

La vie en Rose Limited

# La Vie En Rose Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

La Vie En Rose provides domiciliary care and support for people living in their own homes. At the time of our inspection there were 57 people who were receiving personal care. The service provided care for people with long term health care conditions, older people, people with physical disabilities, people living with dementia and people needing end of life care and support. The service was contracted by the local authority to provide complex care support. Care staff provide a service to people who need assistance with aspects of their care including mobility needs, personal hygiene and eating and drinking.

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

Safe recruitment practices had not always been followed and pre-employment checks had not always been undertaken to gather assurances about staff conduct.

The registered manager and provider had not always informed CQC of notifiable incidents.

People's individual risks were assessed and staff were given clear information on how to protect people from the risks associated with their care. Care staff had the training and experience they needed to meet people's needs.

People and their relatives received care and support from a consistent staffing team. Staff spoke positively about the time and support they received and how this promoted person centred care.

People were supported by staff, who were training to meet their individual needs. Staff spoke positively about the support they received from the registered manager and provider.

People and their relatives were informed of any changes and were involved in their loved ones care and support.

The provider and registered manager ensured lessons were learnt when incidents occurred or where concerns were reported. There were systems to ensure people's needs and risks were regularly reviewed and any healthcare concerns were identified and appropriate action taken.

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.

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

This is the second time we have inspected this service since it was registered in January 2020. The first time

we inspected (7 October 2020) we undertook a targeted inspection and therefore did not rate the service.

#### Why we inspected

This was a planned inspection based on the service being newly registered.

We have identified breach in relation to regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. We also identified a breach in regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# La Vie En Rose 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

La Vie En Rose is a domiciliary care agency. It provides personal care to people living in their own homes. La Vie En Rose provides a service in Gloucestershire. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for domiciliary care. This inspection looked at people's personal care and support.

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 a short period of notice for the inspection to ensure that people and their relatives would be available to be contacted by the inspection team via telephone and that the registered manager would be available during the inspection. Inspection activity started on 13 May 2021 when we visited the office and concluded on 18 May 2021.

#### What we did before the inspection

We reviewed all the information we had received about this service since the last inspection. This included information of concern, information provided by the provider and feedback from commissioners of the service and involved healthcare professionals. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and seven people's relatives. We spoke with seven members of staff which included, five care workers or care leaders, a care manager and the registered manager. We reviewed a range of records. This included eight people's care and risk assessments and associated records. We reviewed a variety of records relating to the management of the service, including policy and procedures.

# 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 for this newly registered service as there was a change of ownership 16 January 2020. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider's recruitment policy described the pre-recruitment checks that needed to be completed to reduce the risk of unsuitable staff from being employed. The required pre-employment checks had not always been undertaken. Reference checks from staff's previous social care employers were not always sought to gather assurances about staff conduct. Criminal record checks had not always been carried out when a member of staff had recently moved to the country.
- Interview records were not always in place to support managers' decisions to employ staff. The records were needed to evidence that managers had explored the previous employment histories of staff and their suitability to work at the home. There were gaps in some staff's education and employment history. We raised this with the managers who told us they would ensure the correct information was stored and recorded.
- The registered manager and provider had not carried out risk assessments where the service were unable to obtain references or check on a staff members history in their country of origin. This meant additional safeguards were not in place to ensure staff were of good character.

We discussed these concerns with the registered manager. They discussed the actions they were taking to address these concerns. We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us staff arrived with them when expected. They also told us they benefitted from being cared for by a consistent care team. Comments included: "I get on very well with them there was an issue awhile back when he was unwell they called 111 and stayed until someone came they are always looking for things, watching for things" and "Overall very good we are pleased with the carers we've got; two out of three are fantastic true qualities of carers."
- Staff told us they had the time and support they needed to carry out people's care in a safe and person centred manner. One member of staff told us, "I do have the time I need and time to spend with people. Emergencies can delay us, however we let the office know." Another member of staff discussed how they raised concerns to the registered manager that they did not have enough time to meet a person's care needs. This was discussed with the person and their funding authority to ensure the care and support the person needed, met their needs.

