

Lapis Health & Events Limited

Lapis Domiciliary Care

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

The inspection was announced and took place on 25 February 2016.

Lapis Domiciliary Care is a domiciliary care service providing care and support to people living in their own homes. At the time of our inspection there were five people using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were confident in the staff that provided their care and supported them.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs.

People were supported by staff who received regular training, support and supervision to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People had good relationships with the staff and were treated with dignity and respect.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. People had confidence in the provider and staff were clear about their roles and responsibilities.

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.

There were systems in place for safeguarding people and staff were aware of their responsibilities should they suspect abuse was taking place.

The provider had put in place a system of checks to recruit only safe and suitable staff.

Risk assessments had been carried to minimise the risk to people receiving care and the staff supporting them.

Is the service effective?

Good ●

The service was Effective.

People were supported by competent staff who understood their needs.

Staff had access to the training and support they needed.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Caring.

Care workers were kind and caring and had developed positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was Responsive.

Care plans reflected people's individual needs and preferences.

The agency sought people's views about their care and support and responded to their feedback.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

Good ●

The service was Well Led.

There was an open culture that encouraged staff, people and their relatives to express their views and be listened to.

Staff felt supported by the registered manager and director.

Records relating to people's care were accurate, up to date and stored appropriately

Lapis Domiciliary Care

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 checked 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 was announced and took place on 25 February 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff and people receiving care would be available to speak with us.

The inspection team consisted of one inspector.

Lapis Domiciliary Care is a privately owned company. At the time of our inspection they provided 44 hours of care each week to five older people.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a variety of methods to inspect the service. We spoke with the registered manager / provider, a director who provided care as part of the care team, and two members of care staff. We looked at records in relation to five people's care. We visited and spoke with three people in their own homes to obtain feedback on the delivery of their care and to view care records held at people's homes. We also spoke with the relatives of two people being cared for by the agency.

Lapis Domiciliary Care registered with the Care Quality Commission in May 2015. This was the services first inspection.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said this was because staff understood their needs and any risks involved in their care. One person told us, "They know the care I need. They are all very good and I feel totally safe". Relatives were confident their family members were safe when receiving their care. One relative told us, "I've never had any concerns about safety. They look after him very well. They did risk assessments before they started providing the care to make sure everything was done safely".

Care records provided evidence that the agency had carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The registered manager demonstrated that risk assessments had been carried out to identify those people most at risk in an emergency, such as those living alone, and plans put in place to prioritise those at risk. There were arrangements in place to ensure that staff had access to management support out of office hours. The registered manager told us either she or the director was always available outside these hours should staff or people need advice or support.

People told us staff had never missed a visit. They said they could rely on them when they needed them. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know.

Staff were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to tell us how they would recognise the signs of abuse and how they would report any concerns they had about people's safety. Staff attended safeguarding training in their induction and the registered manager told us they had reminded staff of their responsibilities to report any concerns they had about abuse or poor practice.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) checks. DBS enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

Some people's care involved support with medicines administration. People who received this support told us that staff helped them to take their medicines safely. All staff responsible for administering medicines had been trained in this area and their competency had been assessed by the registered manager. Each person whose care involved the administration of medicines had a medicines administration record and the registered manager carried out audits to ensure that people were receiving their medicines correctly.

Is the service effective?

Our findings

People told us that they were supported by competent and reliable staff who understood their needs. They said that staff always followed the instructions in their care plans and recorded the care they had provided in their care log. People told us they received their care from regular staff, which was important to them. One person said, "I'm more than happy with them. They're reliable and efficient and they always follow the care plan". Another person told us, "We get the same carer every time, which is something we were clear was important to us." A relative told us, "I can't fault them. We had another agency before this one and we are so glad we changed. This service has been excellent".

People told us staff almost always arrived on time. They said that if they were running late, they always received a telephone call from the agency's office or member of staff to let them know. People said staff always stayed the correct amount of time for each visit and that they did not feel rushed when receiving their care. One person said, "They're always here within five minutes of the scheduled time". Another person said, "I can set my watch by them. They call at virtually the same time every morning".

Staff told us the visits were planned by the agency to make sure they had time to provide the care each person required. They said the agency always ensured they had sufficient travelling time between visits to arrive on time at each call. One member of staff told us, "The length of the call is determined by the assessment. They make sure we have time to do all the tasks on the care plan".

An induction programme which embraced the 15 standards that are set out in the Care Certificate had recently been implemented. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training undertaken included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management, dementia awareness and confidentiality. Staff told us that they had received additional training. For example, the safe use of hoists or shower chairs and stoma care.

The registered manager told us supervisions for staff were arranged regularly and that she kept in regular contact with staff to ensure they felt supported and valued. Supervisions are processes which offer support, assurances and learning to help staff development. The registered manager told us, "We speak to staff regularly to check they're okay and to ask them if there's any training they need". Staff confirmed regular conversations took place. The registered manager told us and records confirmed that team meetings were also held regularly to provide an opportunity for staff to meet with colleagues, to seek advice and to share good practice.

