Loga Care 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

Summary of findings

Overall summary

This inspection took place on 24th and 25th November 2016.

Loga Care Limited provides 24 hour live-in care for adults of all ages with a range of health care needs. Care staff live in people's home to provide their care. People may be living with dementia or have a physical or learning disability. There were 104 people using the service at the time of the inspection.

There was 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.

People' s rights were not protected because the staff did not act in accordance with the Mental Capacity Act 2005 (MCA). Staff were not knowledgeable about how to support people to make decisions. Decisions were being made by people who did not have the authority to make those decisions, and where people had restrictions placed on them there was no evidence that this was done in their best interests

There were times where people were not being protected against risks and action had not been taken to prevent the potential of harm.

Staff did not always have the up to date training they needed to remain up to date with good practices. It is the provider's policy to only provide update training in safeguarding, moving and handling and medicines administration on an on-going basis.

The provider did not always have effective systems in place to monitor the quality of care and support that people received. In the last year they had completed one audit in July 2016. The audit did not identify that people were not being protected against risks, or that people did not have decision specific mental capacity assessments in place.

People were protected against the risks of potential abuse as staff had the knowledge and confidence to identify safeguarding concerns.

The service followed safe recruitment practices.

Accidents and incidents were documented and measures were introduced to support people to remain as safe as possible.

People were supported by staff who had supervisions (one to one meetings) with their line manager, but this was not effectively recorded. Staff were supported on a regular basis by Field Supervisors.

Care plans contained details on people's food preferences and people's dietary requirements. Examples of meals that were nutritious, balanced and liked by people were in care records.

People's care records showed people's health care needs were met effectively and their GP was involved in their care.

People told us that staff were caring and they were happy with the care they received

People received care and support from staff that had got to know them well. Care records contained information about people's personalities and life stories to help staff get to know them.

People and their relatives were given a choice of staff. People could read about staff member's backgrounds and were encouraged to speak to staff members on the phone to help them to make a decision about who they wanted supporting them.

The relationships between staff and people receiving support demonstrated dignity and respect at all times.

Care, treatment and support plans were personalised and detailed. Records contained information on people's health needs and practical tasks that they required support with and person centred information about people such as their wishes, preferences and backgrounds. Guidance for staff was very specific to people's individual needs.

Assessments covered people's needs and captured important person centred information.

People were able to choose what activities they took part in and suggest other activities they would like to do.

People's concerns and complaints were encouraged, investigated and responded to and were used as an opportunity for learning or improvement. Six complains had been made in the last year. They had all been responded to and had learning points identified.

The service communicated well with people and their relatives.

The office and manager communicated with staff well. The provider emailed a weekly newsletter to staff and staff were able to phone for advice and support at any time.

The registered manager valued people's and staffs feedback and acted on their suggestions. Surveys were carried out in February 2016. In response the provider had put action plans in place.

We found several breaches of regulations. You can see what action was taken at the end of the report.

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 were not always being protected against risks.

The service did follow safe recruitment practices.

Peoples' medicines were managed safely.

People were protected against the risks of potential abuse.

Accidents and incidents were documented and measures were introduced to support people to remain as safe as possible.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not protected because the staff did not act in accordance with the Mental Capacity Act 2005.

Staff did not always have the up to date training they needed to remain up to date with good practices.

People were supported by staff who had supervisions (one to one meetings) with their line manager, but this was not effectively recorded in order to help staff develop in their role

Care plans contained details on people's food preferences and people's dietary requirements.

People's care records showed people's health care needs were met effectively and their GP was involved in their care.

Is the service caring?

Good

The service was caring.

Staff were caring and they were happy with the care they received

People received care and support from staff that had got to know

them well.

People and their relatives were given a choice of staff.

The relationships between staff and people receiving support demonstrated dignity and respect at all times

Is the service responsive?

Good

The service was responsive

Care plans were person centred and reflected people's needs, interests and preferences.

Assessments covered people's needs and captured important person centred information.

People were able to choose what activities they took part in and suggest other activities they would like to do.

People's concerns and complaints were encouraged, investigated and responded to and were used as an opportunity for learning or improvement.

Is the service well-led?

Requires Improvement

The service was not always well led

The provider did not always have effective systems in place to monitor the quality of care and support that people received

The service communicated well with people and their relatives.

Staff felt the office staff and manager communicated with them.

