Lorablooms Care Services Limited

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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?	Good

Summary of findings

Overall summary

About the service
Lorablooms Care Services Ltd is a domiciliary care agency, providing personal care to 22 people at the time of the inspection. The provider specialised in providing support to children and younger adults who had a learning disability or were on the autistic spectrum. The provider offered a supported living service, but no one was using this at the time of inspection.

Not everyone who used the service received personal care. 51 people in total were using the service, and only 22 of those received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Relatives generally expressed great satisfaction with the service. This was summed up by one who said, "The carers we've got are the best we've ever had. They're the kind of people that genuinely care. The skills required are compassion, empathy and patience. Not a single complaint."

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs, and the provider had robust staff recruitment practices. Medicines were managed in a safe way. Steps had been taken to help prevent the spread of infections. Accidents and incidents were investigated so lessons could be learnt.

Initial assessments were carried out of people's needs to see if the provider could meet them. Staff received training and supervision to support them in their role. The provider worked with other agencies to meet people's health care needs. People were supported to eat a healthy diet and were able to make choices about what they ate and drank.

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.

Relatives told us that staff were kind and caring and treated people well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. The service used different ways to help communicate with people, depending on their individual needs. People were supported to engage in a variety of social and leisure activities. There was a

complaints procedure in place, and this had been followed when complaints were made.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service which meant people, relatives and staff could express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Care provided was person-centred, based around the needs of individuals. People were able to make decisions and choices about their care, and relatives told us they felt listened to and that people were treated in line with the values of Right Support, right care, right culture. This included supporting people to lead active lives within their local communities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection
This service was registered with us on 16 July 2019 and this is the first inspection.

Why we inspected
This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up
We will continue to monitor information we receive about the service.

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?

Good

The service was well-led.

Details are in our well-led findings below.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also offered some supported living. However, no one was using this at the time of inspection. Under supported living, people's care and housing are provided under separate contractual agreements.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four members of staff including the registered manager, the administrator, who also did some work as a support worker, a student social worker who was on placement at the service at the time of inspection and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed care plans and risk assessments relating to five people. We looked at training data and quality assurance records and reviewed a range of policies and procedures. We spoke with a support worker employed by the provider and 10 relatives of people who used the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. The provider had policies in place covering safeguarding children and adults, along with a whistle blowing procedure. Where there had been allegations of abuse, these had been dealt with in line with the policies.
- Staff had attended training about safeguarding children and adults and understood their responsibility for reporting any concerns. One member of staff told us, "I would tell my manager and then whistle blow if they did not do anything."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Risk assessments were in place which were person centred and detailed the risks individuals faced. They included information about how to mitigate those risks.
- Risk assessments were subject to regular review, which meant they were able to reflect people's needs as they changed over time. They covered risks including those related to self-harm, abuse from adults or other vulnerable people, substance misuse and health needs.
- Relatives told us people were safe. One said, "Yes, definitely safe. [Person] seems very confident with the carer. The carer is always very calm with them." Another relative replied, "Yes, absolutely" when asked if their relative was safe.

Staffing and recruitment

- Staff told us they had enough time to get between appointments and there were enough staff to meet people's needs. Most relatives told us staff were generally punctual. One said, "They arrive on time and stay for the time they should." However, one relative said, "They do try. Sometimes they can be late. It depends on transport. They stay for the time they should."
- The nominated individual told us they had recently purchased an electronic monitoring system to enable them to check staff arrived on time and stayed for the full amount of time. They said they planned to start using this system in the near future.
- Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These included criminal record checks, proof of identity and employment references.

Using medicines safely

- Medicines were managed in a safe way. Staff undertook training before they administered medicines, and this included an assessment of their competence.
- Medicine administration records (MARs) were maintained which included details of each medicine. Staff signed these after administering medicines so there was a clear audit trail in place. The registered manager

carried out audits of MARs, so they were able to identify if there had been any errors, and take action to address them.
● Relatives told us they were satisfied with the way people were supported with medicines. One said, "They have assessed [person] for medication. I gave the staff all the details. I'm happy with that."

Preventing and controlling infection
● Systems were in place to help prevent the spread of infection. A policy was in place to provide guidance to staff and staff had undertaken training on infection control and prevention.
● Staff received regular testing to check if they had COVID-19. The provider ensured that staff had a plentiful supply of personal protective equipment for use when providing support to people with personal care.
● Relatives told us staff took steps to reduce the risk of infection. One said, "We're happy with Covid management. They use masks, gloves and sanitiser."