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 demonstrated a good understanding of the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise.

The agency encouraged people to make decisions about how their care was provided and respected their choices. People were asked to record their consent to their care and we saw signed consent forms in people's care records. Relatives told us that they had been consulted about their family member's care plans. These had been developed in a way which gave people as much choice and control over their care as possible.

Staff understood the importance of notifying the office if people's needs changed or if they appeared unwell. Relatives told us that their family members' care plans were updated if their needs changed and that the agency contacted them if they had any concerns about people's health or welfare.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Is the service caring?

Our findings

People told us staff were kind and caring. They said staff were polite, courteous and treated them with respect. People also told us that they had developed good relationships with staff and looked forward to their visits. One person said, "She's (Staff) a lovely person and I get on with her very well, she's become like part of the family".

Relatives also provided positive feedback about the quality of staff supplied by the agency. They said that staff were kind and caring in their approach and sensitive to their family members' needs. Relatives told us staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "We're more than happy with her [staff]". Another person said, "I can't fault the carer we have, she's excellent, very kind and caring".

People told us staff treated them with respect and provided care in a way that maintained their dignity. Relatives said that staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care. One relative told us, "The carer certainly treats [person] with respect, I have no concerns about that, and she always provides her care in private".

Staff told us that the registered manager had clarified their expectations that care workers should treat the people they supported with respect. They said the induction process had included sessions on promoting people's rights and ability to make choices about their care. Staff recognised the importance of providing support in a way that maintained people's privacy, dignity and independence.

People and their relatives were encouraged to contribute to their care plans. People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

Is the service responsive?

Our findings

People told us they received care that was responsive to their needs. One person told us, "They're very good they do everything I ask of them".

Relatives told us the agency provided a service that was responsive to people's needs. One relative told us, "They've been very good if we've ever needed to change the day or time of a visit". Another relative told us their family member's needs had changed recently and that the agency had responded to this change appropriately.

The registered manager or director assessed people's needs before they began to receive a service to ensure the agency could provide the care and support they needed. Assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care.

Each person had an individual care plan drawn up from their initial assessment. Care plans reflected people's individual needs and preferences. For example they specified how people preferred their meals and drinks to be prepared. Care plans also provided clear information for staff about how to provide care and support in the way the person preferred. Staff told us that they read people's care plans regularly to ensure that they were familiar with any changes.

People and their relatives told us that the agency had encouraged their involvement in the development of their care plans. Records contained evidence that people had been consulted about their care and their consent to their care had been recorded. People told us the agency reviewed their care plans regularly to ensure that they continued to meet their needs.

The provider sought people's views about their care and support and responded to their feedback. People and their relatives said that the agency contacted them regularly to ask for their views about the service they provided. Relatives told us that the agency responded well if they had needed to change arrangements at short notice or to arrange additional visits.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider had not received any formal complaints however the registered manager was able to demonstrate how they would investigate and respond to complaints should one be received.

People who used the service and their relatives told us they were confident that if they needed to make a complaint the agency would take this seriously. People said they had been able to contact the agency's office when they needed to and had been happy with the response they received. One relative told us, "If there's ever been a problem, I've called them up and they've sorted it out straightaway".

Is the service well-led?

Our findings

Staff and people told us they felt the service was well-led and spoke positively about the registered manager. One person told us, "She is very approachable". A member of staff said, "I feel valued working here. The registered manager and director are both nurses and they know their stuff. They always give good constructive advice and support".

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. People said they were happy with the frequency with which the agency contacted them to seek their views. The registered manager or director regularly visited people to seek their views. People were asked whether their care workers arrived on time, stayed for the correct length of time and whether the visit length was sufficient for staff to provide all the care and support they needed.

The agency had established systems of quality monitoring which included seeking feedback about the service. This included comments through a feedback web site. We viewed comments from June 2015 to January 2016 left by people, relatives and health care professionals. All the comments we read were positive and included, "Communication is excellent and they make caring for an elderly parent that much easier", "Their warm and caring nature as well as attention to detail and background knowledge of the NHS and nursing were very reassuring for my mother and made a difficult time much easier" and "The continuity of carers they have provided is extremely important to the well-being of our relatives. This we found to be one of the issues lacking from the larger company".

People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the service they received. One relative said, "I've always been able to get hold of someone if I've needed to". Another relative told us, "We have a very good relationship with them. Their communication is very good". The registered manager and director told us they aimed to be approachable to people who used the service and staff. They said they encouraged people to raise any concerns they had with them.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the registered manager to ensure that the quality of recording was appropriate.

Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care.

There were clear lines of accountability and responsibility within the service's structure. Staff confirmed the

registered manager and director were readily contactable for advice and support. One member of staff said, "We can speak up about any issues. We have a good team at present". Another told us, "Yes I enjoy working here. I feel supported and the registered manager and director are always accessible if I need advice or support".