

Libra Domiciliary Care Ltd

# Libra Domiciliary Care Ltd

## Inspection report

St. Helen's House  
23-31 Vittoria Street  
Birmingham  
B1 3ND

Tel: 01212368822

Date of inspection visit:  
27 November 2016

Date of publication:  
29 December 2016

### 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

This inspection took place on 28 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Libra Domiciliary Care Limited provides personal care and support people living in their own homes. At the time of our inspection there were 17 people using the service.

There was a registered manager in post at the time of our inspection. 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.

This was the first inspection of this location since it was registered in March 2016.

People received a good quality service in which they had confidence. There were processes in place to monitor the quality of the service. People were asked to comment on the quality of service. However, improvements were needed in recording procedures to ensure the consistency of management of the service.

People received a safe service because the provider had procedures in place to ensure that staff were trained and followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care and support from staff that were trained to be effective in their role. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff and the management.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met. This was because the provider had undertaken the relevant checks to ensure the staff they employed were suitable to work with people. The provider had systems in place to ensure people did not experience missed visits and people were confident that the reliability of the service had improved.

People were able to raise their concerns or complaints and their complaints were acted upon, so people could be confident they would be listened to and their concerns resolved.

## 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.

People received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people. People received their prescribed medicines as required.

### Is the service effective?

Good ●

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink intake. People's health care needs were met where needed.

### Is the service caring?

Good ●

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in all decisions about their care and the care they received met their individual needs.

People were able to raise concerns and these would be dealt with to their satisfaction.

**Is the service well-led?**

The service was not consistently well led.

People received a service that met their needs and the management of the service was open and responded to people's concerns. People and staff were able to give feedback on the quality of the service provided.

People were happy with the quality of the service they received. People felt the registered manager was open and respectful. Arrangements were in place to monitor the delivery of care to ensure it was meeting people's needs. However, records were not consistently completed to ensure the service was consistently well-led.

**Requires Improvement** 

# Libra Domiciliary Care Ltd

## 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 28 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. Before our inspection we received concerns indicating that staff were being employed without the appropriate checks being undertaken. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

During our inspection we spoke with four people that used the service, five relatives, four care staff, the registered manager/ nominated person and the operations manager. We looked at, safeguarding and complaints records, sampled four people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of four care staff, questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor the quality of the service.

# Is the service safe?

## Our findings

People told us they received a safe service. One person told us, "I feel safe with them [staff] coming." Another person said, "They [staff] are very good and I feel safe with them." A relative told us, "I am absolutely confident mom is safe. My mom wanted to give one of the carers some money to buy sweets for her children. The carer rang the family to let them know that mom had given her the money. She had accepted it as mom was upset at her refusal and she returned the money to us." Everyone spoken with said they would speak with the registered manager/ nominated person if they had any concerns about their safety.

The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and to external agencies that they could contact, should they have any concerns about people's safety. All staff said if any concerns reported to their immediate line manager were not investigated, they would use the whistle-blowing procedures. This is a procedure that enables staff to raise concerns about poor practice in confidence. The registered manager said to date there had been no incident reported about people's safety, but understood the need to inform us as well as the local authority should the need arise.

People told us that they felt the staff that supported them had the necessary skills to ensure they received a safe service. Staff told us that risk assessments and risk management plans were available to support them in caring for people safely. Most records looked at confirmed this. Staff spoken with knew the risks associated with people's care and told us how they talked to people about any risks identified and ensured that new risks were reported, so that the care could be reviewed to ensure people were cared for safely.

Staff told us that there was an on call system and a senior member of the staff team was always available. This meant staff had access to guidance and support in an emergency situation. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office and people's family members.

Most people spoken with had no concerns about the staffing numbers and said they received a reliable service. One person told us, "I feel there is enough staff and the staff are regular, so I know who is coming." Another person told us, "They come on time and don't miss visits."

Some people told us that there had been teething problems with occasional missed and late visits when the service first started, but these had been sorted out. One person said, "They are sometimes late, but they always come eventually." Staff told us they were not rushed between calls and that cover was available for any sickness and annual leave. One member of staff said, "Enough staff for the care. There is good camaraderie amongst the staff and sickness and holidays are covered."

Before our inspection we received concerns indicating that staff were being employed without the appropriate checks being undertaken. All staff spoken with said the recruitment checks required by law

were undertaken before they started working. Records looked at showed evidence that the required checks were in place. This showed that the provider ensured that the staff employed were suitable to work with people who required care and support.

People that needed help with taking their medicines told us that staff always gave them their medicines. One relative gave an example of how staff ensured they supported their relative with their medicines. The relative told us, "The chemist accidentally put the wrong tablets in the blister pack twice and each time the staff noticed the error and contacted us to check." Medication administration records (MAR) looked at showed no gaps in oral medication taken. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures. We saw that where people's care plans showed that they required prescribed creams to be applied, these were not included in the MAR. Although daily records looked at confirmed when these creams had been applied and one person told us that staff always ensured they applied the creams. This meant that people received their medicines as prescribed.

