Lalis Direct Care Ltd

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 3 February 2016 and was announced. We gave the provider 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The service was last inspected on 15 May 2014 and at the time was found to be meeting the regulations we looked at.

Lalis Direct Care Limited is a domiciliary care agency which provides personal care for people in their own homes. At the time of our inspection, there were 81 people using the service, all of which were funded by their local authority. People who received a service included those with physical frailty or memory loss due to the progression of age. The frequency of visits varied from one to four visits per day depending on people's individual needs.

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.

The risks to people's wellbeing and safety had been assessed, however there were no detailed plans in place for some of the risks identified. There were procedures for safeguarding adults and the care workers were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and their relatives was mostly positive, although some people said that care workers were sometimes late and did not always inform them of this. Some people said they had different care workers visiting which made it difficult for them to build a rapport and get to know them. However, all of them said the care workers were very good and that they trusted them. Comments from people included, "They are lovely", "my carer is very competent", "sometimes they are late, but they always let me know", "it's perfect, I would not wish for better", and "10 out of 10."

People's needs were assessed by the local authority prior to receiving a service and support plans were developed from the assessment. Most people told us that they had not received a visit from the registered manager or the care coordinator, and had not taken part in the planning of their care. One person, however, told us that they had been involved in the planning of their care. Everybody using the service said that they were happy with the level of care they were receiving from the service.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and the deprivation of liberty (DoL), but told us that none of the staff had received in depth training in this. Records showed that people had consented to their care and support and had their capacity assessed prior to receiving a service from Lalis Direct Care Limited.

There were systems in place to ensure that people received their medicines safely and all staff had received training in the administration of medicines.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored. These informed carers about how to support the person safely and in a dignified way.

Carers received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, but audits had failed to highlight that there were no detailed plans in place for some risks identified during people's assessment.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the safe care and treatment of people and quality assurance. You can see what action we told the provider to take at the back of the full version of this 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. The risks to people's safety and wellbeing were assessed however there were no detailed plans in place for some of the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

People were given the support they needed with medicines and there were regular audits by the care coordinators.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective. The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and the deprivation of liberty (DoL) and understood its principles. People had consented to their care and support.

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring. Feedback from people and relatives was positive about both the carers and the provider.

People and relatives said the carers were kind, caring and respectful. Most people received care from regular carers and developed a trusting relationship. Those who did not have regular carers said they were all very kind.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed. However, most people had not met the management team and had not taken part in the planning of their care

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service regularly conducted satisfaction surveys of people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Requires Improvement

The service was not always well-led. People we spoke with and their relatives did not know the registered manager and not everyone had met the care coordinators.

Audits had failed to highlight that there were no detailed plans in place for some risks identified during people's assessment.

At the time of our inspection, there was a registered manager who had been in post for three years.

There were systems in place to assess and monitor the quality of the service.

Lalis Direct 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.

The inspection took place on 3 February 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector.

Before we visited the service, we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection we looked at the care records of seven people who used the service, four staff files and a range of records relating to the management of the service. We met with the registered manager, three care coordinators and the two administrators.

Following the inspection, we telephoned nine people and eight relatives to obtain feedback about their experiences of using the service. We emailed five care staff as they were unable to come and meet us during the inspection and obtained their feedback about working for the service. We also obtained feedback from two social care professionals involved in the care of people who used the service.

Requires Improvement

Is the service safe?

Our findings

The provider had general risk assessments in place for people using the service but detailed risk assessments for specific issues were not in place. We looked at the care folders for seven people and saw each person had a general risk assessment document which covered day to day living. There were also a number of issues that had been identified in individual assessments and care plans that were specific to each person. Possible risks were identified but an assessment had not been carried out and guidance for care workers on how to reduce these risks had not been provided. These issues included increased risk of pressure sores and falls. This meant that care workers were not aware of any increased risk in relation to people's specific support needs and how to reduce these risks. This resulted in an increased risk that people's needs may not be met in a safe and appropriate way.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded in daily log books by care workers. This included any actions taken such as calling 999 for a person found on the floor. However there were no designated accident/incident forms completed which meant that it was difficult to audit the amount of episodes and what actions the provider had taken to prevent further accidents occurring. We discussed this with the registered manager who said they would put this in place immediately.

