

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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 3 May 2017 and was announced. The provider had been given 48 hours' notice of the visit to the office so that we could be sure someone would be available to meet with us. At our last inspection in February 2016 we found that the provider required improvements to be made in three of the key questions. The other key questions were rated as good at that time.

Laura Care Agency is registered to provide personal care to people who live in their own homes. On the day of our inspection they were providing care to 13 people. There was a registered manager at this 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 and associated Regulations about how the service is run.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and responded to. Risks people might experience with their care and support or risks related to their home environment were being managed well. People received support with their medicines but we could not be sure if the recording of when the medicines had been given was accurate. We recommend that the registered manager considers the NICE Guidance 'Managing Medicines for adults receiving social care in the community.'

People's needs had been assessed before they started to receive support from the service and people had been involved in developing and updating their care plans. We found the information contained in the care records was individualised and clearly identified people's needs and preferences.

Staff had been provided with induction training and regular refresher training to update their knowledge and skills. Staff had a clear understanding of the procedures in place to safeguard people from abuse. Staff were well supported and received regular supervision and training.

We found the service employed enough staff to meet the needs of the people being supported. The support provided was from a consistent group of staff who had been safely recruited. People who used the service had no concerns about how the service was staffed.

People and relatives told us they were cared for by kind staff who knew them well. People and staff knew how to make a complaint and felt confident that it would be dealt with well.

The provider had not established adequate quality monitor processes to identify if the service was meeting people's needs or how it could be improved. Audits had not always led to improvements in the quality of the service. Information was not reviewed for trends and to identify learning opportunities.

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.

People supported with medication administration could not be sure they received medication as prescribed.

Relatives and people told us they felt they were safe and well cared for.

People had risk assessments that were up to date and detailed.

Is the service effective?

Good 

This service was effective.

People were supported by staff who were trained and skilled in their roles.

People were asked for their consent before they received care from staff.

People were supported to access healthcare services when needed.

Is the service caring?

Good 

This service was caring.

People told us that staff were caring and kind.

Staff and relatives told us that people were treated with dignity and respect.

People and relatives felt involved in their care. ☐

Is the service responsive?

Good 

This service was responsive.

People's opinions and choices mattered to the service and they

were involved in planning their care.

People had access to and knew about the formal complaints system.

Is the service well-led?

This service was not always well-led.

There were no robust systems in place to monitor and improve the quality of the service.

Staff said the manager provided them with the appropriate leadership and support.

Staff were well motivated and enjoyed working at the service.

Requires Improvement 

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 3 May 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be there to meet us. The inspection team comprised of one inspector.

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 in addition considered feedback provided to us by commissioners of the service and Health Watch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We had not asked the provider to complete a Provider Information Return (PIR). We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with three people who used the service and four relatives. We also spoke with three members of staff, and the registered manager. We looked at various records including the care records of two people and the recruitment records of two staff, complaints and safeguarding information.

Is the service safe?

Our findings

At our last inspection in February 2016 we rated the service as "requires improvement" under the key question "Is the service safe?" This was because people could not be sure they had received their medicines as required. At this inspection we found that this issue still remained a concern and that the required improvements had not been made.

People supported by staff to take medication could not be assured that they received their medicines as prescribed. Staff said they supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. We looked at the recording of medication for six people and found that this was not consistently well done. There were some gaps in the recording on the medication records so we could not establish if people had received their prescribed medicine. We saw that the time medication should be given to people was not clearly indicated on the records. For some people being given prescribed medication at the wrong time could be detrimental to their health or could affect the benefits of the medication. Staff were routinely administering some medication that was only prescribed to be given 'as required' (PRN). The registered manager told us that they did not have specific protocols available for staff to follow so that they knew when to give the PRN medication. This could mean that people were taking medication when they did not need it. These concerns had not been identified or rectified by the registered manager.

Staff told us that they had received up to date training in administering medication which was confirmed in records we viewed. The registered manager told us that they assessed staffs competency to give medication when they did spot checks but this had not been effective in identifying and addressing issues we noted to keep people safe from harm in relation to their medicines. We brought these issues to the attention of the registered manager who told us of their plans to improve the method of recording.

People we spoke with told us they felt safe using the service. One person told us "It's like being cared for by a friend we get on so well and yes of course I feel safe with them" and "I need two care staff to help me and we all work together." They told us they knew the staff who came to provide their care and felt that staff would take appropriate action if they were at risk of harm. Relatives we spoke with confirmed that the service was safe, one relative said, "My husband feels safe with all his carers I can tell by his reactions that there are no problems." The staff we spoke with demonstrated a good knowledge of the signs of abuse, and had received up to date training in matters around safeguarding people. Staff were clear about how to report any concerns they might have. We noted there was a whistle blowing policy for staff to use if needed, and staff told us they were aware of it.

People had risk assessments and care plans in place to ensure they received appropriate care which helped to protect them from the risk of harm. These were updated regularly and were detailed, which gave staff the information they needed to carry out their role well. We saw that the registered manager had a process for recording and managing accidents and incidents appropriately. We noted that these were responded to in a timely manner and helped to make sure that avoidable accidents did not recur.