## Is the service effective?

### Our findings

People told us the staff that supported them had the training and skills required to understand and meet their needs. One person said, "The staff are so good they will give new staff a briefing so, that any new staff coming will know what to do." Another person told us, "I have had four different carers and they have all been excellent, we are now settled with two carers and they are excellent in what they do." A relative told us, "I feel the staff understand her needs. They are very good in the way they talk to her and understand her." Another relative said, "Mom describes them as being extremely thorough." This showed that staff had the skills to support people in the way that people wanted.

Staff spoken with told us they had the necessary training to help them to do their job well. We saw that the provider adopted a planned approach to staff training. All staff said they had an induction into their role and that they shadowed an experienced member of staff. One staff told us they found the shadowing experience very helpful to them. This member of staff said, "The shadowing on the job was useful and prepared me for the job." Records looked at indicated that staff had completed or were in the process of completing the care certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff said they had supervision and spot checks to enable them to undertake their role well. Staff were aware there was a system in place for annual appraisal, but no one spoken with had received an appraisal to date. This was because most staff were not yet due for an appraisal. All staff said they felt supported by the management and other staff. Records looked at showed that staff received supervision to support them in undertaking their role.

People told us that staff sought consent before supporting them with their care and that staff only offered support with their approval. One person told us, "They always explain things and never do things without our agreement." Another person said, "I tell them how I do things and what I want and they do it my way." Staff said they explained things to people and ensured they fully understood the support they were agreeing to. This meant that people were assured that they had the opportunity to agree to their care.

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 said they had received training to enable them to understand how to protect people's rights. A member of staff said, "MCA is about people's ability to make their own decisions." We asked staff what they would do if they felt someone could not make informed decisions about their care. All staff said if they had any concerns about people's ability to give consent to receiving care they would report it to their line manager, so that the person's needs could be reassessed. Staff said people would need to be assessed involving other professionals and family members. This meant care staff had a good understanding of their responsibility in relation to the MCA.



Where people needed support with preparing food and drink, they told us that staff always supported them in a way that they wanted. Staff knew how to support people that had specific dietary needs or were at risk of losing weight. For example, staff said that if people were at risk of poor nutrition, the GP and dietician could be involved. Staff said they would monitor and record people's food and fluid intake, if this was part of their care plan. This ensured people were supported where needed with maintaining their food and fluid intake.

People told us that if they were not well staff would contact the doctor for them. One person said, "I can call the doctor myself, but if not well I am sure my carer would call the doctor." Staff told us that most people could contact the doctor for themselves, but if someone was not well, they would call the GP, with the person's permission, or report to the office, so that the office staff could call the GP and inform family members. This meant people were supported to maintain their health when needed.

## Is the service caring?

### Our findings

People felt the care they received was of a good standard and felt the staff were very caring. One person's relative told us, "Wonderful standard of care. I have told them I trust them and If I get worse I hope I get carers like you to look after me." A relative said, "My sister and I are absolutely delighted because my mom likes all the carers." Someone else commented, "They are quite good. We have a laugh and a joke with them."

We saw that some people had sent thank you cards to the service thanking the staff for the kindness they showed. One card read, "Thank you for making our evening enjoyable and for looking after [Person's name]." The operation manager told us this was a thank you card from a person that staff sat with when the family was out as the person was lonely. This extra support was not charged for. Another card read, "The family of the late [person's name] would like to thank the carers especially [Staff name], for the help, kindness and compassion shown to [person's name] enabling him to spend his last days at home as he wished." This showed that people were confident that the service showed care and kindness towards them.

People and their relatives were involved in discussing and agreeing their care and support needs. People told us that staff did what people wanted them to do. One person told us, "The care is discussed and agreed, I am happy with the plan, and the plan is absolutely working well."

People's privacy and dignity was respected by staff. One person told us, "They respect my dignity when they are helping me with a shower. They always ask if there is anything else I need." Another person said, "They are respectful." A relative said, "They are very respectful; they always shut the door when they help [Person's name] to the toilet." Staff told us the privacy and dignity formed part of their core training. Staff said they ensured people's privacy and dignity was maintained, by always involving them in their care, closing doors and windows, asking family members to leave the room whilst providing personal care and making sure people are kept covered up.

People's independence was promoted. Relatives spoken with said that staff promoted their relatives independence. One relative told us, "They always ask if [Person's name] wants to get up. [Person's name] needs persuading sometimes and they do that." Another relative said, "They [staff] prompt [Person's name] to do as much as she can for herself." Staff said they promoted people's independence by adopting a person centred approach by putting the person first, always asking what the person wanted and how they wanted things done. A member of staff told us, "People's independence is promoted by, asking what the person wants, encouraging and supporting people's abilities. For example, encouraging them to wash themselves and preparing their breakfast." This ensured that people's individuality and independence was supported and promoted.

