

Louisa Homecare 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

Louisa Homecare Limited provides personal care and support to people living in their own homes. At the time of our inspection 34 people were using the service. The inspection took place on the 6 December 2016 and was announced.

A registered manager was employed by the service. 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 registered manager was available throughout the inspection.

People received safe and effective care which enabled them to live in their own homes. People and their relatives praised the care staff and spoke positively about the care they received. People, relatives and staff spoke positively about the management of the service. Staff felt supported and confident in raising concerns and felt the registered manager or office staff would act on these.

Care plans were personalised and contained information about how the person wished to receive their care and support. Information included their preferences, likes, dislikes and what was important to them. Staff were knowledgeable about people's care and support needs and people told us staff acted in accordance with the guidance in their care plans.

People and relatives told us they received safe care and staff were able to demonstrate a good understanding of what constituted abuse and how to report any concerns raised. Measures were in place to manage the risk of harm to people.

People received their care at the correct time. There were enough staff deployed to fully meet people's health and social care needs. The service, where possible, tried to ensure people received care and support from the same members of staff to ensure consistency of care.

Appropriate recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service. Staff received appropriate training and support from management to ensure they had the right knowledge and skills to meet people's needs.

There were safe medicine administration systems in place and people received their medicines when required. Staff told us they monitored people's health and wellbeing and any changes or concerns were reported to the office staff, relatives and where appropriate healthcare professionals.

People were supported to have sufficient to eat and drink. Staff recorded food and fluid intake during their visits. They told us any concerns they had about people's intake or weight would be reported to the registered manager for further investigation.

People and their relatives told us they knew how to raise any concerns or make complaints should the need arise. The registered manager investigated complaints and concerns. The registered manager sought feedback from people to ensure the quality of care was maintained. People, their relatives and staff were supported and encouraged to share their views. Quality assurance systems were in place to monitor the quality of service being delivered.

The service was working within the principles of the Mental Capacity Act 2005. People told us staff sought permission before undertaking any care or support. Staff had an understanding of the Mental Capacity Act 2005 and explained how they supported people to make decisions regarding their daily living.

Staff working in the service had access to personal protective equipment (PPE) such as gloves and aprons to help prevent cross contamination and promote infection control.

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 ●

This service was safe.

People said they felt safe. Risks were managed to ensure their safety. Staff had received relevant training and understood their roles and responsibilities in relation to safeguarding people from abuse and harm.

Medicines were managed safely and people received their medicines when required.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were undertaken to ensure staff were of good character and suitable for their role.

Is the service effective?

Good ●

This service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health and well-being.

People's rights were protected because the service was working within the principles of the Mental Capacity Act 2005. People told us staff sought permission before undertaking any care or support.

Where required people were supported to eat and drink sufficient fluids. □

Is the service caring?

Good ●

This service was caring.

People told us staff were kind, caring and friendly.

People received safe and effective care which enabled them to live in their own homes. People and their relatives praised the care staff and spoke positively about the care they received.

People were able to express their views and be actively involved

in the care and support.

Is the service responsive?

Good ●

This service was responsive.

Care plans were personalised and contained information about how the person wished to receive their care and support. Information included their preferences, likes, dislikes and what was important to them.

People were aware of their care plans and were involved in the reviewing of their care and support needs.

There were regular opportunities for people and relatives to raise issues, concerns and compliments.

Is the service well-led?

Good ●

The service was well-led

Staff spoke positively about communication and how they and the management team worked well together.

The organisation's vision and values centred on the people they supported.

There were quality assurance systems in place to monitor the quality of service being delivered.

Louisa Homecare 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 6 December 2016 and was announced. The provider was given notice because the location provides domiciliary care services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector. This service had not been previously inspected.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. 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.

During our inspection we went to the service's office and spoke with the registered manager. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We spoke on the telephone with nine people who use the service and relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, quality and performance manager, care coordinator and four care staff. We also spoke with a business consultant who was supporting the registered manager with service development.

Is the service safe?

Our findings

People and their relatives said they or their loved ones felt safe and supported by staff in their homes. Their comments included "Yes they care for him safely. They are aware of his needs", "I feel safe and have confidence in the staff" and "Yes I feel safe. They always make sure I have my lifeline (emergency call bell) before they leave. It is an important point for them to remember and they do it".