We were told that care workers were sometimes late. One person who used the service told us, "Sometimes carers are late, but they always let me know, it is not a problem" and another said, "Sometimes they are a little late but they are so busy, and I don't mind, I could not wish for better." One relative was not so positive and said, "Not great. They don't come at regular times, and don't always call when they are late." The registered manager told us that staff were expected to call the office if they were running unexpectedly late, then the care coordinator would immediately inform the person using the service. We observed this to be the case on the day of our inspection and saw that the care coordinator followed up with another call to ensure that the care worker had arrived.

People and their relatives told us they felt safe with the care workers who visited their home. Some comments included, "I do feel safe with them, they are lovely girls", "They are all competent carers, yes they keep me safe." A family member said, "I know my [relative] is safe with them. I have peace of mind, they are brilliant carers." People we spoke with told us they knew who to contact if they had any concerns, and had the contact numbers in the book given to them by the service. This included the out of hours contact number.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional and records we viewed confirmed this.

The provider employed enough staff to meet people's needs, and there were contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a criminal record check, such as a Disclosure and Barring Service check (DBS) and proof of identity. Care workers confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. These included calling the emergency services when a person had been found unwell. This meant that the person received medical attention without delay.

Care workers supported people with either prompting or administering their prescribed medicines. We saw twelve medicines administration records (MAR) charts which had been completed over several weeks. It showed that the staff had administered all the medicines as prescribed and there were no gaps in signatures. Medicines risk assessments were in place and were reviewed to ensure they were accurate. We saw training records showing that all staff had received training in administration of medicines and they received yearly refresher training. The care coordinators carried out regular spot checks in people's homes to ensure that people were supported with their medicines. This meant that people were protected from the risk of not receiving their medicines as prescribed.

We recommend that the provider seek relevant guidance with regards to the recording and reporting of accidents and incidents.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing and had the skills and knowledge they needed to support them with their needs. One person said, "I meet several carers and they are all so good. They know their job, they are all competent."

Care workers told us they were able to speak with the senior staff to discuss people's needs anytime they wanted. We saw from the daily care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. This included a referral to the district nurses when a person had been identified as needing nursing care. We saw that monthly reviews of people's needs included discussions about any changes to people's condition or any requirements from the GP to be passed on to care staff.

People said that care workers communicated appropriately with them. One person said, "They always tell me what's going on. They explain things clearly" and another said, "I can talk to them, have a laugh and a good conversation." One relative told us that their family member did not speak English very well and had difficulty understanding carers. However they told us that when the same care workers attended to their family member's needs, it helped the relationship and the communication.

People's nutritional needs were assessed and recorded in their care plans. This included their dietary requirements, allergy status and weight. Some people required support at mealtimes such as warming up already prepared food of their choice. Daily care records we viewed described the support given to people, what they ate, and whether there were any concerns regarding their nutritional status or weight.

New staff went through an induction period which included shadowing an experienced care worker in order for the service users to get used to them and for the carers to learn the job thoroughly before attending to people's care needs. At the end of the shadowing period, new care workers undertook a skills assessment which was signed by a senior member of staff when the carer was assessed as competent. This was to make sure they had acquired the necessary skills to support people in their own homes. Care workers were supported through one to one supervision with the registered manager. We saw evidence in the staff records we checked that issues were raised and discussed. For example we saw that where a care worker had not turned up for a visit, this was dealt with appropriately and professionally. Staff received yearly appraisal where they were given the opportunity to reflect on their performance and to identify any training needs.

Care workers told us they felt "supported and listened to" by the management team. We saw in the staff files that spot checks were taking place. These included checks on the care workers' punctuality, whether they wore their uniforms and name badges, and if people were happy with the care and support they received. Records showed that all new care workers had received an induction of the service which included the company's policies and procedures and training such as health and safety, infection control and moving and handling. The registered manager told us they had not introduced the Skills for Care's Care Certificate yet but were hoping to introduce it to new staff in the near future. The Care Certificate is a nationally

recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard.

