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La vie en Rose

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 17 and 24 May 2017 and was announced. La Vie En Rose (formally known to the Care Quality Commission (CQC) as Dale House) provides domiciliary care services to people who live in their own home in Tewkesbury and areas around Cheltenham and Gloucester. At the time of our inspection there were 66 people with a variety of care needs, including older people, people living with physical disabilities and people living with dementia using the service. La Vie En Rose also provides support services to people which are not regulated by CQC.

We last inspected in May 2016. At the May 2016 inspection we found that the provider was not meeting all of the requirements of the regulations at that time. We found that people were at risk of not always receiving person-centred care as there was not always effective communication within the service. Additionally, the service did not always have robust systems to monitor the quality of service they provided. The service did not always keep an accurate and current record of the care and treatment people received. At our May 2017 inspection, we found improvements had been made and the provider was meeting the regulations.

There was a manager in post, however as the provider is registered as a sole provider they do not require their manager to be registered with the CQC. 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 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. The care people received was personalised to their needs. People and their relatives felt involved in their care and spoke positively about the relationships they had with staff.

People told us they felt listened to and could not fault the care they received. People were cared for by care staff who were supported by the manager and provider. Staff had access to professional development. The manager and provider knew the needs of staff and had systems to ensure staff had access to the training and support they needed.

The manager and provider had systems to monitor the quality of service people received. The systems enabled the manager and provider to identify concerns and drive improvements.

Records in relation to people's ability to consent to their care, or where their representatives could make legal decisions on their behalf were not always effectively recorded. We have made a recommendation to the provider regarding this issue.

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. People felt safe when receiving care from care staff. Staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us care staff spent time with them. Staff told us they had enough time to assist people in a safe way. The provider and manager ensured staff were of good character before they supported people.

Risks to people's care had been identified and there was clear guidance to staff on how to manage these risks. Where people needed assistance with medicines, this was done in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective. People were supported to make choices and staff had some knowledge in relation to the Mental Capacity Act 2005; however people's ability to consent to their care or their representative's involvement to make decisions on their behalf were not always recorded.

Care staff had access to effective professional development. They received one to one meetings with their line managers and felt supported.

Where necessary, people were supported with their dietary and healthcare needs. Staff followed the instructions provided by healthcare professionals.

Is the service caring?

Good

The service was caring. People and their relatives spoke highly about the care staff and felt they were treated with dignity and respect.

There was a caring culture across the organisation. Staff spoke about people in a kind and a caring manner.

Is the service responsive?

Good

The service was responsive. People's care plans were personalised to people or their needs.

People and their relatives were involved in the planning of their care.

People and their relatives were confident their comments and concerns were listened to and acted upon by the provider.

Is the service well-led?

Good

The service was well-led. People and relatives felt the manager and provider were approachable

The manager and provider had systems in place which enabled them to identify concerns and monitor the quality of service being provided.

The views of people, their relatives and staff were sought and acted upon.

La vie en Rose

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 was 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 took place on 17 and 24 May 2017 and was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider or manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service. We reviewed the notifications about important events which the service is required to send us by law and also spoke with a local authority commissioners and a healthcare professional about the service.

We spoke with seven people who were using the service and eight people's relatives following our inspection. We also spoke with seven staff which included four care staff, a co-ordinator, the provider and manager. We reviewed 12 people's care files, staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when receiving support from care staff. Comments included; "Yes I feel safe"; "It's nice to have decent ones (care staff), definitely feel (relative) is safe" and "Most definitely safe, we rely on the carers."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the care supervisor, manager or the provider. One staff member said, "I'd report concerns to the manager or the boss (provider)." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "I can contact the adult helpdesk or social workers if there are any concerns" If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action. For example, one staff member told us, "I would make sure they (person) was safe and call the police if necessary."

People's care plans contained assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. People's risks had been identified, assessed and documented. Care staff had clear guidance on how to protect people from their individual risks. For example, one person needed the support from two care staff and equipment to enable them to safely mobilise. Care staff had clear guidance on how to assist this person and the risks to the person and their own health if this guidance wasn't followed.

Before people received care and support, the manager or care supervisor carried out an environmental risk assessment of the person's home and where their care was to be provided. These assessments identified if there was enough room to assist with moving and handling and any noticeable hazards which could potentially cause harm to people or staff. Appropriate actions were taken when risks were identified by care staff or the manager. For example, concerns around the environment or any issues regarding pets were discussed with people's relatives and clear outcomes documented.

