

La vie en Rose Limited

La Vie En Rose Ltd

Inspection report

18 Ashchurch Road
The Canterbury Business Centre
Tewkesbury
GL20 8BT

Tel: 01684439564

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

La Vie en Rose is a domiciliary care service providing the regulated activity of personal care. At the time of the inspection, 31 people were receiving support from the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Improvements had been made since our last inspection to the provider's staff recruitment processes and notifying CQC of any significant events.

We found safe recruitment systems were in place and being used to ensure staff were suitable recruited and vetted before supporting people.

Staff had a good awareness of the importance of recognising and reporting signs of abuse or any incidents or decline in people's health. Managers reviewed any concerns and reported them to the relevant authorities and CQC.

Progress was being made to ensure people's risk assessments were person centred and detailed to guide staff on people's support requirements.

Staff understood their role to maintain high standards of hygiene, wear PPE and carry out regular Covid 19 testing in line with government guidance.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

We have made a recommendation about staff training on how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role in line with current legislation. This will help to ensure staff have the right skills to support people with a learning disability and autism in the future.

There was no registered manager in post at the time of this inspection, however the nominated individual confirmed they would be applying to be the registered manager with CQC.

The service was led by managers who were approachable and were passionate about delivering person centred care. Managers focused on learning from incidents and identifying areas that required improvement with the aim to improve the management systems and people's experiences of the service.

Effective systems were in place to manage and monitor the service and engage with staff and people who use the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 June 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 May 2021. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to 'Fit and proper persons employed' and 'Notifications of other incidents'.

We received concerns in relation to people's medicines. We undertook this focused inspection to follow up on the concerns raised with CQC and to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

La Vie En Rose Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The inspection was supported by the care manager and nominated individual. The nominated individual stated they planned to apply to be the registered manager of the service.

Notice of inspection

This inspection was announced.

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 11 August 2022 and ended on 17 August 2022. We visited the location's office/service on 11 August 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information we held about the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three people's relatives about their experience of the care provided. We spoke with the care manager, nominated individual and feedback from seven members of staff. 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 eight people's care records and a range of medicines care plans and records.

We looked at five staff files in relation to staff recruitment. A variety of records relating to the management of the service and the provider's policies and procedures were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe staff recruitment practices were in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe recruitment processes and checks were in place and being used in line with the providers recruitment policy and legislation. The provider had ensured any discrepancies in staffs' employment, right to work in the UK and criminal checks had been completed prior to employment. The nominated individual confirmed they would consider the risks to people if they were unable to verify the staff's character or background. This would ensure people were protected from unsuitable staff.
- People were supported by a consistent staff team who knew them well. The service had enough staff to support people. Staff or office staff (who had been trained) carried out additional care calls if there was a shortage of staff.
- Most staff told us they had enough time to support people and to travel between their care calls.
- People and their relatives confirmed staff arrived on time and stayed for the allocated time and they had not experienced any missed calls. One person said, "The staff are usually on time except when held up in traffic or tied up with another client, but generally they let me know if they are late or if someone else will come. I get the same faces generally and they know me well".

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place which safeguarded people from harm and abuse.
- People confirmed they felt safe being supported by staff. Comments included "I generally feel safe enough with the staff I get that visit me at home" and "The staff are great, and I like having them in my home". Relatives stated they had no concerns about people's safety when being supported by staff. One relative said, "I feel my relative is 100% safe with the staff being in her home." They went on to say, "I've absolutely delighted with how the staff handle my relative".
- Staff had completed training on how to recognise and report abuse and they knew how to apply it and when to report any concerns in line with the provider's safeguarding policies and procedures.
- Accidents, incidents or concerns were recorded by staff and reported to the managers. Staff confirmed they had access to managers via an on-call system if they needed to raise concerns or seek advice outside of office hours. This meant any concerns were managed in a timely manner.
- Managers provided examples of how they had taken immediate steps to safeguard people and ensure measures were in place to mitigate future risks to people such as referring people to relevant health care

professionals.

