

La Petite Concierge 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

La Petite Concierge is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 50 people at the time of the inspection.

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

People were supported by staff that had been safely recruited and had received an induction and training suitable for their role. There were enough staff to meet people's needs and people told us regular staff visited them and had got to know them well.

People's needs were assessed before they were supported by the service. Each person had a care plan that reflected their preferences and routines. Care plans held sufficient information to guide staff on how best to meet people's needs and they were regularly reviewed and updated. People told us staff were kind, caring and compassionate. Staff had a good understanding of how to meet people's individual needs.

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.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe. They told us they felt confident to raise any concerns they had about people's safety.

Medication was managed safely. Staff who managed medication had completed the required training and had access to medicines policies and best practice guidelines to support their practice. Medication administration records (MARs) were fully completed and regularly reviewed. Staff had received infection control training and followed good practice to minimise the risk of infection being spread.

People's privacy and dignity was respected and their independence promoted to the full. People spoke positively about the service and the staff that supported them. There were audit systems in place that identified areas for development and improvement.

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 4 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

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 24 hours' notice of the inspection. This was because the service is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited three people in their homes accompanied by their relatives. We spoke to two people and three relatives by telephone after the inspection visits. We spoke with the manager, deputy manager, manual handling trainer, care co-ordinator, senior support worker and three support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to report any safeguarding concerns and felt confident prompt action would be taken.
- Staff had completed safeguarding training and completed regular refresher updates.
- Up to date safeguarding and whistle blowing policies were in place.

Assessing risk, safety monitoring and management

- Risks to the health and safety to people were assessed and guidance put in place for staff to follow to mitigate the risk.
- Risks to people were regularly reviewed and risk management plans were updated as required.
- Comments from relatives included; "The staff manage my Mum's skin integrity brilliantly. They consistently turn her and record each time. She has not had any skin breakdowns in over 18 months of being cared for in bed."
- Clear and specific guidance was in place for the use of hoists and equipment for all staff to follow.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment.
- People told us they received support from regular staff that knew them well. Comments included; "I know all my carers [Support workers] that visit" and "I have regular staff that visit, I have my favourites but like them all."
- Sufficient numbers of trained and qualified staff were employed to meet the needs of the people supported.

Using medicines safely

- Staff that administered medicines had completed training and their practice was regularly observed. One relative told us; "Staff manage Mum's quite complex medicines regime really well and fully and consistently complete all the required records."
- Medicines policies and procedures, as well as good practice guidance was available for staff to support their practice.
- Medicine administration records (MARS) were in place and had been fully completed. Regular medication audits were completed to ensure people received their medicines safely. Areas identified for improvement were highlighted and any actions taken clearly noted.

Preventing and controlling infection

- All staff had completed infection control training and followed good practice guidelines, including the use of personal protective equipment (PPE).
- Systems were in place to manage and control the prevention of infection being spread.

Learning lessons when things go wrong

- Accidents and incidents were clearly recorded, and details shared with the provider.
- These were reviewed by the registered manager and through the providers audit process. Accidents and incidents were analysed to identify any trends or patterns and action was taken to reduce future risk of occurrence.

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 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 were fully assessed prior to being supported by the service.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and care planning process.
- Daily records were consistently completed by staff and included details of all care and support undertaken in line with people's preferred routines. Records were reviewed by the management team who identified any areas for development and improvement.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles.
- All staff completed an induction at the start of their employment and were provided with ongoing training to meet the requirements of the role and the needs of people supported.
- Staff undertook shadow shifts prior to lone working. One member of staff said, "I had one month's shadowing which ensured I felt fully prepared and confident to undertake my role."
- Comments from people included; "Staff are well trained for what they do" and "All the staff that visit know what they are doing. I feel very confident when staff move and handle me."

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

- People were supported to eat and drink in accordance with their assessed dietary needs and personal preferences.
- People told us staff always asked what they would like to eat or drink at each mealtime.
- Comments from people and relatives included; "Staff always ask what I would like to eat and drink and offer me a choice, particularly if I don't know what I fancy" and "Some staff are better than others at cooking."

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

- People received the care and support they needed. The service referred people to health and social care professionals where appropriate.
- People told us that staff would contact the GP or district nurse when required.
- A relative's comment included; "Staff noticed a deterioration in Mum as they know her so well and quickly sought medical intervention. They are so attentive."