Staff were able to identify what might constitute abuse and knew how to report concerns they might have. They had confidence that any concerns raised would be listened to and acted upon by the registered manager or office staff. Comments included "I would feel supported to raise my concerns. If I saw poor practice I would address it myself and then report it to X (registered manager). She wouldn't tolerate it" and "I would report any concerns straight away. Yes I have confidence that something would be done about it. X (registered manager) would be on the phone straight away to the necessary people". Staff knew how to report concerns within the organisation and externally such as the local authority or police. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with the local authority and relevant health professionals. There were clear policies for staff to follow.

People's individual risks were identified and assessed. Management plans were in place to keep people safe. For example, risks assessments had been completed for areas such as moving and handling, personal care and the persons living environment. Risk management plans considered people's physical and emotional needs and showed that measures were in place to manage these risks. This included ensuring the necessary equipment was available such as slide sheets and hoists to ensure people received safe care and support.

People received varying levels of support with managing the administering their medicines. For example, from prompting through to administering the medicines to the person. Comments from people included "They give me medicines each time they visit and at the right time" and "They always check to make sure I have taken my medicines when they visit". Staff had received training in the safe management of medicines and were assessed to ensure they were competent to carry out this task. Staff confirmed the training they received helped them to feel confident supporting people with their medicines. Senior staff checked medicine records to ensure staff were administering them correctly and that records had been completed. Medicine records we checked were found to be completed correctly by staff.

There were sufficient staff to meet people's needs. People and their relatives confirmed that staffing arrangements met their needs. They were generally happy with staff timekeeping and confirmed they always stayed for the allotted time. Comments included "They turn up on time but will ring if they are going to be late. They stay for the right amount of time and do what they are supposed to do", "Yes they are normally on time and will ring if going to be late", "They always come on time and mostly stay for the right amount of time. I have mentioned this and they are trying to be flexible" and "I'm happy with the staff. It's

the same staff most of the time and they do arrive on time. They have been really good about Christmas. We have discussed it and it has all been organised so we can get up a bit later".

The care coordinator explained that rotas were completed to ensure there were always sufficient staff members on duty and cover was sought when necessary. Staff rotas were completed according to location to try and ensure consistency of staff. This ensured people were able to build trusting relationships with staff who knew their needs. Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. Travel time was allocated to ensure staff had sufficient time in between visits to arrive at people's homes at the allotted time.

The service had a system where staff logged in and out at each visit which enabled supervisors who were office based, to check staff were on time and to track the duration of visits. This enabled them to identify if calls had been missed or staff had not stayed for the allocated time and to take appropriate action as needed.

We saw safe recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. New staff were subject to a formal interview prior to being employed by the service.

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. People told us that staff always wore gloves and aprons when supporting them and washed their hands.

Is the service effective?

Our findings

People and their relatives told us they were confident about the capabilities of the staff who visited. They told us "I trust my staff. They know what they are doing", "The carers have made such a difference. They know what to do and do what is expected of them" and "They know mum well and what her needs are. They are a good match".

New staff were supported to complete an induction programme before working independently. New staff attended training sessions which were linked to the Care Certificate. The care certificate covers an identified set of standards which health and social care workers are expected to adhere to. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's care and support needs. We viewed training records which confirmed staff received training on a range of subjects such as safeguarding, infection control, mental capacity, food hygiene and the safe moving and handling of people and a range of topics specific to people's individual needs. For example dementia awareness. Staff spoke positively about the training provided. Comments included "The training is really good and relevant to our role" and "I felt very supported during my induction. I was made to feel at ease and could ask any questions if I wasn't sure". Staff were supported to have access to nationally recognised qualifications in health and social care, including NVQs.

Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Senior staff members undertook unannounced visits to observe the working practices of staff. The registered manager explained this was to make sure staff were following safe working practices to ensure both themselves and the person using the service were safe. We saw records of these visits on staff personnel files.

Staff spoke positively about the support they received. Comments included, "I feel really supported. Everyone is very approachable" and "It's a very supportive company. Very nice here, like a family".

