

Libra Care 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Libra Care Limited is a home care provider providing personal care to 39 people aged 65 and over at the time of the inspection.

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

The registered manager had not consistently recorded their recruitment decisions to assure themselves staff were recruited safely. Training records did not always evidence the training / support provided to staff.

People were supported by staff who knew how to safeguard people from abuse and manage risks to keep people safe. Medicines were given in a safe way and staff followed safe infection control procedures.

People's needs were assessed and reviewed as appropriate. People were supported to eat where needed and staff sought healthcare support for people if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring and went above and beyond their usual duties for people. People were treated with dignity and had their independence encouraged.

People were supported by staff who knew them well. People's wishes at the end of life were considered and complaints made had been investigated.

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

Rating at last inspection

The last rating for this service was good (published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Libra Care Limited

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 completed by one 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 homes.

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.

Inspection activity started on 15 November 2019 and ended on 19 November 2019. We visited the office location on 15 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a 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, the registered manager 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 three people's care 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, including policies and procedures were reviewed.

After the inspection –

We spoke on the telephone to five people who receive care from the provider and two relatives.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff supported them in their home. One person told us, "Yes I am safe, I have faith in my carers."
- Staff we spoke with had received training in how to safeguard people from the risk of abuse and could confidently detail the actions they should take if they had a concern. For all staff, this included reporting their concerns to the registered manager and recording this information.

Assessing risk, safety monitoring and management

- Where there were identified risks to people's safety, these had been assessed. Risk assessments on people's care files clearly recorded where risks were present and how staff should respond to this. For example, where people experienced behaviour that could be challenging, there was a clear plan in place identifying triggers to this behaviour and how staff should respond to ensure the person's safety.

Staffing and recruitment

- People told us that they had support from staff that were known to them and at times they had agreed. Comments included; "I get regular carers three times a day and they meet my requirements [for the time I would like my visit]", and, "The times are always within half an hour [of when I was expecting them] and they do always come. It's never happened that they haven't come."
- Both people and staff told us they were not rushed when supporting people and took time to ensure people's needs were met. One relative told us, "It's the little things that make a difference, they [staff] are not just in and out, they talk to her and she likes that a lot." This was confirmed by a staff member who explained, "Sometimes we are the only people they see all day, I would tell [registered manager] if people needed more time for interaction."

Using medicines safely

- People were happy with the support they received with medicines. Staff had received training in how to support with medicines safely and could explain how they do this.
- Records held in relation to medicines were completed and indicated that people received their medication as required.

Preventing and controlling infection

- Staff had received training in how to prevent and control the spread of infection and told us they had sufficient access to personal protective equipment to support them in this.

Learning lessons when things go wrong

- The registered manager displayed a commitment to learning where things go wrong. For example, where people provided feedback that indicated they were not happy with aspects of their care, the registered manager acted on this and made changes to ensure the person was happy with their support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them receiving support. These assessments looked at people's medical history, current care needs and preferences with regards to their care. The assessments also considered any protected characteristics under the Equality Act such as religious and cultural needs.

Staff support: induction, training, skills and experience

- People told us they felt staff had the training and skills needed to support them effectively. One person told us, "They [staff] are skilled yes, the agency trains them."
- Staff received an induction prior to commencing employment that involved completing training and shadowing a more experienced member of staff. New staff were also enrolled on the Care Certificate. Staff spoke highly of the induction provided and said, "The induction was really, really good. I felt clueless but everyone was so supportive."
- Staff told us and records showed that staff had received training relevant to their role. One Staff member said, "The training definitely prepares you for the role and we are always asked if we would like extra. I asked for wound protection training and it got allocated to me."

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

- People who required support with their meals spoke positively about the support provided. One person told us, "The carer has just been in and left a salmon sandwich, with a little note to say what is in it and when it expires."
- Records clearly indicated where people had specific dietary requirements and what level of support was required to prepare and eat meals.

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

- People told us that if needed, staff would support them to seek healthcare support. People gave us examples of times that staff had contacted their GP for them when they were unwell. One person told us, "The doctor has been and checked me over today, the carer called them for me."
- Records viewed showed that staff worked alongside other healthcare professionals to ensure people's well-being. This included district nurses, GP's and pharmacies.

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.

- People told us staff obtained their consent before supporting them. One person said, "They do ask me for permission. If they are going to wash my hair, they offer the help to me."
- Staff we spoke with understood the importance of seeking consent and could explain how they do this. Where people were unable to verbally consent, staff understood other visual cues that would indicate whether someone had consented. One staff member told us, "I ask all the time, if someone refuses, then that is their decision. I wouldn't force them."