Assessing risk, safety monitoring and management

- People's risks associated with their health and well-being had been assessed and were regularly reviewed or reviewed earlier if there was a change in people's support needs.
- The service had identified people's personal risks as part of their initial assessment and recorded the control measures needed to help reduce people's risks such as those relating to people's skin and the use of moving and handling equipment. However, we identified some people's care records and risk management plans were more detailed than others. We raised this with the nominated individual who stated they were currently reviewing and updating everyone's records to address this issue. They showed us examples of updated records which provided staff with clear guidance on how people should be supported to mitigate their risks. We found no impact on people while their care plans were being updated as staff were aware of the management of people's risks and had been kept informed of any changes in their support needs.
- The skills of staff were regularly observed and checked to ensure their training and knowledge had been effective to deliver people's care safely. Staff reported any changes in people's health and personal risks.
- Relatives told us the staff monitored people's health well and always informed them of any changes in their well-being.

Using medicines safely

- Where required, people received their prescribed medicines as required by staff who were trained in safe medicines management. People and their relatives confirmed they were confident in staff skills to administer their medicines.
- Medicines care plans and medicines administration records (MAR) were completed and reflected people's medicines support requirements. However, records of the administration of people's barrier creams and when medicines were administered jointly with family members needed to be in more detail to ensure people received their medicines as prescribed. We found no impact on people, however the nominated individual said they would immediately review people's medicines records and add more detail about the application of people's creams and the arrangements of jointly managing people's medicines to help reduce the risk of overdose or missed medicines.
- Staff helped people to understand their medicines and supported people to make their own decisions about their medicines where possible
- Policies and protocols were in place relating to the management of people's medicines to guide staff.

Preventing and controlling infection

- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- Staff had been trained in safe infection control practices and completed COVID-19 testing and wore correct personal protective equipment in line with government guidance.
- Staff confirmed they had access to sufficient stock of PPE and were regularly COVID 19 tested.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had failed to notify CQC of notifiable incidents. This was a breach of regulation 18 (Notification of other incidents) Of Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We reviewed the notifications submitted to CQC by the provider since our last inspection and was satisfied the service complied with their legal requirement of notifying CQC of certain changes, events and incidents that affect the service or people who use the service.
- The care manager and nominated individual clarified their knowledge and understanding of notifying CQC of any significant events or incidents as part of their governance processes.
- Systems of spot checks, staff development and competencies assessments of staff were in place. This enabled the managers to monitor staff care practices and the standard of care being delivered.
- The service conducted regular reviews of people's care needs and completed monthly medicines audits to check if people's needs were being managed effectively.
- The managers completed a monthly review and produced a report of the service such as analysing any significant incidents, complaints and compliments and any practices relating to staffing to ensure the service ran safely. Actions were taken to address any issues to help drive improvement and the quality of care being provided.

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

- There was no registered manager in post at the time of the inspection. The nominated individual stated they would be applying to be the registered manager with CQC.
- The provider had a clear strategy in place to deliver high quality, person-centred care. The service was managed by managers who were passionate about their role and they led by example.
- Staff felt the values of the service and managers helped to promote a positive and open culture. They confirmed they had received adequate induction, training and support to carry out their role effectively.
- The nominated individual was actively involved in developing the service and had identified areas which

required improvement. For example, managers were in the progress of reviewing people's care records to ensure they provided staff with detailed information of people's support requirements. They were planning to centralise their electronic care and staff management systems and had plans to train senior staff to undertake more responsibilities in the community.

- The service was registered to support people with a learning disability; however, they had not ensured staff had been trained on interacting with people with a learning disability and autism

We recommend the provider considers current guidance on the requirement to provide staff training on how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role in line with current legislation.

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;

Continuous learning and improving care

- The managers understood their responsibilities to be open and honest when things go wrong.
- Staff were aware of their responsibility to report any incidents or accidents involving the people they looked after. The managers responded and carried out comprehensive analysis of any incidents to identify the cause and the actions needed to prevent further incidents.
- There was a strong focus amongst the managers to learn from any concerns, incidents and any short falls identified as part of their quality assurance processes.

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

- Staff spoke positively about the support and communication from the managers. They spoke positively about the responsiveness of the management team and the culture of the service. One staff member said, "[Name] is absolutely perfect for care. They see all situations from different angles." Other staff members comments included "they are an approachable company" and "they [managers] are professional but also relaxed at the same time." Some staff felt more face to face staff meetings would help the dynamics between the managers and staff in the community.
- Through recent surveys, the managers had sought feedback from people who use the service and staff. The results from the surveys was mainly positive indicating people were satisfied with the care people received and staff's job satisfaction.

Working in partnership with others

- Staff and managers worked well with people, their relatives and other key partners and stakeholders with the aim to achieve good outcomes for people and support them to live in their own home for as long as it was safe to do so.