### Assessing risk, safety monitoring and management

- People's needs had been assessed by trained staff when La Vie En Rose provided care. This assessment included reviewing local authority assessments and guidance from healthcare professionals.
- People's care plans contained detailed information on their individual risks and the support they needed to protect them. This included guidance for care staff on using mobility equipment and support needed to keep people's skin healthy and intact.
- Assessments included environment assessments to identify any risks to people and care staff during the provision of care. Where risks were identified the service took appropriate action to discuss this risk with people and their representatives and work to reduce these risks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they were safe when receiving care from care staff. Comments included: "I feel very safe, they treat me well" and "It's ok they're very good."
- People were safeguarded from the risk of abuse. Staff had received safeguarding training and knew what to do if they had concerns around people's care. Staff understood their responsibilities around reporting concerns. Staff told us, "I would definitely go to the manager if I had any concerns" and "I would contact [registered manager] and they would take action."
- Lessons were learned if things went wrong in the home. The registered manager reviewed incidents and accidents and looked at ways the staff could make changes to prevent them happening again. For example, lessons were learnt when a mobility aid failed. Staff were given clear guidance on the checks they needed to make to ensure equipment was safe to use. An apology was also provided to the person and their family.

Using medicines safely

- People's medicines were managed safely. Staff who assisted people with their medicines had training in medicine administration. One staff member said, "I received that training I need. I've been observed too."
- Medicine Administration Record (MAR) charts were accurate and kept up to date. Senior care staff audited peoples' prescribed medicines and MAR charts to ensure people had been supported with their medicines as prescribed.

Preventing and controlling infection

- People and their relatives told us staff wore personal protective equipment (PPE) as required and followed recognised COVID-19 guidance. Comments included: "At the moment I think they're great they wear masks and gloves" and "Very good no problems. They wear gloves, masks and aprons."
- The registered manager and senior care staff carried out spot checks on staff to ensure they followed PPE guidance. Staff were given the PPE they required and had received training in relation to COVID-19 and infection control.



# 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

- People's physical, mental and social needs were assessed before they were supported by the service to ensure their needs could be fully met. This included engaging with people, their relatives and relevant healthcare professionals.
- People's relatives praised the ability of staff to support people with complex needs. Comments included: "I'm palliative care, they're very good actually" and "They do a good job, all the time."
- Staff followed clear guidance set out by healthcare professionals. Where necessary, support, such as training was provided by healthcare professionals to people's care teams.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant to their role and the people they supported. For example, alongside training in relation to moving and handling, dementia, staff received specific training tailored to people's needs such as Percutaneous Endoscopic Gastrostomy (PEG) (a way of people to receive food and fluids when they have swallowing difficulties) training and end of life care training.
- Staff were supported in their role through induction, training and supervision. Staff received mandatory training in relevant health and social care topics which was monitored by the registered manager. Staff spoke positively about the training they received. Comments included: "I have all the training I need. The last year has been more online due to the pandemic, however we've talked about that" and "I have the skills I need. There is training, which I've just refreshed. We have support from nurses when there is specific training needed."
- People and their relatives spoke positively about the training the staff who supported them received. Comments included: "the training is very good there's two people using a hoist to hoist me onto the commode wash and undress" and "I feel they are well trained."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where required, supported people with their dietary needs. People and their relatives told us staff met these needs. One relative told us "they cook nutritious meals, dad eats really well."
- Staff took appropriate action when concerns had been identified regarding people's nutritional needs. One relative told us, "They (staff) noticed he had lost weight, they took it upon themselves to weigh him and now he's put the weight back on."
- People's care plans detailed the support they required to eat and drink safely and their preferences in

snacks, meals and drinks. One person required specific support with their PEG care. Staff had clear instructions to follow which had been provided by the person's nutritionist.

#### 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 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 on their behalf must be in their best interests and as least restrictive as possible.

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.

- The provider and staff were working in line with the principles of the MCA 2005. People's care plans detailed the support they needed to make informed choices, or where choices needed to be made in their best interest. Where appropriate people's representatives (including power of attorneys) and healthcare professionals were involved in making significant decisions.
- People and their relatives told us their choices were promoted and respected. Comments included: "It's my choice of what I eat I just asked them for what I fancy" and "If he is determined to get up they help him and keep him safe, they don't leave, they go the extra mile."

# 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

- People who received support from La Vie En Rose were positive about the support they received. Comments included: "They are very good with him. The care is really good" and "I have the same two people (care staff) who are first class."
- People and their relatives told us they were treated with kindness and compassion. Comments included: "It's almost got that we're friends I'm so pleased with them you can get them a gold star, they're very caring they make sure he is properly comfortable and from my perspective we have a chat" and "I feel we've made friends."
- The registered manager and staff were passionate about delivering good quality care which focused on people's individual support requirements. They all spoke about people with genuine kindness and respect.