There were sufficient numbers of adequately trained staff to provide care and support. People told us that staff did not rush them when they supported them with their personal care. One person said, "We seem to have plenty of time to do all we have to and I don't think they rush at all." Another person told us, "The care staff arrive on time nearly all the time they stay as long as they are supposed to and do not rush, this is what I like." A staff member told us, "We have enough time when we are on a call." People and relatives told us that staff usually visited them on time, and there was a system in place to notify people if staff were going to be late.

We found that staff were recruited safely. We spoke with staff about their recruitment and they told us that all checks had been completed before they were employed. The staff recruitment records we looked at showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks, also known as police checks, were carried out for all the staff, and updated regularly. The registered manager also requested references about the character and the suitability of prospective staff to work with the people who used the service. This helped to ensure that only suitable people with the right skills were employed by this service. During discussions we found that the provider was aware of their responsibilities if a member of staff was not performing well.

Is the service effective?

Our findings

At our last inspection in February 2016 we rated the service as "requires improvement" under the key question "Is the service effective?" This was because people were not always supported by staff who had adequate levels of training. At this inspection we found the required improvements had been made.

People's comments demonstrated that people felt staff were competent in their roles and provided good care and support. One person said, "All the staff are well trained to look after me." Staff told us that they received an induction which included getting to know people's needs and shadowing more established staff before caring for people. One member of staff told us, "I had an induction; you go through the care plans and do shadowing." There was also documentary evidence that inductions had taken place with the support of the care certificate [a nationally recognised induction programme for new staff].

We found staff had received training to meet the needs of the people they supported. This included completing core training in topics such as safeguarding, first aid and manual handling. A staff member told us, "The training is very good." Another member of staff told us, "They really make sure that until you are ready you don't work [with people]." We saw records that showed staff had supervision and all the staff we spoke with confirmed this. One staff member said, "I've had supervision nearly every week, and we have regular staff meetings."

Staff felt that communication was good within the team and that they were supported by the management. One staff member said, "I'm really proud of how we work as a team, we all communicate together well." Another staff member said, "We are supported well."

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.

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 MCA. We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection there were no applications to deprive a person of their liberty.

We found that a small number of people who used the service might be considered to lack capacity to make some decisions about their care. During discussions we found the registered manager understood their responsibilities in relation to the MCA, and was acting in accordance of the main principals of it. We noted however that in one instance a person's relatives had agreed to the care plan when they did not have the legal authority to do so. When we spoke with the registered manager about this concern they told us this issue would be immediately addressed.

All the people we spoke with said that staff would seek their consent before they provided care. A relative told us, "I can hear [the staff] asking before they do anything for him" Staff comments included, "We always ask before doing any care." We saw that staff had received training in the MCA. People were regularly asked for their views of the service and we saw that when necessary, action was taken to ensure people were supported in line with their expressed wishes.

The majority of people who used the service did not need support with their food and drink but those people who did told us they were happy about how they were supported. One person said, "I am never left without a drink before they leave me." Staff told us that they heated up meals or prepared snacks, but did not cook for people. Staff were knowledgeable about people's nutritional requirements, and care plans contained detailed information about people's health conditions which could be affected by their diet. We found that people were supported to have enough to eat and drink to meet their needs.

People and their relatives told us they managed their own appointments with health professionals. The registered manager told us that when needed staff supported people with this too. We saw evidence that staff contacted doctors, physiotherapists and social workers on people's behalf or when they felt they were becoming unwell or required their care needs to be reviewed. Staff we spoke with described how they would appropriately support someone if they felt they needed medical attention in the case of an emergency. We saw that people were supported to maintain their health and the level of support needed was reviewed regularly.

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. One person said, "All the carers who come are really caring." Another person said, "I couldn't ask for better carers." Relatives we spoke with were equally complimentary, comments included, "We have used other care companies but the staff with this one really do care."

People who used the service told us they were supported by regular staff and this had enabled them to develop positive relationships with them. One person said, "My carers are lovely nothing is a trouble they know me so well they even can tell if I am a bit down" Staff we spoke with could explain people's specific needs and how they liked to be supported. It was clear that staff knew the needs and wishes of the people they supported well. A member of staff told us, "[People] are like my family now." Another member of staff said, "All the staff are nice and kind." During our inspection the registered manager had to speak to a person on a distressing matter and we heard that they did so with great kindness and sympathy. After the call the registered manager told us that she took great pride in making sure everyone who used the service could speak with her directly. People said they were supported by staff that showed them kindness and genuine care.

People told us they felt involved in how their care was provided. The provider had a process to support people to be involved in developing and reviewing their care plans and expressing how they wanted their care to be delivered. A relative told us, "I seem to remember before the carers started that we all sat and filled in [my relatives] care plan." People told us and records showed that people were consulted about their care and how they wanted to be supported. There was evidence that people regularly met with senior staff to ensure they were happy with their care plans.