People's feedback was sought by the manager in order to improve the care they received

Loga Care 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 24th and 25th November 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection team consisted of four inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of our inspection with permission we observed care being provided in six peoples own homes. We spoke with six people who used the service, four relatives in the homes of people receiving a service, seven staff, the registered manager and the Regional Director. We reviewed a variety of documents which included the care plans for seventeen people, six staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the home.

We last inspected the service on 2nd and 5th February 2015. At that inspection we found no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I do feel safe, I don't worry at all. They (staff) do everything they should do." Another person said, "The staff wouldn't let me do anything for myself that would harm me". A relative said, "They always seem aware of what needs to be done. It's been a relief to me knowing she's well looked after." Another relative said, "My mum is safe in the agency's hands".

However we found some people were not being protected against risks and action had not always been taken to prevent the potential of harm. There were moving and handling assessments which were not fully completed, lacked detail on controls and how to manage the risk. For example one person, who had significant problems with moving and handling (due to the lack of space to use hoisting equipment to move them around), did not have this identified in their environmental risk assessment. Their environmental risk assessment and moving and handling risk assessments were also not reviewed following a health care professional's visit specifically arranged to advise on how to deal with the lack of space. Records viewed told us that every staff member who had supported this person complained about their backs aching due to the difficulty in moving the person around in a restricted space. This had not prompted a review of the risk assessment.

Bed rails were in use in one home. Bedrails are safety devices intended to reduce the risk of accidentally slipping, sliding, rolling or falling from bed. There was no risk assessment in place for the safe use of these. A risk assessment is required because some deaths have occurred due to entrapment in bed rails. Entrapment risk can be reduced through putting systems in place to ensure the equipment is safely used.

One person who had an alcohol related disorder did not have a risk assessment in place for drinking alcohol.

We asked the provider to send us an action plan of how they were going to address the shortfalls that we had identified. This has been provided to us and we will review the actions taken at our next inspection.

The provider had not ensured that people were protected from the risk of harm. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Some risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person who was at high risk of falls had lost confidence and become unsteady. Staff used a standing hoist and wheelchair to support this person. Staff also gave this person time to process information when helping them to walk. Another person was at risk of pressure wounds due to their reduced mobility. Staff identified measures to minimise the risk. Staff applied prescribed creams to the person and observed their skin. Staff liaised with healthcare professionals where they noticed changes.

The provider followed safe recruitment practices. A staff member said, "The agency checked all of my documents before I started work". Staff files included application forms, employment histories, interview notes and appropriate references. Records showed that checks had been made with the Disclosure and

Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed safely. Where appropriate people were able to self-administer their medicines with the support from staff, and others had their medicines administered by staff. One person said, "I have one before breakfast and one after. They always get it right." One staff member said, "We have medicines training and they check we do things properly. I know how to make sure everything is up to date." Another staff member said, "I have had medicines training". Staff received annual medicines training. Field supervisors regularly checked the medicines administration records to check for any gaps in the administration of medicines.

There were sufficient staff to meet people's needs. Staff scheduling software was being used to ensure everyone had the staff they needed at the times needed. Relief staff were in place for staff holidays and emergencies. A person told us they always get the two staff they need. A relative said "The staff are consistent". A staff member said "I always get cover when I need it" and another told us she was specifically employed to cover staff holidays.

People were protected against the risks of potential abuse. This is because staff had the knowledge and confidence to identify safeguarding concerns. One staff member said, "Safeguarding is protecting vulnerable adults. It's to prevent abuse. I'm mindful of it, I'm aware of the indicators. I would alert my manager if I suspected anything." Another told us how they had alerted their manager when they suspected someone was being financially abused.

Accidents and incidents were documented and measures were introduced to support people to remain as safe as possible. For example, one person was found on the floor by staff. An ambulance was called to help them get up and ensure they were not injured. As a result of the incident staff contacted an Occupational Therapist to see if any equipment could be provided to support this person.

Requires Improvement

Is the service effective?

Our findings

People's rights were not protected because the staff did not act in accordance with the Mental Capacity Act 2005. 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.