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

- People's care records included information about people's preferences and how they like to be supported and their daily living routines.
- People and their relatives confirmed they were involved in the planning of their care and were happy with the care they received. We were told that staff were very attentive to their needs and ensured they were comfortable before they left. One person told us, "They go above and beyond little things like changing the rubbish and taking it on their way out, I'm very pleased."

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported effectively and with dignity when they required assistance with their personal hygiene and tasks that they struggled with.
- One person told us they liked to do as much for themselves as possible and asked for help when needed. They confirmed that they were treated with dignity and their views and choices were always upheld and respected. They told us, "They wash and clean me and help me onto my chair, when it comes to my private parts I do myself, I try and do as much as I can."

# 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 confirmed that the care they received was personalised and met their needs. One person told us, "they know how I take my tea, how much sugar I like and how much milk.".
- Detailed information about people's support requirements, their preferences, care and levels of independence was documented. This information would help to direct staff in providing personalised care and understanding people's support requirements and risks. One member of staff told us, "The care plans are detailed. We also have good regular people we support; this helps us provide care which is tailored to their needs."
- One person told us how the service was well organised and they were cared for by staff they knew. They said, "it's good coordination with the agency we know what's going on where we used to get a stranger if a carer was on holiday or there were any changes, now they reassure me of the carer who will be covering."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their initial assessment. Information about people's vision, hearing and any communication devices to enable them better to communicate and understand was documented in people's care plan.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The registered manager responded to any concerns or complaints and used these to make changes and improvements to the service people received.

End of life care and support

- One person was receiving end of life care at the time of our inspection. They spoke positively about the care and support they received.
- Where appropriate, people's wishes regarding their end of life care, support and wishes had been recorded. The service worked with people, their representatives and healthcare professionals to support people to remain living in their own homes.
- Staff were clear that they would want people to remain comfortable, pain free and would support people's end of life wishes. They explained that they would review each person's end of life care needs and would implement relevant training for staff and care related documents as required to ensure the service could

remain responsive to people's changing needs.

# 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 as there was a change of ownership. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider had not always notified CQC of notifiable incidents since their registration. This included four individual incidents which were notifiable to CQC. We discussed this with the registered manager and discussed the relevant processes regarding statutory regulations.

People had not been impacted by this concern, as the registered manager and provider had ensured appropriate healthcare professionals. However, this was a breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009.

- The registered manager and provider had systems in place to monitor the quality of care people received, including the support staff required. However, there was not always robust monitoring systems in relation to staff recruitment processes. We discussed this with the registered manager who discussed the actions they were taking to address these areas.
- The registered manager and senior staff carried out regular audits on people's care needs and care records. Senior staff completed weekly reports which were supplied to the registered manager to identify any concerns. These reports also documented people or their relative's views on the care as well as providing an overview of how people have been.

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

- The registered manager and staff told us there was high levels of communication in the service which promoted an open and transparent culture. Staff told us they could always contact the registered manager and senior staff at any time. One member of staff told us, "Anytime I need to speak to them there is someone available. They are great at communicating with us daily."
- People and their relatives spoke positively about the management of the service. Comments included: "I would recommend them, they are friendly and do the job they need to do and go" and "I would recommend the agency we wouldn't want to change anything."

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

- The registered manager (who was also the owner of the service) was highly thought of by people who used

the service. At the time of the inspection the registered manager was the only staff member employed to manage the service and deliver care to people.

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

- People confirmed that their views about the care and support they received were continually sought. They explained communication from the service was excellent. One person told us, "I forewarn them and they know what to expect when they come, the message has always got through."
- The registered manager and provider sought people's views regularly. This included regular telephone calls and a quality survey. Survey responses were wholly positive and the service had discussed people's responses with them.
- The service had a clear reporting process in relation incidents and near misses. The registered manager and senior staff discussed how these systems worked and assisted them to make

Working in partnership with others

- The registered manager provided examples of how they had worked jointly with people, their relatives and health and social care professionals to ensure people's well-being and health was being maintained in their own home and help prevent hospital admissions.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager and provider had not always notified CQC of notifiable events.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.