Care Quality Commission

Loyal Care Consortium Limited

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Inspection report

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Date of inspection visit:
03 December 2018

Date of publication:
17 January 2019

Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This inspection took place on 3 December 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to adults living in their own homes with physical, mental health or learning disability needs.

The service registered with the Care Quality Commission on 3 January 2018. This is the first inspection of the service. At the time of the inspection the service had two people using the service who received support with personal care.

The service had a registered manager in post. 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.

Relatives told us they were happy with the care provided and staff were kind to their family members. Staff understood their role in safeguarding adults and were able to tell us what they would do if they had any safeguarding concerns.

There were care records in place but they did not contain enough detail on people's needs. Risk assessments were not always in place to guide staff and minimise harm for all identified risks.

Relatives told us their family members were cared for by regular staff who understood their needs. Staff were on time or the office notified family members if staff were running late. Staff told us that travel times were sufficient, so they were not rushed.

At the time of the inspection family members supported people with their medicines so staff did not provide medicines support. Staff had been trained in giving medicines. The service worked with healthcare services to deliver effective care and support to people.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
The registered manager and provider carried out audits to check the quality of the care provided. The service learnt lessons and made improvements when things went wrong.

There was a complaints process in place and relatives told us they knew how to make a complaint, and that the registered manager would respond to issues they raised.

Staff recruitment was safe and staff were supported to meet people's needs through a combination of induction, supervision, training and guidance from family members.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. Supplies were delivered to people's houses.
We have made a recommendation to the service to review records to record mental capacity assessments in more detail.

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. Risk assessments were not always in place to guide staff and minimise harm for all identified risks.

Safe recruitment processes were in place.

Adequate infection control processes were in place.

The service learned from incidents to minimise reoccurrence.

Is the service effective?

Good

The service was effective. Staff were supported to provide good care through comprehensive induction, training and supervision. Relatives also provided guidance to care staff in meeting the needs of their family members.

The service worked with health professionals to support people with their health needs.

Staff understood the need to gain consent before providing care.

Is the service caring?

Good

The service was caring. Relatives told us staff were kind to their family member and treated them with dignity and respect.

Care records noted people's religious and cultural needs.

Is the service responsive?

Good

The service was responsive. Care records reflected people's current needs. As people's needs were very complex they required greater detail to be recorded, although relatives confirmed staff understood how to meet people's needs.

There was a complaints process in place and relatives were confident issues raised would be dealt with by the registered manager.

Is the service well-led?

Good

The service was well-led. The management team had introduced audits to monitor quality and were in the process of extending the audit processes as the service grew.

Relatives and staff told us the registered manager was available and involved in the day to day running of the service.

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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 3 December 2018. The provider was given 48 hours' notice because the registered manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

The inspection was carried out by one adult social care inspector. As part of the inspection we spoke with three staff members.

At the time of the inspection the two people receiving a service were not able to communicate with us to give us feedback on their care so we asked the views of their family carers who lived with them.

We looked at care records for two people using the service and one person who had recently been referred to the service. We also looked at recruitment records for three members of staff, and details of their training and supervision. We looked at provider policies, and other management documents including incident and accident records. We received feedback from two health and social care professionals after the inspection.

Requires Improvement

Is the service safe?

Our findings

Relatives told us they thought the service provided safe care to their family member. The service had safeguarding processes in place and staff understood about safeguarding, the types of abuse that can occur and what to do if they had any concerns. Staff were able to tell us about whistleblowing and who they would contact if they had concerns.

There were risk assessments in place for the environment which covered a range of issues including how medicines were stored at people's houses. The service used a risk screening tool and a more detailed risk assessment which covered specific risks including moving and handling. There was some detail regarding equipment to use, but for one person there was no information as to how to provide personal care to a person with minimal ability to express or move themselves. We also found one person who received a sitting service but the risk assessment did not state clearly how to help the person drink if staff needed to do this.

We discussed these issues with the registered manager. Both people receiving a service lived with a family carer. Staff and the registered manager were able to tell us how they specifically managed people's care, for example, how to turn one person, and for another, the person's wife had shown staff how to provide assistance with drinking. However, there was insufficient information on the risk assessment to fully guide staff. This was not an issue at present as there were so few people being supported by the service and all staff knew both clients well. However, these were not safe working practices and could place people at risk of harm.

Following the inspection the registered manager sent us more detailed risk assessments and told us they would ensure they had copies of all relevant assessments from other professionals, for example, the speech and language therapist guidelines on how to safely support a person to drink.

The service did not currently support people with medicines management but had a medicines competency process in place and staff had undergone training in medicines management.

The service had processes in place to minimise the spread of infection. Staff had disposable gloves and aprons and relatives told us that they used them when providing care to their family member.

There was an accident and incidents log at the service and we could see that actions were taken following incidents occurring. The registered manager was able to tell us what they learnt from incidents, but was not recording this. They told us they would amend the form to record this information so they could see if there were trends to incidents.

Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.

Relatives told us staff were on time or they were alerted by the office if staff were running late. As the staff team was small they knew each other's clients and also worked together to provide two care staff to people

to ensure they moved people safely.

Good

Is the service effective?

Our findings

Relatives told us staff had the skills to care for people. Health and social care professionals gave good feedback regarding staff skills in caring for people. Staff were guided by comprehensive assessment documentation, care records and relatives in how to provide care as people using the service had complex physical and or mental health needs.

Staff received an induction to their role which included shadowing experienced staff and completing training courses. Staff were completing the Care Certificate if they had not already done so or had equivalent qualifications. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff completed training in a wide range of courses which included moving and handling, food safety, end of life care, safeguarding and medicines. The service had a matrix to check staff training was up to date. Staff received regular supervision and told us it was helpful. They also told us they had "100% support with training" from the organisation.