Everyone we spoke with confirmed that they felt that their privacy and dignity was promoted. Staff could explain how they would ensure that all personal care was conducted with as much privacy and respect as possible. When discussing people the service supported, we noted that staff were very clear about confidentiality and always spoke respectfully and kindly about the people they supported. Staff also said that they would make sure the person retained as much independence as possible. Staff told us that people's independence was promoted when they assisted with personal care and gave us examples how they did this. For example, staff told us if people were able to wash themselves or get dressed themselves this was encouraged. We found that people had their dignity and privacy maintained and their independence promoted.

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care and were happy with the care they received. A relative told us, "Knowing the staff makes such a difference to me I really know that my father is being looked after." People told us they had care plans which staff could refer to which ensured they got the right care for them. People were confident that staff knew them well and felt involved in their care.

The registered manager told us, and records showed that initial assessments had taken place to identify people's individual support needs. This made sure that the provider knew they could provide the correct support to people. The registered manager told us that where possible staff were matched to people on the grounds of each person's started preference. For example some people wanted only female staff, and we found that this was provided.

Care records we saw were person-centred and contained information about people's personal preferences and routines. For example one person told us that they wanted a snack and drink left out for them for the afternoon, we saw this was written in the person's records and they told us that care staff always left their food and drink as requested. We found that records reflected people's choices and confirmed people and their families were involved in regular reviews of their care to ensure their care reflected their current needs. Staff told us and people confirmed that they were called on the telephone each week to check if anything was needed to be changed with the care. One relative told us, "If we have appointments that can cause a problem with the staff times I speak to [the registered manager] and she always manages to get the carer to come in and make sure dad is ready on time. I appreciate that."

People told us they knew how to complain and that they felt confident to raise any matter of concern. One person told us, "Complain? Why would I complain, there is nothing to complain about. I get top class care." We saw information given to people when they began to use the service that included details about how to complain and what would happen. All the relatives we spoke with told us they would speak to the registered manager if they had any concerns. One relative told us they had raised an issue and it had been dealt with swiftly and to their satisfaction. Staff we spoke with had a good understanding of how to support people and others if they wished to complain.

There was a formal complaints procedure and we noted that the service had not received any complaints within the last twelve months. There were several written compliments. We noted that during the weekly calls to people that they were encouraged to raise any concerns or grumbles and we saw that these informal issues were recorded and dealt with in a timely manner.

Is the service well-led?

Our findings

At our last inspection in February 2016 we rated the service as "requires improvement" under the key question "Is the service well led?" This was because people could not be sure they had received a service that had systems in place to monitor the quality of the service and drive up improvements. At this inspection we found that this issue still remained a concern and that the required improvements had not been made. We found that the processes in place for monitoring and improving the quality of the service were not fully effective. The provider did not have robust systems to audit, monitor and improve the quality of the service within a timely manner.

Since our last inspection the registered manager had introduced a process of checking if medicines had been given as prescribed. We found that the system that had been introduced had not been effective and failed to ensure that people had received their medicines as prescribed. The charts that recorded the medications had been checked but errors in the recording had not been identified at that time. No actions had been taken to ensure people had received their medicines as prescribed. We recommend that the registered manager considers the NICE Guidance 'Managing Medicines for adults receiving social care in the community.'

The registered manager told us that they undertook spot checks of staff which staff confirmed happened. We saw that when these checks took place they had been recorded but actions and improvements resulting from them were not evident. The registered manager also did not have a robust system for ensuring that all staff were subject to these checks. There was no overall analysis of the spot checks that would have led to improvements in the service.

We noted that the provider had conducted a survey to capture people's views about the quality of the service. We saw that while actions had been taken for any concerns that had been raised individually, the survey feedback had been not been analysed for any trends or patterns or used to improve the service as a whole.

There registered manger showed us the electronic system they used to monitor if staff supported people for the right duration of time. While people told us that they did not receive short calls the registered manager did not have an effective system in place that could check this. When we looked at the system we saw that it was not effective in achieving its aim. The systems in place to assess, monitor and improve the service were not always effective and had failed on occasions to identify issues that needed to be addressed.

All the people and relatives we spoke with were happy to be supported by the service and pleased with how it was managed. Staff told us that they felt the service was well managed. Comments included, "I'm really happy with the company." and "There is good management, the communication is very good."

The registered manager took an active interest in the daily running of the service and the care given to people. There was a common vision for the service which was shared by all the staff we spoke with. Staff told us they were committed to providing a good service and developing caring relationships with the people

they supported. One member of staff said, "We are all out there looking after people, we really believe in what we are doing."

The registered manager was well liked by everyone we spoke with, and seen as approachable and caring. Ratings had been displayed appropriately within the reception of the office, and the registered manager notified us as required. During our inspection visit and discussions with the registered manager we identified that they understood their responsibilities. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place. The registered manager told us they had kept up to date with new developments, requirements and regulations in the care sector by accessing the internet, attending relevant training and keeping in touch with other registered managers .