## Is the service responsive?

### Our findings

People told us they were involved in agreeing and deciding their care needs. One person said, "They have a folder and they did an assessment and care plan, Yes I am involved, as I tell them what I want." This person also said, "When the manager came to do the assessment she asked me how I wanted things done. How many flannels and towels I use when I have my shower." Another person said, "I have got a care plan and I have discussed bits and pieces with them." A relative told us, "The care was discussed and agreed." Records looked at showed that people had been involved in assessing and agreeing their needs and how they wanted to be cared for. Everyone we spoke with felt the service met their needs well. This showed that people felt involved in their care and were confident their needs were being met in a way that suited them. A relative told us, "The care is so much better than from other services we have used."

People also told us that the registered manager would phone them to check that things were going okay. We saw that people had a 28 day review after the start of their care and any adjustments needed to the plan were made as necessary. A comment made by one person after the registered manager had completed their 28 day review stated, "I am very happy with the service I am being provided. I like consistency and that is what I am getting. I get on well with the carers I have met so far." This enabled people to update the registered manager on any changes to their care needs and if things were not going well, so that they could be rectified quickly.

All the people we spoke with knew how to complain about the service if they needed to. The majority of people said they had never made a complaint as they had no reason to. One person told us, "No complaints at all. The service is very good." Another person said, "If unhappy I would just ring [Registered manager's name] up." The registered manager and operations manager told us no one had complained about the service to date. However, some people told us they had raised complaints, which had been dealt with by the registered manager to their satisfaction. People were confident that their concerns had been listened to and acted upon. One person said, "I complained at the beginning, they dealt with it pretty well." A relative told us, "There were teething problems at first carers missing visits. We complained to [Registered manager's name] and she sorted it out." Another relative commented, "[Registered manager's name] phoned mom and apologised when the staff didn't arrive. So to date we haven't complained." There was a complaints procedure in place, which gave time scales for responding to and investigating people's complaints and concerns. All staff were aware of the procedures and how to support people to raise concerns. This meant that whilst the provider was not keeping a record of complaints and concerns received, people were confident that their concerns and complaints were listened to and acted upon.

## Is the service well-led?

### Our findings

We saw that there were some shortfalls in recording procedures that needed improvement, so that people could be fully assured that the service was consistently well managed. For example, whilst people told us that they were safe in the way they were cared for. We saw that prescribed creams were being applied and these were not included in people's medication administration charts, although people confirmed to us that these creams were always applied. In addition [MAR] charts did not include the times people's medicines were given. It is important that staff record the times medication has been given to prevent medicine errors. The registered manager said this would be put in place.

We saw one record which did not include a general risk assessment that identified the risks to the person using the service and staff. Risk assessment records did not show that people were involved in discussing the risks, although people told us they were involved in discussing all aspects of their care which included any risks to them. We saw the start date of staff employment was not always recorded on the staff files we looked at, so it was difficult for the provider to demonstrate that DBS checks and references had been collected before staff commenced work. Although the provider said this information was kept electronically. We saw that where the provider had obtained references from previous employment where staff had worked with adults and children, the references were not checked for authenticity, so the provider could not assure themselves that the references were from an appropriate source. The registered manager said they were aware that these practices needed to improve and procedures had already been modified to support these improvements.

There was a registered manager in post and all conditions of registration were met. The provider said no incidents had occurred that would require them to send us a notification to date.

People and their relatives that we spoke with felt they received a good quality service. People spoke highly of the registered manager and said she was respectful and open. One person told us, "The manager comes out to visit and she always phone to ask if I am happy and tell me to let them know If I have any complaint." This person went on to say, "The service is very good. The manger is very good. If someone new is visiting, the manager will phone me and tell me and describe the person to me and phone after the visit to ask me what the staff was like."

Staff said they received the appropriate support and guidance to enable them to do their job well. A member of staff told us, "Open and welcoming management, manager and seniors are on call. We are never left without support and guidance." Another staff member said, "I love my job." Staff spoken with said they were able to make suggestions for improvement to the service during staff meetings and individual supervision sessions. Staff knew about the whistle blowing procedures, which they could use to raise concerns about the service. This meant staff were confident about the leadership and guidance they received and were able to put forward ideas for improvement to the service and raise concerns if they needed to.

People told us they were regularly asked for their views on the quality of the service they received. They told

us this was done during review visits and telephone calls from the registered manager. We saw that monthly surveys were sent to people and their relatives, to give them an opportunity to comment on the quality of the service. These surveys had not been analysed at the time of our inspection.

The operations manager said weekly phone calls were made to people on a Monday, to check that everything was ok and there had been no concerns. People spoken with confirmed that the registered manager called or visited them frequently to ensure they received the agreed service. We saw there was an electronic system in place for planning and rostering of care calls. Staff had personal ID cards so they could scan into the box on arrival and when they left each call. The operations manager said, "If staff were late after 15 minutes the office would be alerted to say no one has attended." This enabled the provider to monitor staff attendance and ensure people received calls at their allocated times. In addition we saw that care records were collected and audited to ensure the care was delivered as planned and there was a system in place for monitoring that staff records contained the required documents, supervision and training.