

Libra Domiciliary Care Ltd

# Libra Domiciliary Care Ltd

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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: Libra is a domiciliary care agency that provides personal care and support to older people in their own homes. At the time of the inspection, the service was providing support to 25 people.

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

The provider did not submit a Provider Information Return (PIR) to us within the timescale we gave. Providers are required to send us key information about the service, what they do well, and improvements they plan to make.

People were supported by staff that were caring, compassionate and treated people with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People and their relatives told us they felt cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

The provider ensured people had consistency with staff members, as a result people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and to meet their health needs.

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.

Staff spoke positively about working for the provider. They felt well supported and they could talk to management at any time, feeling confident any concerns would be acted on promptly. Staff felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager and care coordinator worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below

#### Rating at last inspection

The service was given an overall rating of requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Libra Domiciliary Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because we wanted the provider to make arrangements for us to see staff during the inspection and to contact people who used the service who would be happy to receive a phone call from us.

Inspection activity started on 23 July 2019 and ended on 29 July 2019. We visited the office location on 24 July 2019.

#### What we did

We reviewed the records held on the service. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

On 23 July 2019 we telephoned and spoke with 5 people who used the service and 4 relatives.

During our visit to the office on 24 July 2019, we spoke with the registered manager, care coordinator and 3 members of care staff.

We looked at three people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, supervision files, training records, accidents and incidents, records relating to health and safety, safeguarding, complaints, medicine records, staff scheduling and the provider's audits and checks on the service.

On 26 and 29 July 2019 we spoke with three professionals who have links with the service.

# Is the service safe?

## Our findings

Safe- this means that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member told us, "Abuse can be physical, emotional and financial". Another staff member told us, "If I saw someone being abused I would intervene, if the managers were not available, I would contact the local authority, police and CQC".
- People and their relatives explained to us how the staff maintained their safety. One person told us, "I feel safe, they know what they are doing and how to look after me". A relative told us, "When the paramedics or district nurses have been needed, the carers will wait with [Name] until they arrive, they won't just leave her in an unsafe condition".

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments, considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. For example, a person who had a blood condition had a detailed risk assessment. It gave staff members clear instructions such as being observant for signs of change in mood, behaviour, perspiring or being excessively thirsty. Staff were instructed to report and record their concerns".
- Staff were knowledgeable about people who required support to reduce the risk of avoidable harm. One staff member said, "[Name] is at risk of falls so we make sure there are no obstructions when they are mobilising and the equipment is in good condition". A relative told us, "The carers are very knowledgeable, they know how to meet [Name's] needs".
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One person told us, "Yes I tend to have the same carers, I know them very well".
- Each person's staffing needs were calculated based on individual needs assessments, which were reviewed and updated regularly as people's individual needs changed.
- We saw staffing rotas were planned and contingency plans in place for staff absences.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference

checks from previous employers and Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task, staff completed appropriate medicines records.
- People and their relatives told us they were happy with the support they received to take their medicines.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- Audits showed that Medicine Administration Records (MAR) were checked regularly to identify any errors.
- Where staff were responsible for the storage of people's medicines, people told us this was secure.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. People and relatives told us staff used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People and their relatives told us staff practiced good infection control measures.

#### Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong. Information on complaints, accidents and incidents and safeguarding concerns. Individual lessons were learnt and acted upon, however we found the information was not analysed to identify any trends. We raised this with the registered manager who confirmed they would address this issue.



# Is the service effective?

## Our findings

Effective- this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments. A relative told us, "The staff are very knowledgeable, [Name] has a profiling bed and cricket hoist, they know how to use all the equipment, never been any issues".
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction. Their comments included; "I completed all mandatory training and shadowed more experienced members of the team".
- New staff were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.

Supporting people to eat and drink enough with choice in a balanced diet

- For those who required support at mealtime, this was provided by staff who were aware of people's preferences and dietary needs. A person told us, "They get a meal ready for me, they just assist, sometimes they heat something up for me or make a sandwich for me. They do what I want". A member of staff told us, "We always listen to what they want on the day, they do tend to stick their favourite dishes".