People and their relatives told us when staff arrived they spent the time they expected with them. Comments included: "They are professional, they come when I expect them to"; "They are on time"; "Very rarely do they not turn up on time, only a handful of times in the last 18 months" and "You know give or take 10 minutes, they'll be there. It's perfect."

People and their relatives told us they were often informed if staff were running late. Comments included: "They do apologise or ring up and let us know when something crops up" and "They call us if there is an emergency, if they're going to be heavily delayed they send another carer, it works well for us."

Staff told us they were given enough time to travel and were not rushed when providing people's care. Comments included: "I'm not struggling with travelling. Never rushing. I'm always find time to sit and talk with them (people)"; "We get travel time, I don't feel we're rushed. The rota is well prepared" and "Always

have travelling time, never feel terribly rushed". One member of care staff told us how they had raised a problem regarding travelling with the manager. They said, "It's easier to travel in one city. We raised concerns, so if we go further we're given more time. The time is always appropriate."

The manager and care co-ordinator arranged people's visits to ensure people had a consistent team of care staff. The office administrator showed us how they organised people's care visits. They informed us that no visits had been missed in 2017 and that people were informed if the care staff were running late, due to an emergency or unforeseen circumstance. The care co-ordinator ensured where possible care staff covered small local areas which reduced the time they spent travelling and ensured they had the necessary time to travel between people's visits.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised working in people's homes. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Where necessary the provider had made relevant checks to ensure people were legally entitled to work. All staff had to complete a health questionnaire to check if they were mentally and physically well to meet people's needs.

People and their relatives told us staff assisted them with their prescribed medicines. One person's relative told us, "They do everything for me and do my tablets. It's brilliant." People's medicine administration records were completely consistently and no concerns were raised regarding the administration of medicines. Care staff informed us they had the training they required to assist people with their prescribed medicines. One member of care staff said, "We know how to do medicines, most people have dosette boxes (diarised medicine storage boxes) so we know what to prepare."

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "I can't force someone to do something, I can encourage them. I work with the doctor, social worker and family to best meet the person's needs" and "I never push clients to do something. I always give options, if they don't want a shower, offer a bed wash. I never assume they can't have that choice."

People's care plans contained mental capacity assessments, however these did not always clearly detail where people could or could not consent to their care. For example, one person's care plans provided conflicting information regarding their ability to consent to their care. Additionally for some people it was not always clear when the care was being provided in their best interest. We discussed this concern with the manager and provider who told us they would review their documentation.

Where people had appointed Lasting Power of Attorneys (LPA) (representatives who were appointed to make decisions in relation to health and wellbeing or finances and affairs) there was not always a clear record held by the provider of who had LPA or evidence to reflect this. We discussed this with the manager who started to take immediate action. When we returned to the service for the second day, the manager had clearly sought records from people's LPA's.

We recommend that the service seeks advice and guidance from a reputable source about recording people's mental capacity assessments, best interest assessments and the consent to their care lawfully.

People and their relatives were positive about the care staff and felt they were skilled to meet their needs. Comments included: "They are fully trained on bits of apparatus we need"; "They (staff) are so well trained"; "Very pleased with the standard of care" and "(Relative) has very complicated needs and the care staff have been very good."

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "I have the support and training to meet people's needs" and "I have all the training I need. I cannot say any better about them, They would organise training for me if I needed it." Staff were supported to undertake additional training as required, for example when people's needs changed. One staff member said, "They ask me what training I wanted or needed. They'll get us the training, It's very good."

Care staff felt supported to develop professionally. One staff member spoke positively about the support and access they had to additional training and qualifications in health and social care. They told us, "I

wanted to do a national vocational qualification (in health and social care) as I wanted to go higher. I've been supported to be a supervisor. I have learnt from the manager." The manager and provider told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the manager and provider to monitor staff competences against expected standards of care.

People received care from care staff who were supported and had access to frequent one to one meetings with the manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Care staff spoke positively about their one to one meetings and felt they were supported. Comments included: "They help me with everything, very supportive" and "It's a really good company. We have all the training and support we need. This firm is the best for me."

