. One person when asked if they felt safe replied "Oh my goodness yes." A relative felt their loved one was safe because, "All the staff are helpful and responsive. They go beyond the call of duty."
- There were clear systems in place to manage safeguarding concerns. These included regular check ins with staff and electronic reporting systems. Actions were reviewed regularly to ensure the service had done all it could to protect people.

Assessing risk, safety monitoring and management

- People and relatives felt involved in risk management and were confident in the support they received to stay safe. One relative described the lengths a member of staff had gone to in order to ensure their loved one had the equipment they needed to stay in their home safely. Another relative described how they were confident the staff kept their loved one safe and how they had been involved in ensuring they understood how to carry out tasks safely.
- Staff were trained to support people safely. For example, they had received training enabling them to support people to move safely with the specific equipment they used. One of the senior team championed safe moving and handling and was available to answer any concerns.
- Staff spoke with passion and pride about the ways they had been able to reduce the risks people faced and respond creatively to individual needs.
- Staff were able to flag emerging risks immediately. These risks were addressed appropriately and effectively.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and systems were in place if needed, to ensure appropriate legal authorisations were in place if it was necessary to deprive a person of their liberty.

#### Staffing and recruitment

- The provider carried out recruitment checks to ensure staff were suitable to work at the service.
- Whilst staffing had been challenging the registered manager had monitored capacity and this meant people usually received consistent care at a time that suited them. Visits had not been cancelled for people who needed support with their personal care. People referred to staff they had developed a rapport with because they saw them regularly.
- Staff told us they had time to spend with people to ensure they had all the care they needed and were not rushed.

#### Using medicines safely

- There was senior staff member who had a lead role related to medicines administration. They maintained a focus on continuous improvement and safety with regular updates provided to staff.
- Staff had received medicines training and were assessed as competent before administering medicines.

#### Preventing and controlling infection

- The senior team ensured staff were kept up to date with current guidance.
- Staff described the infection prevention and control procedures that were in place, including those relating to COVID-19 and other communicable diseases.
- Staff understood how to use PPE (personal protective equipment) when they were providing care and support.

#### Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents and what action had been taken.
- There was a learning culture. Staff felt supported and were able to ask for guidance or share concerns.

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- At our last inspection management understanding of safeguarding responsibilities required improvement. At this inspection the senior team had worked hard to develop systems and structures and embed these into practice. This meant the service people received was safe.
- The registered manager and staff were clear about their role and responsibilities. The registered manager, who was also an owner of the service, and the senior team were committed to the continual improvement of the service. People received a good quality service as a result of this commitment. One person told us they were very happy with how the service was run and a relative said "Top marks and five stars".
- Monitoring systems were in place which included audits and quality assurance systems to help identify and implement improvements. This included audits of accidents, incident or near misses. These systems were effective in identifying actions to further improve the support for staff and care people received.
- Staff kept records that reflected the care and support they provided. These records were used to review and improve the service people received.
- Staff described the registered manager, and the senior team, as supportive and accessible. They knew who they should contact with queries and told us they always got a response whether it was during or outside of office hours.
- Staff felt part of a strong 'family' that valued and supported them. They were clear about professional boundaries and responsibilities.
- Statutory notifications had been made appropriately. These are notifications the provider is required to make to CQC about situations that impact on the quality of care people receive.

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

- There were systems in place to ensure the voices of people, their relatives and staff informed decision making related to the running of the service.
- Staff were kept up to date with organisational matters, and good practice developments, through regular newsletters, meetings and messages.

Working in partnership with others

- The registered manager and provider liaised with professionals and organisations to make sure people received care which met their needs. We received feedback from local authority staff that described positive working relationships.

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

- The service was person centred with staff and management focussed on finding the best outcomes for people. This was evident from discussions with people and their relatives who described the lengths staff went to. The way staff spoke about people also showed how the people they supported were at the centre of their work.