Staff supported some people at mealtimes to have food and drink of their choice. Staff helped people by preparing meals, snacks and drinks. People's nutritional intake was monitored where required. Care staff completed daily notes which recorded what meals they had prepared and where required how much people had eaten. People's food and fluid intake was recorded for every call where food or drink was prepared. This helped staff monitor the person's intake and identify whether people needed increased support in this area. Staff told us if they had any concerns regarding people's food and fluid intake then they would raise this with the supervisors in the office and make a record in the daily notes.

Staff told us they monitored people's health and wellbeing and any changes or concerns were recorded and

reported to the office staff, relatives and where appropriate healthcare professionals. One relative commented "If they notice any changes or are concerned they will always mention it to me so I can call the GP if necessary". Another relative said "They are always monitoring her well-being and will report any changes to me. They told me when some redness had occurred and recommended I contact the GP or nurse".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) 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 For people receiving care in their own home, this is as an Order from the Court of Protection.

The registered manager was aware of their responsibilities in respect of this legislation. They explained the local authority were responsible for completing any capacity assessments relating to the person consenting to care and treatment received by Louisa Homecare. They said any concerns they had relating to a person's capacity would be reported to the local authority. This may then lead to a meeting being held with the person's representatives and health and social care professionals to discuss what might be needed in the person's best interest.

Staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people with making choices about their daily living. People's individual wishes were acted upon, such as how they wished to receive their personal care. One person told us "They always ask before doing my personal care. I can say how I want things".

Is the service caring?

Our findings

People and their relatives said staff were kind and caring. Comments included "The carers are excellent. Know precisely what needs to be done. They even share a joke when they are supporting her", "They are always friendly and will ask if I need anything. We have a good relationship", "The carers are all very nice. They always check what they are doing is ok", "The carers are excellent. I can't fault them. We get on well. They always have time for a chat and I never feel rushed" and "I am happy with staff. We have a nice relationship and they always have time for a chat".

People received care, as much as possible, from the same care staff or team of care staff. People and their relatives spoke positively about the care and support provided by care staff. Their comments included "Carers are absolutely amazing. I'm happy with the care and they try and give us the same carers. They always do what is expected of them", "They are all very helpful, sympathetic and pleasant. I feel comfortable with the staff we have a good rapport" and "Yes I get regular staff. They know what they are doing. Will do the things I ask".

Staff treated people with dignity and respect when helping them with daily tasks. Comments from people and their relatives included "They are very sensitive about respecting mum's privacy. They cover her with towels and close the curtains. Care is always private", "Yes they respect his dignity. Doors are always closed and they make sure they cover the areas they are not washing" and "They treat me with dignity. They always check I am ok". Staff told us how they maintained people's privacy and dignity when assisting with intimate care such as personal care. For example, asking what support people required before providing care, explaining what needed to be done and checking the person was alright. They said they would make sure that curtains and doors were closed and the person was covered during personal care.

Staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's care and support plans which contained information on how the person wanted to receive care. Staff spoke about wanting to provide good care for people. Comments included "When I'm putting together a new care package I always go and visit. I chat with the person and their family to see what care they need. If I can I always try and do the first visit myself so I know what's required and then check the care plan is right" and "I always check back on the person's daily records to monitor how they are doing. If I have any concerns I will always raise them. It is important to recognise if people's needs are changing".

People and their relatives confirmed there was a care plan in place, which was discussed with them and no care was given without consent. One relative said "We were involved in planning the care my mum needs. We got to say how we wanted the care to be. Staff will always read it when they arrive and will check with me if they are unsure about anything". Other comments included "They (staff) are doing what's in the care plan. They will ask if unsure and check how things are", "Yes I have a care plan which staff write in when they come" and "We (registered manager and relative) chatted about his care needs and what we wanted. There is a folder which staff can read. Yes they do read it".

The service had received several written compliments. These included, 'Sincere thanks to everyone who

looked after my wife. You have an amazing team of people who are all so caring' and 'Just to say a big thank you. Excellent service'.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social and emotional care needs. People and their relatives told us they felt involved in planning their care and support needs. One relative described how they met with a member of staff before their care commenced in order for the service to understand their family member's care and support needs. Comments from people and their relatives included "I can discuss my care with staff and would feel able to raise any concerns I have. However I haven't had to raise any concerns as I can't fault them" and "We chatted about his care needs and what we wanted. They put a folder together which all staff read".