People spoke positively about the food and drink care staff prepared them. One person who was assisted with their dietary needs told us, "They provide good meals. It's mostly microwave, they give me a choice." Another person told us, "They help me with meals and drinks. They always ensure I've got everything I need like snacks between visits."

People's care records documented the support they needed with their nutritional requirements. For example, one person required support, prompting and encouragement to protect them from their risks of malnutrition and dehydration. Care staff were aware of these needs and spoke confidently about how they assisted them. One member of staff told us, "We assist someone with their meals. We do this step by step, relaxed and at their pace."

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, social workers, community nurses and occupational therapists. Where guidance had been received regarding people's care, this was documented as part of the person's care plans. People and their relatives spoke positively about how care staff engaged with other healthcare professionals. For example, one person's relative told us how staff acted following an incident, "When my father was ill, they let us know and called an ambulance. They were very efficient; they've got the phone numbers they need." One member of staff discussed how they worked with one person's GP and social workers when they were concerned about their self-neglect. They said, "We raised the concern and looked at the care they received. It worked well."

People told us they were in control of their care and that they never felt forced to do something they did not want to do. Comments included: "They're always asking me how I want things. I had to explain how to use marmite"; "They follow my lead. They don't do anything they shouldn't" and "I'm in control, they always ask me."

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received and the care staff supporting them. Comments included: "They're very good. The staff are lovely"; "They're very pleasant and helpful. Very pleased with them", "They've been amazing. Fantastic" and "We're really pleased with them, they're really caring people. Been delighted, they're so good."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's personal histories and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "I like assisting people, giving them choices. We want all staff to work at the same high level" and "I like working here, we care about supporting people to be as independent as possible."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "They treat me and my property with care and respect", "When they come they make sure the door is shut, they ensure it's all done in private" and "They're fantastic, they do everything for me, they're patient and kind and treat me well."

People told us they felt comfortable with care staff and were supported to build positive relationships. People and their relatives told us that care staff were introduced to them before they were allowed to provide care. One person said, "When new carers come they always shadow another carer first, they don't just turn up. It makes things less awkward. Its good continuity." They explained how this helped to build familiarity with the care staff and made them feel more comfortable. Staff spoke positively about providing continuity of care, particularly for people living with dementia. One member of staff said, "We've been supported to get used to people it's better as we build relationships."

Care staff told us the importance of respecting people's dignity. One care staff told us, "Often its simple things. Making sure care is in private and not pushing or dismissing their beliefs." Another care staff said, "We always make sure doors are closed. We do everything to make them warm and comfortable. Always asking what to do next. We know one person's routine, however we always offer choice and promote variety."

People spoke positively about the caring relationships they had made with staff. Comments included: "The staff are very jovial. I have the same carers which is important to me"; "a good report with staff which has built up over time" and "I know who is coming as I have a good team who come to see me."

Good

Is the service responsive?

Our findings

At our last inspection in May 2016, we found the care and support people received was not always personalised to their physical needs, and people and their relatives felt communication was not always effective. These concerns were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We found since our last inspection improvements had been made around people's person centred care and people and their relatives felt communication had improved.

People and their relatives spoke positively about the personalised care they received, and felt they were involved. Comments included: "We have a good service, I'm happy, it's about me"; "communication has been really good, they even go past what they have to do"; "We're happy, we're involved. It's had the best outcome for my parents" and "I have exactly what I want, it's the service I need."

People were involved in all decisions about their care. Thorough assessments were carried out with people before they started using the service. Assessments included areas such as; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance of how they should be supported with their mobility to ensure their health needs were maintained. One person spoke positively about the assessment process and said, "They came out and made sure everything was okay, we worked together to make a clear plan."

Assessments were used to develop detailed care plans that identified people's needs and their personal support requirements. For example, one person's care plan documented how they liked a set routine of care, which included aspects of their care needs such as food and drink, personal hygiene and dressing. Clear guidance was provided to staff to ensure they had the information they needed to meet the persons' needs.

People and their representatives told us the manager and care staff were responsive to any changes in people's needs. For example one relative spoke positively about care staff assisting them with dealing with healthcare professionals and obtaining the equipment the person needed to assist them with their mobility and care. They said, "Care staff come up with ideas, we come up with ideas. We're all happy to talk and find the best outcome."