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 principles of the MCA. The registered manager told us that all the people who used the service had the capacity to consent to their care and support and that none of the people using the service were being deprived of their liberty. Records we viewed confirmed this. The registered manager was aware of the legal requirements relating to this and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person's best interest and were authorised through the Court of Protection. People told us that care workers gave them the chance to make daily choices. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves, indicating their consent to the care being provided. Staff told us that as part of the safeguarding training, they were informed of the principles of the MCA but did not receive in depth training. The registered manager told us they planned to deliver training to all staff in the near future.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. People said the carers were kind and caring. Some of people's comments included, "Very nice girls, very caring", "They are always smiling, kind and caring", "It's perfect, she is so kind and caring." A relative said, "10 out of 10, they are brilliant!" People felt they were treated with respect and dignity. One person said, "They ask me permission before doing anything" and another said, "They give me choice and respect my wishes." A relative told us that their family member's regular carer was "a very nice lady who cares and shows respect."

Most people we spoke with said they had regular care workers and had built a good rapport with them. However, some told us they had lots of different care workers to support them. For some people, it was a good thing. One person said, "I like having different ones, it's more varied and I get to chat to all of them. It does not bother me. They are all excellent!" but another said, "It would be nice to have the same ones all the time. I would not have to keep explaining what I want." One relative told us, "My [family member] finds it hard to communicate, so having the same carers would help." The registered manager told us they tried to provide the same care workers to people but it was not always possible.

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs and people we spoke with confirmed this. One person said, "They are very respectful, all of them." Details of the support required for one person included, "Make sure [client] is supported to dress herself and ensure her privacy, dignity and choice are respected at all times." People told us they were involved in discussions about their care and support, and had signed to give consent for their support. Many of the people we spoke with were assessed in hospital and told us that the support was well organised and started as soon as they came home. One person said, "I left hospital in the morning and had my first visit in the afternoon. How good is that?" A relative told us that the agency was "very organised and this gives me peace of mind."

The service received compliments from relatives and they indicated that they were happy with the service. We viewed a letter received following the death of a person who had used the service. Comments included, "Due to the professionalism and care provided by you, we were able to keep [person] at home and allow [person] some dignity and compassion in the last days of life" and "You have got it right. You are exceptional."

Most of the people we spoke with had only been receiving a service for a few weeks. However one person who had been receiving a service for over a year told us that they were involved in care plan reviews, and had met a care coordinator who had come and checked that the carers were doing a good job. They added, "They certainly do a good job! I would not change anything."

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. We saw one care record where a person had requested a care worker of the same gender as themselves and were receiving this service. The registered manager told us that where possible, based on people's preferences or needs, the most suitable care workers were allocated.

Most people told us that they had regular care workers and had built a relationship with them. Two people told us they had different care workers and would prefer more continuity. However they said that all the care workers were kind and caring and could not fault them. One person was happy to have a variety of care workers and told us, "I like getting to know loads of different carers."

Care workers confirmed that care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The service carried out random spot checks, reviews and telephone calls. They indicated that people and their relatives were happy with the service and the support they received.

Requires Improvement

Is the service responsive?

Our findings

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered from the general needs assessments. They were based on people's identified needs, the support needed from the care workers and the expected outcomes. One person told us they had taken part in the planning of their care. However, all the other people we spoke with said that they had not received a visit from the registered manager or the care coordinator, and had not taken part in the planning of their care. They all added that they were happy with the care they were receiving from the service.

Support plans were person-centred and took into consideration people's choices and what they were able to do for themselves. Care workers we spoke with told us they encouraged people to do things for themselves if they were able to.

People described a variety of support they received from the service. Those asked thought that the care and support they received was focussed on their individual needs. One person told us, "I get the help I need when I need." One relative said, "My [family member] has improved so much. The carers meet her needs."

All the people we spoke with told us they had a daytime contact number of the office and an out of hours number which they would use if they had concerns or worries. One person told us they had called the office when their care worker had not arrived, and that it was dealt with immediately.

People who used the service were given a guide which contained all the relevant information about the service. People we spoke with confirmed that the information had been useful.