Care plans were personalised and included details of people's daily routines, preferences, likes and dislikes. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being. Information included encouraging people to be as independent as possible clearly identifying what support they required and what they were able to manage for themselves. Care plans contained information on people's life history, hobbies and interests. Staff commented that the information in people's care plans enabled them to support people appropriately in line with their likes, dislikes and preferences. For example, one person's care plan detailed how they liked their coffee with two sugars and evaporated milk. Other information included people's preferred way of taking their medicines and how they wished to be supported with their personal care.

Care plans were up to date and clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Care plans were detailed and included information on the things which mattered to people, such as how they liked their cup of tea and what flannels they preferred to use. Staff told us they found the care plans helpful and were able to refer to them when changes to people's care and support had been updated. Daily notes showed care plans were followed and people received their care and support in line with the information provided.

There were regular opportunities for people and their relatives to raise issues, concerns or compliments. People and their relatives were aware of the complaints system and said they were made aware of this when they started using the service. They knew how to make a complaint and who to speak with. They said they felt they would be listened to and that any actions needed to resolve the situation would be taken. They said they had a good working relationship with the registered manager and staff team. Comments included "I can't fault them. They are always checking we are alright with the care and will listen if we have any concerns", "They have spoken with me about how I can make a complaint. I can phone them with my concerns. I will discuss anything with X (registered manager)" and "I trust them. I could make a complaint but it hasn't been necessary. They check I am happy with care".

People and their relatives were invited to share their views of the service. Surveys were sent out each year. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year. The culture was that of an 'open door policy' where people and their relatives could discuss care and support needs and any concerns.

Is the service well-led?

Our findings

There was good management and leadership at the service. There was a clear organisational structure where all staff knew their roles and responsibilities. The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. The registered manager spoke passionately about wanting to give "The best care and to value the people using the service". They said it was important for both staff and people using the service to feel respected and valued.

Staff said they felt supported by the registered manager and could raise any concerns they had regarding their work. Staff received regular support from the registered manager via phone calls, observations and face to face meetings.

Staff spoke positively about communication and how the staff and the management team all worked well together and there was an open culture. Staff's comments included "I really enjoy working for the company. It is only small so it's personal. They are very supportive. It is going really well" and "I love working here and I love my job. I feel very supported and can raise concerns and ask questions". In addition the service had implemented a 'Certificate for carer of the month'. These were certificates given to staff to thank them for their hard work. They were awarded based on positive feedback of staff's performance from people using the service. This was used to demonstrate how staff were valued. The provider was also putting together a system to reward staff financially, periodically throughout the year for their hard work and commitment.

The service had recently held a party for both staff and service users to celebrate its first anniversary of opening. The registered manager explained they wanted to celebrate the success of the service with both staff and people using the service. They said it was an opportunity for them to all come together at a social event and were planning to hold more in the future.

The registered manager spent time observing staff to give them feedback on their performance. There were records of active observations which focused on how the member of staff had interacted with the person they were supporting. The registered manager explained that this constructive feedback helped to ensure staff followed best practice when supporting people. Staff attended team meetings which they told us they felt were useful. They said they were able to discuss the people they were supporting and share working practices.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Staff members' training was monitored by the quality and performance manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training. Staff told us they received the correct training to assist them to carry out their roles.

The views of the people using the service, their relatives and staff were sought by the registered manager to support the development of the service. People and their relatives were asked to comment on such things as how they felt about services provided and staff competencies. Staff members were asked to comment about areas such as their training needs, how they provided a safe service and how they treated people with dignity and respect.

Checks were completed on a regular basis by members of the office team. For example, checks reviewed people's care plans and risk assessments, how medicines were managed and accidents and incidents. This enabled trends to be spotted to ensure the service was meeting the requirements and needs of the people being supported. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed. The quality and performance manager explained that as the service had only been in operation just over a year they were in the process of developing quality monitoring systems in line with the growing service. We saw copies of new paperwork which was to be implemented in the coming month.

In the provider information return (PIR) submitted in May 2016 the registered manager had detailed a number of improvements they had identified to improve the service. For example, the registered manager had recorded they were going to implement an 'Employee of the month' based on punctuality, reliability attendance and client's feedback. We saw at this inspection this had been introduced. One member of staff we spoke with felt this was a positive way for staff to feel valued.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.