Learning lessons when things go wrong
● The provider took action to learn lessons when things went wrong. They had a policy on accidents and incidents which detailed the steps to be taken in the event of an accident or incident.
● We saw accidents were recorded and analysed to see what action could be taken to reduce the risk of a similar accident occurring again.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Initial assessments were carried out of people's needs. The purpose of this was to determine what the person's needs were and if the service was able to meet them. The registered manager told us on occasions they had to decline a care package as they were not able to meet the needs.
- Assessments were carried out with the person, their relative and relevant professionals where appropriate. They were completed in line with guidance and the law, for example, they covered needs related to equality and diversity issues.
- Relatives told us they were involved in the initial assessments. One said, "I spoke to the agency when my (relative) first started, we had a chat about care needs."

Staff support: induction, training, skills and experience

- Staff were provided with support and training to help them in their role. Training included autism awareness, working with people who had behaviours that challenged the service, first aid, mental capacity and food safety awareness.
- Staff told us the training provision was good, and that in addition they had regular one to one supervision with a senior member of staff. One member of staff said, "Oh yes, we do (have supervision). I talk about my weaknesses and strengths and training."
- Staff undertook induction training at the start of their employment. This included completing the Common Induction Standards, which is training designed for staff who are new to working in the care sector.
- Relatives told us staff were competent to meet people's needs. One said, "I think they are good at their jobs."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet. Where the service provided support with meal preparation, this was detailed in people's care plans.
- People were supported to make choices about what they ate. This included meeting people's needs in relation to foods reflective of their culture. The registered manager told us one person had requested a staff member who could cook particular types of food and this was arranged.
- Relatives told us people were offered choices about what they ate. One said, "Yes, staff do prepare meals. My (relative) will show them what they want. (Relative) loves to choose."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● The service worked with other agencies to provide care to people. For example, with physiotherapists, occupational therapists and local authorities.
● The registered manager told us that they did not really support people to attend healthcare appointments, rather, this was done by people's family, as most people using the service where children or young adults who lived with their parents.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● The provider was involved in carrying out mental capacity assessments for people, although they had not been the lead agency in these assessments.
● Staff understood the importance of supporting people to have maximum control over their lives. For example, people were supported to make choices about what they ate and the activities they participated in. Relatives told us people gave consent to their care. One said, "They do ask permission. They usually say to (person) about what's going to happen."

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- Relatives told us that people were treated well and that staff acted in a kind and caring manner. One relative said, "Yes they are really kind to my (relative)." Another relative told us. "I'm happy. Keep doing the good work. Really pleased. My (relative) is happy too." A third relative said, "Carers are respectful. They come into our home. They are nice people. I feel comfortable and safe with them. We speak human to human. Extremely important. Our children are precious to us. The key is in finding the right person. Children are happy."
- The service sought to meet people's needs in relation to equality and diversity issues. These were covered in initial assessments and care plans. Staff undertook relevant training and were able to demonstrate a good understanding of people's equality and diversity needs. For example, staff were aware of people's cultural dietary preferences and appropriate clothing to wear in people's home, related to their religion.

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

- People were supported to express their views and be involved in decision making. People and their relatives were involved in developing care plans. This helped ensure that what was important to the person was included in their care plan.
- Relatives told us people were supported to make choices and have control over their daily lives. One relative said, "There is choice and they (staff) make a report on what they do. I'm sure they give (person) choice, e.g. bus or train." Another relative said, "(Person) is able to have their say in their own way" and added, "They do ask for my opinion and yes, I think they listen." Another relative said, "One child is non-verbal. Staff ask them and let them know what's happening. My other child gives their permission. I'm comfortable with that."
- Staff told us how they supported people to make choices. One staff member said, "Some of them (people) get confused if overburdened with choices, so I give them two options to choose, say with clothes or food, then they can decide."
- People or relatives signed forms to give consent to various things. For example, having their photograph taken or receiving support with taking medicines. Staff were aware that they did not have the right to share photographs of people on any social network sites.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people in a way that promoted their privacy and dignity, for example, when supporting people with personal care. Staff were also knowledgeable about issues related to confidentiality. One staff member said, "We should only share information on a need to know basis, we don't discuss their business with other people."