People's needs were assessed and the support and care provided was all agreed prior to the start of the visits. The initial assessments were carried out by the local authority. Records indicated and people and their relatives confirmed that they were involved in these assessments. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available. People's care files were organised and colour coded to indicate the level of care required for individuals and to ensure that people's needs were met. For example, red files were used for people who were receiving palliative care.

Monthly review reports were kept and included details of any incidents, events or changes that happened during the month. Records showed that following a review, a person's length of visit was increased to enable care workers to support them with their medicines. We saw a comment which said that the person's relative was very grateful for this. This indicated that the service was responsive to people's changing needs and had systems in place to review and meet those needs.

We looked at a sample of daily care records of support and found that these had been completed at every visit and described a range of tasks undertaken, including information regarding people's wellbeing, social interactions, or anything relevant to the day. We saw that records were written in a person-centred way

showing respect and care for the person receiving support. This included a comment from a carer advising their colleagues to be extra gentle when applying cream to a person's skin.

There were processes in place for people and relatives to feedback their views of the service. Quality questionnaires were regularly sent to people and their relatives. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual. Relatives were also asked if they were happy with the service, and had the opportunity to add comments in a separate box. We saw that questionnaires returned to the service indicated that people were happy with the service. Comments included, "Nice and helpful carers who do an excellent job", "carers provide a high standard of care" and "as far as I am concerned, you can't change anything. It is perfect."

We spoke with a social care professional who told us that they found the service good and responsive and did not have any concerns. Another social care professional told us that they had found some issues with the service during a visit eight months' ago, but the provider had supplied an action plan indicating they had resolved all concerns identified. Our inspection confirmed that there were no outstanding actions. This showed that the provider took concerns seriously and ensured that appropriate actions were taken to improve the service.

The service had a complaints policy and procedure in place. This information was supplied to all people using the service. One relative told us they had made a complaint in the past and things had improved quickly. Records of complaints indicated they were taken seriously and responded to appropriately. This included one relative who had complained about a carer's lateness and poor care practices. We saw that the registered manager had followed policies and procedures to deal with the complaint, and had informed the complainant of the outcome. We saw evidence that the staff member was appropriately supervised and offered additional training in order to improve within their role.

We recommend that the service seek guidance with regards to the planning and reviewing of people's care and support.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had put in place a number of different types of audits to review the quality of the care provided. However audits relating to the care and welfare of people using the service had failed to highlight that there were no specific support plans in place for some of the risks identified during people's assessment.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they did not know the registered manager and did not have any contact with them. Most people said they had contact with the care coordinators by telephone, and some had met them during spot checks. One person said, "No I have not met the manager or anybody from the office." Another person told us that they had met one senior person and they were very nice but did not know who the manager was.

The care coordinators were involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. One of the care coordinators told us that they called a random sample of five to 10 people each day to check if they were happy with the service and if the carers were being punctual. We viewed a sample of audits which indicated they were thorough and regular.

The registered manager had been in post for three years and was supported by three care coordinators, and two administrators. Most of the office staff were fairly new. They told us that the registered manager was approachable and supportive and they felt encouraged to develop within their new role.

The registered manager told us they had attended provider forums in the past but not recently. However they told us that they kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the CQC.

The registered manager informed us there were regular team meetings and management meetings. Records we viewed confirmed that these were regular and included topics such as training, safeguarding, accidents and incidents and current issues regarding staff and people who used the service. We saw evidence that a recent safeguarding investigation had been discussed and action plans developed from the investigation were shared with staff.

We saw letters and memos from the management team for care workers to address issues such as professional boundaries, lateness or complaints received as well as some issuing praise for good work. This showed that staff were supported and valued and that concerns about care practices were addressed. Staff told us they felt supported by the management team and found them supportive and professional. One care worker told us they thought the service was well-led.

Some people told us that they had been asked their views about the quality of the service that was provided. A relative confirmed that they were regularly consulted and gave feedback about the service. The service had started to issue a quarterly newsletter to inform people and relatives of any information about the service. This contributed to the communication between people and staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. Regulation 12(2)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality audits were not effective in highlighting concerns and mitigate risks to people. Regulation 17(2)(a)(b)