People's rights to make their own decisions, where possible, were protected. 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.

Staff were able to tell us how they obtained consent from people before providing care. For example, staff told us they assisted one person who had significant communication needs due to their health condition and staff understood how to ask closed questions so this person could respond with a yes or no answer, and give their views.

Care records referred to people's capacity, but not in sufficient depth to explain fully to staff people's understanding and cognition. As both people lived with family members they provided this level of detail, however we discussed the need for further information on people's capacity to be recorded with the registered manager, particularly when providing care to people with such complex physical and or mental health needs.

We recommend that the registered manager reviews all care documentation to record in more detail people's mental capacity in relation to specific decisions.

Staff were not routinely assisting people with eating and drinking as their families took on this role. The service worked with other health professionals to maximise people's health. Families told us that staff followed guidelines set out by professionals such as district nurses and speech and language therapists. Health and social care professionals confirmed this was the case, they also added the service provided them with good feedback on changes in people's needs and worked in partnership with them. One health and

social care professional told us the staff and service were proactive and used their initiative, which was positive. Care records outlined people's health conditions and explained symptoms to staff.

Good

Is the service caring?

Our findings

Relatives told us staff were kind and caring to their family members. Health and social care professionals confirmed staff were kind.
Staff told us it was very important to "say hello" and smile at people even if you were not always sure they could understand what was being said. Staff were able to tell us how they supported people in a caring way. For example, one person had minimal ability to communicate due to their condition, but they had visited this person in hospital and were able to tell the hospital staff how this person used their eyes to communicate.

Staff told us they knew this role required compassion and one staff member told us "if you aren't caring you can't do this job well." Staff were able to tell us how they treated people with dignity and respect by ensuring people had privacy and were offered choice.

Staff explained how it was important to be aware of people's religious and cultural needs, and to check with relatives their expectations when people were not always able to speak or explain for themselves their religious or cultural needs. Support plans noted people's ethnicity, religion and sexuality.

Both people receiving a service had very complex physical and health care needs so were not able to care for themselves or contribute to the care planning process. But staff were able to tell us people's preferences for care. Records showed relatives had been involved in their care planning and they confirmed this.

Good

Is the service responsive?

Our findings

Care plans were in place and were drawn up recently so were up to date. They covered a broad range of areas including moving and handling, communication and personal care. There were some ways in which the care records were detailed and person centred. For example, one care record noted "I have good comprehension however due to my inability to make verbally communicate, support staff need to use simple clear sentences. Staff to seek clarity to ensure that I have understood the details of conversation or instructions in a calm and friendly manner." Another noted "I can be anxious because I am not able to communicate my needs. My anxiety is heightened when I am not supported to understand what is being communicated to me. Staff to reassure me by speaking to me and explaining things to me. Especially my personal care process."

Although staff understood people's needs and preferences as their relatives had explained these to them and the registered manager, we found care records did not always contain sufficient detail for staff. For example, for one person who could not communicate verbally and had minimal consciousness there was insufficient detail as to how this person should have personal care provided or how staff should communicate to them they were going to clean their teeth. Another care record did not record a person's interests even though staff provided a sitting service once a week to this person.

As the people currently receiving a service lived with family and the staff team was currently small and everyone knew other people's clients this did not pose a risk to people. Relatives confirmed that care was provided in a person-centred way. However, we discussed the lack of person-centred detail on care records in some areas with the registered manager who then sent us updated care plans subsequent to the inspection with more detail.

Relatives told us that the registered manager was responsive when issues were raised. For example, one relative told us that issues of difficulty at the start of the care package were dealt with quickly by the registered manager. Relatives told us they knew how to make a complaint but generally talked with the registered manager and issues were resolved. There was a complaints process in place and we saw from records that complaints were dealt with promptly. Health and social care professionals told us the registered manager was responsive to any issues raised and 'problem solved' issues with them.

At the time of the inspection, the service was not supporting people who were terminally ill, so care records did not cover these issues. However, the registered manager told us the service wanted to specialise in this area of work and planned to develop links with local palliative care health professionals. The service had an end of life strategy which set out their intention to support people and what areas their care plan should address.

Good

Is the service well-led?

Our findings

The service was still establishing systems and processes to ensure quality of care was good and to support staff at the time of the inspection. Some audits were clearly embedded, others were not yet required or not started. For example, we could see quality checks of staff competency skills covering the provision of care, offering choice, and communication were taking place every two to three months. Also, questionnaires to people and their family to check they were happy with the service were happening on a regular basis, initially at the outset of the service and then after six weeks of care being provided. The responses to questionnaires from family members and people using the service were positive about the service.

The provider's policy was to review care every six months or when a person's needs changed. Due to the short time people had been using the service formal reviews had not taken place at the time of the inspection. Medicines audit processes, although established, had not been implemented as staff were not supporting people with medicines but were ready.

At the time of the inspection, systems to collate staff training and supervision information were being set up. The registered manager and provider told us they were planning to expand the service in the coming 12 months and realised the necessity of setting up systems to manage the increased workload effectively.

Staff told us the registered manager was "very approachable" and a "lovely lady, and that the management team offered effective support both in the day and out of hours. Staff told us they enjoyed their job and felt valued in their role. Team meetings were on an ad hoc basis, but communication took place across a number of media including email and telephone messaging services.

Relatives of people using the service were positive about the service provided and spoke well of the staff and registered manager. Health and social care professionals told us they received positive feedback regarding this service from people they commissioned care for and their relatives, and the registered manager worked in partnership with them. The service was developing formal processes for feedback from health and social care professionals and told us they would implement these in the coming 12 months.