There was no evidence of anyone's capacity being assessed in relation to any decision. In two care plans the consent to care and treatment had been signed by a relative and a statement made that they had Power of Attorney however the provider had no proof of this. In another care file it stated, "We believe that (person) does not fully understand the contents of this care plan. At the time of the assessment (person) was deemed to not have the capacity and the family member is signing on their behalf." There was no record of a mental capacity assessment in the file regarding this decision. Another person had needs relating to alcohol dependency. Their care records stated staff must prevent this person from drinking. However, staff had not assessed the person's mental capacity to make this decision, before placing a restriction upon them. On another person's care file it states, "The carer (staff member) must not contact 999 without the family's knowledge. She must contact the family first with any medical situation or problem that arises". The person's needs assessment stated that they had no memory problems. And another person's states, "GP to be informed first before dialling 999".

Staff members lacked knowledge of the MCA. One staff member said, "It's about their ability to understand or do something. We have to observe what people enjoy." Another said when describing the MCA training, "We talked about different mental problems and different communication problems. I'm reading books about dementia." Other members of staff confirmed they had received training in the MCA but were unable to tell us what it was about.
We asked the provider to send us an action plan of how they were going to address the shortfalls that we had identified. This has been provided to us and we will review the actions taken at our next inspection.

As care and treatment was not always provided with the appropriate consent this is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were staff who were knowledgeable. One staff member said, "MCA, I make sure the client has ownership of their care. They make decisions. Sometimes they don't have capacity to make informed decisions. Someone will act on their behalf. For example what to buy when shopping. I don't assume no capacity. I act on their behalf in their best interests and use the least restrictive option. Some decisions most people can make – what to wear or eat".

We asked people if they felt staff were well trained. One person said," I feel that staff know what they are doing." Another person said, "The agency has done moving and handling training. The family acted as guinea pigs. They practiced on us." This was in response to a number of staff members having difficulty

using the hoisting equipment in the persons home and not wanting to cause distress to the person whilst the staff member practised using the hoist.

Staff did not always have the up to date training they needed to remain up to date with good practices. It is the provider's policy to only provide update training in safeguarding, moving and handling and medicines administration on an on-going basis. Twenty one staff had received first aid, infection control and fire awareness training over three years ago. Refresher training is required to enable staff to update their skills and to remain confident in carrying out their duties. According to the Health and Safety Executive (HSE) this is particularly important when staff do not have English as their first language.

Staff training records showed that staff received 3 days training during their induction in moving and handling, medicines administration, safeguarding, dementia, first aid, infection control, fire awareness, health and safety, food hygiene and the Mental Capacity Act. The provider said "Its impractical and difficult for this geographically spread business to fully complete the Care Certificate. All Care Certificate standards are implemented throughout the induction programme. The training and induction programme includes training, support, supervision and workplace assessment of competencies as part of the new starter process. All staff are given the Skills for Care Code of Conduct and this is included in the training programme." The Care Certificate is an induction qualification. It is considered best practice that all new staff in health and social care complete this.

Staff told us they had the training and skills they needed to meet people's needs. A staff member said, "We're trained in everything, all about the policies and rules. The instructors were very professional and we could practice moving and handling. Thanks to the training I haven't had problems in difficult situations" .As a result of the training they told us, " I worked with someone who required end of life care and I had been able to support the person and their family." Other comments from staff included, "I had three days training when I started. They taught me everything I needed to know, I did three days induction including practical moving and handling. I use social care TV on line (an e-learning training provider) now. I have done moving and handling, medication, safeguarding, food hygiene".

We recommend that the provider reviews their training policy and provision to ensure staff have the up to date training needed to update their skills.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "Yes we have supervision, sometimes by phone and sometimes they come and speak with me. They answer my questions and give me instructions. It's important to be close to the agency." We saw evidence in people's homes that 'Field Supervisors' were regularly supporting staff. However, staff files in the office contained records of supervision which did not evidence what staff were saying. Five staff files showed the staff member had been having supervision, but the content of the supervision was not recorded.

We recommend that the provider records the content of supervision in order to help staff develop in their role and to monitor staff performance.

People told us they liked the food prepared by staff and were able to make choices about what they had to eat. Food was either prepared by staff or staff supported people to prepare their own meals. One person said, "Even the meals are good, it's all good, all done very well." Another said, "She's (the staff member) a good cook."

Care plans contained details on people's food preferences and people's dietary requirements. One person's records were very specific on the types of meals they wanted staff to prepare for them. Another person's records showed the person had support from a healthcare professional as they tried to bring their weight down. Examples of meals that were nutritious, balanced and liked by the person were in care records. Staff recorded what the person had eaten and when on a food chart. Entries were detailed which meant that healthcare professionals could make informed decisions based on information provided by staff.