The manager and care staff looked at ways to improve people's lives. People and their relatives spoke positively about care staffs ability to identify changes in their wellbeing and take action. One person told us, "They know their jobs really well. One worker sees if you've got a sore, they use cream and they report it. Really switched on." Care staff told us how they identified changes in people's needs and informed the manager or provider. One care staff told us, "There was too much to do in 15 minutes, not dignified. We're trying to get it extended to 30 minutes." The person also expressed these views to the manager who was looking to get their care package extended. The manager and provider informed us they were arranging with the funding authority for this call to be extended.

People felt the service was flexible to their needs. For example, one person told us how their visits were

changed to enable them to be ready to attend appointments, such as going to the doctors. Another person told us how the manager helped increase their care time, which enabled them to have the care they needed to stay within their own home.

People and their relatives told us they knew how to make a complaint and had a copy of the service's complaints policy and information about how to make a complaint. Everyone spoke confidently about raising their concerns, and felt they were listened to. Comments included: "One evening the carer didn't turn up quickly, we called the manager, they solved the problem very well"; "I've spoken to the manager, she listens to me, quite agreeable" and "No complaints at all. I'd go to the manager if I needed to."

The manager had a log of compliments and complaints they had received prior to the inspection. Where complaints had been raised, the manager had used this information to improve the service. For example, one complaint was raised regarding their relatives personal care. This concern had been acted on, and the manager issued an apology and discussed the general areas of concern with staff to ensure a similar concern did not reoccur.

Good

Is the service well-led?

Our findings

At our last inspection in May 2016, we found the provider did not have effective systems to monitor and improve the quality of service people received. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We found since our last inspection improvements had been made regarding how they monitored the quality of the service and took action to improve.

People and their relatives spoke positively about the manager and provider. They also told us how their views were listened to and respected. Comments included: "The management is lovely, they're unbelievable"; "The manager is approachable, they inform me of any changes" and "I trust them."

The manager and provider sought people's feedback about the service. The most recent survey carried out by the provider showed people and their relatives were positive of the service they received. The manager and provider were due to carry out a new survey, which would include a comments box to enable them to collect people's views. The manager and provider also carried out regular spot check visits to people's home and sought their feedback through telephone calls. Where concerns or suggestions had been made, the manager and provider acted on them. For example, one person was concerned about their call times and had requested the possibility of changing them. The manager and provider responded and had discussed the possibility of changing call times and the expectations of the person and their relatives. The person confirmed their call time had changed, which now better suited their needs.

The manager and a senior member of care staff carried out regular spot checks and supervisions of care staff to ensure they were providing good quality care. People were informed by the management if they would be checking staff during their visit times and kept a clear record of the observations they had carried out. One person said, "(Manager) comes in occasionally. There is never anything wrong." Any identified shortfalls in staff's delivery of care were immediately actioned by the manager and targets and expected standards of care were discussed with care staff through supervision. For example, one member of staff was observed not wearing their uniform; this was addressed with the member of staff.

The manager and provider ensured people's care and risk assessments were current and relevant. People's records were reviewed using an electronic system. Since our last inspection the provider had ensured people's records and care routines were clearly recorded and reflected people's needs. While MCA records were not always reflective of people's needs the provider was taking immediate effective action to improve this.

The manager and provider kept a track of people's complaints, safeguarding concerns and incidents and accidents to ensure lessons were learnt throughout the organisation. The manager and provider had a clear focus on the good quality person centred care they wanted to provide people, which was something care staff agreed with.

The manager and provider ensured the care staff had the information they needed to meet people's daily

needs and keep people safe. Senior staff carried out weekly management meetings to discuss people's needs and any changes they could implement. Care staff were given clear information updates through the provider's information technology services, which enabled clear messages to be sent immediately. As well as this, there was information available for staff at the office. Staff spoke positively about communication. One member of staff told us, "We write weekly reports, what care has been done and what we're doing. I'm happy our views are being listened it. We are all involved in improving."

The provider had carried out a staff survey. This survey identified some areas where staff felt improvements could be made. The provider and manager provided feedback to staff on the changes they were going to make. For example, ideas around staff rewards were discussed and pay increases were agreed. The provider also arranged a BBQ for staff to enjoy and discuss the changes they had made to the service. All staff we spoke with were incredibly positive about the service. One member of staff told us, "The manager and boss are very good. I'm happy."