Staff working with other agencies to provide consistent, effective, timely care.

- We noted staff worked alongside other agencies to provide person centred and effective care. From records seen, we could see staff worked closely with other agencies such as local authorities, district nurses and palliative care teams. This assisted the service to provide people with person centred and effective care.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives, healthcare professionals and management if there was any change in people's health needs. One relative told us, "They are good at keeping me updated, they tell me about any changes".
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.
- People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people to ensure they understood how this might impact on their health.

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 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.

Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes. This was confirmed by the people and relatives we spoke to.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received.
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. One person told us, "They [Staff] are always smiley and they talk about their lives". Another relative told us, "They [Staff] are very caring and friendly, they take their time and never rush".

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- Staff understood people's forms of communication and behaviour and could interpret people's choices.
- Staff respected people's views and listened to how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- People told us staff assisted them to promote their independence. Staff were mindful to encourage and support people to do as much as they could for themselves and help them retain some level of independence. One person told us, "They know what I can and can't do, they assist me to do things".

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One person told us, "They meet my needs, they do reviews with me to check things are ok or has my medication has changed". Another person told us, "If I want something changed I just ring the office".
- People were empowered to have as much control and independence as possible, including developing care and support plans.
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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.

- The registered manager told us, information would be provided in different format if required.
- Communication care plans described support people needed to enable staff to understand their wishes.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management.
- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. There were no live complaints at the time of the inspection. We checked historical complaints and they were dealt with in a timely manner and resolved.

End of life care and support

- The service was able to provide care and support to people at end of life care, who wished to die in their own homes. One relative told us, "They work very well with the hospital to ensure [Name] receives the appropriate care and in line with his wishes".

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The provider did not submit a Provider Information Return (PIR) to us within the timescale we gave. Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections.
- The service had a range of quality monitoring arrangements in place, and we saw these were developing and becoming more effective. We did find quality assurance audits lacked recommendations based on the information analysed. We raised this with the registered manager who confirmed that they would improve the analysis and recommendations of audits completed.
- The registered manager and staff understood their roles and responsibilities.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager, managers and staff.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The manager and care coordinator are approachable and supportive. We have team meetings, we receive updates, talk about best practice and have a chance to raise any concerns".
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

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

- People, relatives and staff expressed confidence in the management team. One person told us, "You can call the office any time". A relative told us, "The manager is lovely, she has visited us and called us just to see how things are. I would say she is very approachable"
- People and relatives told us there was a positive and open atmosphere. One person told us, "The atmosphere is friendly and relaxed, they don't rush through things."

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 was aware of the legal responsibility to notify us of incidents that occurred at the service.
- Staff spoken with were aware of their responsibility to report and act on any concerns and we saw evidence of this.

- The registered manager told us if mistakes were made they took full responsibility to ensure that the same mistake was not repeated. The information was used as a learning opportunity and to improve the service.

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

- People's feedback was sought through survey's and regular review meetings. Responses and records showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.

Continuous learning and improving care.

- The registered manager has clear procedures in place that were followed in practice to monitor, review and ensure personalised care was provided.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.
- Competency checks were completed to ensure staff supported people in the right way.
- The service had recently installed a paperless daily recording log system. Care staff members all have devices that they use to update people care records. One staff member told us, "It's much better, you can't log off the call until you have signed off all your tasks, so you can't miss anything". The registered manager told us, "We piloted the application in April and the feedback was very positive. We then arranged training for all staff so they were comfortable using the application, they are able to record daily tasks, medication records and much more. This has given the carers more time to spend with people and less time completing paperwork"

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development, including the district nursing service, physiotherapy, occupational therapy and local GP's. Systems were in place and used effectively to continuously, identify, analyse monitor and review risks so people were provided with good care.