People's care records showed people's health care needs were met effectively and their GP was involved in their care. One person had suffered recurrent Urinary Tract Infections (UTIs). The GP recommended that staff increased the amount of fluids offered to this person in order to prevent them developing further UTIs. Charts indicated staff were doing this. The GP was called for another person when a rash was noticed and the advice was followed by staff. Another person had become unwell and was declining care. Staff contacted the GP over the phone and got advice. They were able to identify the likely cause was a change in the person's medicines. Staff waited for the effects to wear off and the GP was kept updated on the person's response to their medicines. People had hospital passports containing important information about them for when they were admitted to hospital.

Good

Is the service caring?

Our findings

People told us that staff were caring and they were happy with the care they received. One person when asked about their care staff said, "She's good, she's caring." And, "Of course I'm happy." Another person said, "They (staff) are alright. I am happy." Another said, "The staff are superb. I feel that they (the agency) have listened to my needs. They (staff) know my needs. They sit and chat to me. They (staff) always give me choices, like, do you want to go out." A relative said, "They could do nothing better. They are caring and respectful. Everyone is aware that he is the priority. We are really happy with (staff name). We go on holiday and don't have to worry."

People received care and support from staff that had got to know them well. A staff member was observed providing support to a person. It was evident they were comfortable with each other and the staff member knew the person. When the person wished to go to the toilet, the staff member ensured that the furniture was in place so they could find their way around and although the staff member followed them, they allowed them to walk independently. The staff member was very attentive to them. Staff checked they were warm enough and offered him drinks. The staff member chatted to the person whilst they were doing other things.

Care records contained information about people's personalities and life stories to help staff get to know them. One person's records contained information of what they did during the war and where they worked. It contained detailed information on their family and which parts of the country they had lived in throughout their life. Another person was very interested in helicopters and computer games. Another person enjoyed watching sport and antiques programmes on television. Care records made people's interests clear to staff. Another person's records stated, 'enjoys conversations about dogs. Staff told us about getting to know peoples interests so they could "offer them what they like"

People and their relatives were given a choice of staff. One person confirmed the agency had provided what they had asked for. A relative said, "They gave me profiles of staff to look at and helped me choose who would be best for Mum." Each staff member had a one page profile. People could read about staff member's backgrounds and were encouraged to speak to staff members on the phone to help them to make a decision about who they wanted supporting them.

The relationships between staff and people receiving support demonstrated dignity and respect at all times. A staff member said, "If we have no appointments, I ask what time he would like me to wake him up. It's his choice when he wants to go to bed. He's in charge of me." Another staff member said, "I make sure the curtains are closed and cover him up as much as possible. I make sure he knows what I'm going to do all the way through. If he's not comfortable I will leave him for a while and come back after 10 minutes. We don't have problems because I always ask him about everything."

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised and detailed. Records contained information on people's health needs and practical tasks that they required support with and person centred information about people such as their wishes, preferences and backgrounds. Guidance for staff was very specific to people's individual needs. For example one staff member supported one person to go to the shops each week. Records contained specific details of the magazines and newspapers that they wished to buy. Another person attended work and social activities. Another person had a weekly timetable which staff followed to support this person. Important information which staff needed to know like, 'I don't like feeling too hot' and 'I can be verbally aggressive when scared' was included.' It also stated, 'I like listening to the radio while I have my breakfast.'

Assessments covered people's needs and captured important person centred information. One person was able to do a lot of personal care tasks themselves and wished to maintain this. Their assessment identified their needs and wishes which meant staff could support the person with tasks they found difficult whilst also promoting their independence.

People's needs were reviewed regularly and as required. One person's review identified that they were not engaging well with the care staff allocated to them. This led to the person being offered new staff members. Another review had identified that one person was able to go out more often as they had improved. Their care plan was updated to include extra outings in their timetable.

People were able to choose what activities they took part in and suggest other activities they would like to do. A person said, "Staff take me out in my wheelchair most days for a walk. But it is entirely my decision whether I go out or not." Another person liked to attend church and attend day services twice a week. The person confirmed this happened and said he preferred to visit a particular café whilst the staff member did the shopping weekly. The staff member was able to tell us about this and their daily routine. This person was unable to transfer into a standard car so a more suitable car had been purchased and the agency only carers who can drive. Another person who liked to stay up all night had specific TV programmes listed that they liked to watch with their timings.