● The provider had a confidentiality policy in place which provided guidance to staff. Confidential records were stored in locked filing cabinets or password protected electronic devices which helped to promote people's privacy and right to confidentiality.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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 in place for people. These were person-centred, containing information about how to meet the needs of individuals. They covered areas of need including religion, culture, gender, sexuality, health, emotional needs, interests and hobbies. Care plans were reviewed every six months to help ensure they reflected people's needs as they changed over time.
- Staff told us they were expected to read care plans and had a good understanding of people's individual needs. Relatives told us they were involved in developing care plans. One said, "Yes, there is a care plan. It details likes and dislikes and that they wear a helmet. I'm involved and (person) is as far as they can be." Another relative told us, "Yes, I'm involved. We had a meeting to come up with how to support my (relative). I'm happy with that."

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 provider told us in their annual Provider Information Return (PIR) how they met people's communication needs. The PIR is information about the service we ask care providers to supply us with each year. They told us information was produced in formats people understood, for example colour coded activity charts and the use of picture books to help people understand.
- Staff told us they got to know people's communication needs and used a variety of different ways to communicate with people, including body language, facial expression and some sign language.
- Relatives said staff could communicate well. One wrote on the annual survey they completed, "Very good service, they put in a lot of hard work to meet my (relative's) needs. All the staff have good communication." Another relative told us, "They speak to them and get eye contact. My (relative) can listen and hear what they say. Communication is adapted to needs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with people, through family networks, educational, social and leisure activities. Social needs were covered in people's care plans and were provide in line with people's preferences.
- People were supported to take part in a variety of activities, including those that involved community participation, such as the cinema and bowling. Relatives told us activities provided were in line with

people's preferences. One said, "They normally go to a park. My (relative) likes to do something physical. Other activities have been offered but (relative) doesn't understand different things."

Improving care quality in response to complaints or concerns

● The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.

● When complaints had been received, these had been dealt with in line with the policy, and an apology had been given to people where appropriate.

● Relatives told us they knew how to make a complaint and that they felt confident it would be addressed. One said, "If I was unhappy I would make a complaint."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had an open and positive culture. Staff spoke positively about the registered manager and nominated individual. One member of staff said, "[Nominated individual] is very open, you can go to them with anything." Another member of staff said, "I don't have anything negative to say about them, [registered manager and nominated individual]. They are really supporting me."
- Relatives told us they had good communication with the provider. One said, "If I contact them I get a reply very quickly. I do have the name of the manager. They are approachable and helpful." Another said, "They send me a feedback form. I can contact the office if needed. They are very, very approachable."
- Relatives were at the centre of decisions made about their care. They were involved in making decisions and developing care plans. Staff undertook training about person centred care. This helped to achieve good outcomes for people.

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 provider understood their obligations to be open and honest with stakeholders when things went wrong. There were systems in place to identify and address shortfalls. For example, accidents and incidents were reviewed and there was a complaints procedure in place to respond to concerns raised by people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles. Staff were provided with a copy of their job description which provided guidance about what was expected of them. There was a clear management structure in place and staff knew who their line manager was.
- Managers were clear about their regulatory requirements. For example they had employer's liability insurance cover in place in line with legislation, and had submitted notifications of significant events to the Care Quality Commission as they were obliged to do.

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

- The provider sought the views of people and relatives to engage and involve them in the service. An annual survey was carried out of relatives. We saw completed forms from the most recent survey which contained mostly very positive feedback. For example, one relative had written, "The staff are always patient

and ready to listen. Even with the pandemic they are doing a good job. Another relative wrote, "Always helpful and considerate. They go out of their way to make our lives less stressful." Relatives told us they were engaged with the provider, one said," If I've got any questions I ring and ask. They also call to check if everything is ok."

● The provider took into account people's equality characteristics. For example, care plans covered people's needs in relation to equality and diversity. Staff recruitment was carried out in line with good practice with regards to this area.

Working in partnership with others

● The provider worked with other agencies to develop best practice and share information. For example, senior staff attended a forum run by the local authority for care providers. They also worked with Skills for Care who provide advice and guidance around staff training.

● The provider also worked with local universities by offering placements to student social workers, and two students were doing a placement with them at the time of inspection.

Continuous learning and improving care

● Various quality assurance and monitoring systems were in place to help improve the quality and safety of care provided. Audits were carried out, for example in relation to medicines. Risk assessments and care plans were subject to regular review.

● Spot checks were carried out. The staff did not know when these were going to take place, although the service user and family were told in advance. These gave the provider the opportunity to monitor how the staff interacted with people and if they were meeting their needs.

● Regular team meetings were held. These gave all staff the opportunity to discuss issues of importance to them and make suggestions about how to improve the care provided.