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.

- Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed otherwise.
- People were involved and consulted in all decisions about their care and support. Consent was recorded within people's care plan files.
- People told us that staff obtained their consent before completing any care or support. One comment included; "The staff always ask if I am ready before they undertake any task such as hoisting or personal care."

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 good. At this inspection this key question has remained the same. 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

- Staff had completed equality and diversity training and understood the importance of treating people as equals.
- People were treated with kindness, respect and compassion. Their comments included; "The staff look after me very well and always ask if there is anything else I need before they leave", "Whenever I have had any sort of problem, staff and management have always been very responsive to my needs" and "All the staff are kind and caring, I am extremely happy with them."
- Relatives spoke positively about the support people received. Their comments included; "My mother has had excellent care from all the staff, bar none. They are compassionate, supportive and treat her with dignity and respect" and "Staff are always smiling and have a good sense of humour" and "Staff not only support my mother, they support me too."

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

- People told us they were regularly asked for their feedback. They said office staff regularly asked if they were happy with the service. People also told us members of the management team visited regularly to review their care plan files and ask if everything was okay with the service.
- People told us they were involved in decisions about their care and support wherever possible. This was done through regular care reviews involving the person.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People were treated with respect and dignity. Comments from people included; "Staff are always very respectful and mindful of keeping me covered up where possible" and "Staff are particular about closing the bathroom door or bedroom door even if it is only us in the house, I like that they are so considerate."
- People's independence was respected and promoted. One person said, "Staff let me do as much as I can for myself and they do the bits I can't do. It works well between us."

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 received care and support from staff that knew them well. People told us they had regular staff, so they had continuity and consistency. Comments included; "I have got to know my regular staff really well" and "The ladies that visit me are all lovely, they never rush me, and we always have time for a chat."
- Care was planned in a personalised way. Care plans took account of people's choice and preferences, likes and dislikes and they were regularly reviewed. When required care plans were updated to reflect any changes in people's needs or their choice or preferences.

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.

- People were provided with information to meet their communication needs. Staff understood how people communicated and used appropriate methods when communicating with them.
- Care plans guided staff on how to support people to enhance their communication which included instructions about hearing aids and glasses.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint and felt this would be listened to and acted upon quickly.
- The registered provider had a complaint policy and procedure which people told us they had a copy of within the care plan file.
- Complaints were investigated and responded to in line with the complaints policy. The provider analysed any complaints received and used them to identify areas for development and improvement.

End of life care and support

- Staff had received training in end of life care, dying, death and bereavement.
- Staff described how they would support people at the end of their life to be comfortable and to have a pain free and dignified death.
- At the time of our inspection the service was not providing end of life care.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff team had clear roles and responsibilities within the service that they understood.
- The staff and management team had developed positive relationships with the people they supported and their relatives.
- People received individualised care that was regularly reviewed with their involvement where possible.
- Policies and procedures were available and regularly reviewed and updated.

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

- At the last inspection it was highlighted that improvements to record keeping were required and a statutory notification had not been submitted. These areas had been addressed at this inspection.
- The ratings from the last inspection were displayed at the service and on the providers website in accordance with regulatory requirements.
- Audit systems were used to highlight areas for development and improvement. An improvement plan was in place to continually address areas identified through the audit process.

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

- People, their relatives and staff were asked for feedback about the service. This information was used to develop the service.
- Staff meetings were held throughout the year and staff told us their views were encouraged and acted upon.

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

- The service worked positively with people, their relatives and healthcare professionals. Positive feedback had been received. Comments from people included; "I am very impressed with all the staff and wouldn't hesitate to recommend the service" and "I can only say I have been delighted and fully satisfied with all the staff who have attended. I have no complaints whatsoever."
- Staff told us they felt fully supported by management and the office team. They said they were confident that any concerns they had would be listened to and promptly acted upon.

Continuous learning and improving care

- The staff and management team received regular training and support relevant to their roles. This ensured their practice remained up-to-date and safe.
- Accidents and incidents were reviewed and analysed. Learning was highlighted, and actions were taken to minimise or mitigate future risk.

Working in partnership with others

- The management team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and Commissioners so that people received person centred care and support to meet their needs and choices.