People were supported by staff who had up to date information about their needs and wellbeing. Therefore, they were able to respond and adapt the care and support to suit people. A relative said, "The handover was brilliant, they went through everything in detail. It all happened really quickly after Mum's fall. I rang the agency on the Wednesday, they came and assessed her on Thursday and asked for all the information they needed. They had someone here on Friday. It was amazing really."

People's concerns and complaints were encouraged, investigated and responded to and were used as an opportunity for learning or improvement. One person's relative said, "I haven't found anything to complain about but I think I'd be able to. They always say to ring if I have any problems when I speak to them". Another two relatives told us they had made complaints about care staff, and the care staff had been removed or not returned. Six complains had been made in the last year. They had all been responded to and

had learning points identified. These included involving professionals promptly, supporting carers with further training, matching people's needs and family with carer. There was a service user guide in people's homes which contained complaint and contact information.

Requires Improvement

Is the service well-led?

Our findings

The provider did not always have effective systems in place to monitor the quality of care and support that people received. In the last year they had completed one audit in July 2016. This consisted of speaking to four people receiving the service, and auditing three care plans and four recruitment files. It also covered health and safety, contingency planning, reviewing complaints and compliments, safeguarding and customer service in the office. At the time 102 people were being supported and there were 289 staff members. The audit did not identify that people were not being protected against risks, or that people did not have decision specific mental capacity assessments in place. It also did not seek views of people using the service on the quality of the care or gain the views of visiting professionals or commissioners about the care being delivered. The audit did identify that consent was not being recorded and also that staff were not being trained in the Mental Capacity Act, although it was recorded the training was not relevant to two of the staff members.

We recommend that the provider reviews their quality audit system so that it is more effective in identifying shortfalls and leading to improvements.

The registered manager valued people's feedback and acted on their suggestions. In February 2016 they carried out a satisfaction survey. The response rate was 48%. In response the provider had put an action plan in place which included the introduction of literacy and numeracy tests for staff as part of the recruitment process, spot checks to ensure care plans were being followed, handover sheets for staff handovers, rotas being prepared two weeks in advance and menu plans for those who wanted them.

The registered manager also valued staff feedback and acted on their suggestions. In February 2016 they carried out a staff survey. The response rate was 62%. In response the provider had put an action plan in place which included a response time of 48 hours to staff emails, office staff being mindful about how they speak to care staff, giving positive feedback to care staff, Diploma training to be offered to care staff (they are currently arranging for 38 staff to do this), and induction training to be evaluated.

The provider used an agency to collate its feedback from people and their relatives. In 2016 seventeen people had fed back with a 96% 5 star rating. Questions were asked about involvement in the planning of care, consistency of staff, staff arriving on time, respect and dignity being promoted, concerns being dealt with and communication.

Regular field spot checks were carried out to ensure people received quality care. Where issues were identified they had been rectified. They looked at the person's care needs as well as the competency of the staff member allocated. People could give feedback at these visits and staff were advised of any areas of practice that they could improve. Field Supervisors and their manager also held monthly meetings were these were discussed.

The manager provides monthly compliance information to the Senior Management team. This includes information on complaints, accidents and incidents, medication errors, safeguarding, recruitment and

staffing figures. This is then reported at a monthly Board meeting by the Operations Director.

The manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Where incidents had occurred, the safeguarding team was informed quickly and CQC were notified without delay.

The staff communicated well with people and their relatives. One person said," If I need anything I can speak to anyone in the office. They know everybody and will help with anything." A relative said, "There's good communication from the office, they've been so helpful." Another relative said, "The agency is pretty good. They always keep me informed. Management listen to me".

Staff felt the office staff and manager communicated with them. One staff member said, "I feel supported and valued because if I have a problem, I just call and they sort it out for me." She said that other carers kept in touch with each other despite no staff meetings being held, and updates were communicated by text and email. The provider emailed a weekly newsletter to staff because they said, "The nature of providing a live in service does not allow time for staff to meet". Staff said they only had to phone if they needed something and management would respond. One said, "I feel like I'm living at home."

The staff worked in partnership with other agencies. One relative said, "I've no qualms about the agency, they're doing a great job and Mum having the consistency is fantastic for her. Another agency comes and helps, it works smoothly between them."

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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that people's consent had been gained and their capacity had been assessed.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people were protected from the risk of harm.