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to 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

- People and their relatives spoke highly of the staff who provided their support. Comments included, "They [staff] are kind, goodness, they are my little friends, like daughters" and, "The carers are friendly, good, sympathetic, and they put their arm around me and say bye bye and see you tomorrow."
- Staff spoke about people in a kind and compassionate way and it was clear that staff had developed caring relationships with people. Staff gave examples of how they went above and beyond their role to support people. For example, collecting a chip shop dinner for a person after their visit had ended to cheer them up, speaking with people on the phone throughout the night to provide reassurance, and undertaking additional tasks such as foot rubs, because the person enjoys these. One staff member told us, "I always run over [time], it's such a minor thing to me but to them it is major, if I can do that bit extra for them, it goes a long way." In addition to this other examples of caring practice were provided. For example, the provider personally delivers hot Christmas dinners to all service users on Christmas day.

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

- People felt involved in their care and were given choices. One person told us, "Staff know me well and everything they do for me, they do it as I say so."
- Staff gave examples of how they ensured people had choices and records reflected that people had been asked about how they would like to receive their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity. One relative told us, "Dignity and kindness I see definitely. Also the appearance of staff is immaculate and [person] likes that." Another relative added, "Privacy they have yes, they always care for [person] in a separate room [to where I am]".
- Staff told us how they supported to maintain people's independence and care records reflected that people were supported to remain independent where able.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were supported by staff who knew them well. Staff we spoke with displayed a good understanding of people's likes and dislikes.
- It was clear that people were involved in planning their care. People had seen their care plans with one person informing us, "My care plan is pretty clear [to understand]."
- People told us that the provider was responsive in adapting their care to suit their lives. One person explained that the service would move their visit times to accommodate their plans for the day. The person told us, "I do ask for different times or I call and cancel if I don't need them and they are always alright 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 registered manager had plans in place to ensure they would be able to meet the AIS where needed. Where one person was had a registered sensory loss, this was detailed within their care records and staff were aware of how they would support them to access the information they needed.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident that any complaints made would be investigated. One relative told us, "We had a visit from [senior staff member] and she says we can contact her or if needed, to ring the main office and the response is fast and appropriate."
- We looked at records held on complaints and saw that these were investigated and resolved. The registered manager informed the complainants of the outcome of their complaint.

End of life care and support

- Although the service was not supporting anyone who required end of life support, care planning documents considered people's wishes should they be at the end of life and recorded whether people had made any advanced decisions.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager lacked oversight of safer recruitment practices. We saw that where some members of staff had a criminal conviction, there was no risk assessment in place to mitigate this risk. For other people, there were no references available to view. We spoke with the registered manager about this, who was clear on the staff member's convictions and the actions taken to ensure people were safe, but had not documented this decision making process. For the staff member's who had missing references, the registered manager stated these had been misplaced during the ongoing transition to electronic records, but was confident these had been sourced. The lack of documentation into relation to recruitment meant the provider could not consistently ensure safe recruitment decisions.
- In addition, where staff members received training from other staff member's specific to people's needs, there was no clear documentation of what this training covered and the qualifications/experience of staff delivering this. Although there was no indication that people were being supported by staff who were not trained in this area, the lack of documentation meant the provider could not evidence or assure themselves that the bespoke training provided to staff, by staff met people's needs. We raised this with the registered manager who informed us they would formalise this process to ensure the training process was documented. Following the inspection, the registered manager forwarded us confirmation that senior members of their team who were responsible for delivering training to other staff members, had been trained to do so.
- The registered manager had recently begun her new position within the service and told us that the areas for improvement identified at this inspection were inherited from previous management teams and would be addressed under her new leadership.
- The provider had other systems in place to monitor the quality of the service. This included a call monitoring system that ensured staff arrived to people on time and alerted managers to when calls had not taken place as planned.

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

- People spoke positively about the leadership at the service and thought it was well led. Comments made included, "I can recommend them to anyone," and, "The [registered] manager is nice and is quite good with me. I can talk to her."
- Staff also felt the service was well led and spoke highly of the support they got from the management

team. One member of staff said, "These are the best managers I ever had. If I have a down day, I can speak to them and come out of the office a different person."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager displayed a commitment to being open and transparent when things go wrong. Concerns and incidents were shared with external agencies as required.

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

- People told us they were supported to express their views through care planning meetings and more formally via questionnaires. One person told us, "Yes, we do questionnaires and there is a review meeting every year. I can also just contact them if I need to."
- We looked at the latest questionnaires received and saw that the comments made were mostly positive. Where suggestions for improvement had been made, the registered manager had met with the person to discuss their feedback and make improvements.

Continuous learning and improving care / Working in partnership with others

- The registered manager displayed a commitment to learning and improving care. They were in the process of moving all records over to an electronic system to ensure quicker access to records for staff. This was being implemented at the time of inspection and work was continuing into this.
- The registered manager had clear plans for the future of the service and was keen to work alongside others to achieve this. The registered manager told us, "In 12 months time I would like to be mentally satisfied that I have done everything [I want to do at the service]. I want to reduce staff turnover, and continue to learn. There is always something new to learn."