

Lalis Direct Care Ltd

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Inspection report

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18 October 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 18 October 2017 and was announced. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people. At the time of our inspection, the provider was offering a service to 75 people.

There is a registered manager in post. 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. At the time of our inspection the registered manager was on leave as such we spoke with one of the company directors throughout our inspection.

At our last inspection in March 2017, we found eight breaches of the regulations. We imposed requirement notices on the provider to address the breaches of regulations in relation to person centred care, receiving and acting on complaints, the need for consent, service users from abuse and improper treatment, safe care and treatment, good governance, notification of other incidents and failure to display performance indicators.

After the inspection in March 2017 the provider sent us action plans to say what they would do to meet the legal requirements in relation to the breaches of regulation. They told us they would complete the actions to meet the legal requirements by 30 September 2017.

During this inspection, we found a number of improvements had been made by the provider but there were still some concerns that required improvement.

At our last inspection, some people told us of late and missed calls. During this inspection, the majority of the people we spoke with said the service had improved. However, some people and relatives still told us staff were late at times and there had been missed calls.

Previously people did not feel empowered to raise complaints. During this inspection, we found people had been empowered to complain. However some relatives felt when they did raise concerns whilst they were listened to sympathetically the matter was not addressed to their satisfaction. The complaints raised were about late and missed calls.

The provider and registered manager undertook regular checks and audits to assess the quality of the service provided. However, our findings during this inspection showed that whilst there has been an improvement in the provider's governance arrangements, these were not always effective because of the areas for improvements that we found during the inspection that the provider had not identified and addressed.

The provider has systems in place to recruit staff in a safe manner.

At our last inspection, safeguarding adult concerns were not always referred to the appropriate authority and the registered manager did not have an overview of the safeguarding adult concerns. During this inspection, we found that safeguarding adult concerns had been referred appropriately and the registered manager had an overview of concerns.

The provider had appropriate risk assessments in place to help keep people and staff safe from harm. They also ensured the staff had adequate supplies of protective equipment to manage the risk of cross infection.

Previously medicines were not administered in a safe manner. We found the provider had taken steps to ensure staff administered medicines in an appropriate manner.

At our last inspection, we found that the service was not working to the requirements of the Mental Capacity Act 2005 (MCA). At this inspection, we found people were asked their consent both in writing and verbally. The provider had taken steps to ensure staff understood their responsibilities to uphold people's legal rights.

During our previous inspection, we found that the provider did not consider in people's care plans their nutrition and hydration support needs. During this inspection, we found this had been addressed, there was now clear guidance for staff to follow, and there were daily recordings of food and drink intake to allow monitoring to take place.

At our last inspection care plans were not person centred. The provider had ensured people now had person centred plans that told staff how they wished to be supported and their preferred method of communication. Care plans were reviewed and updated on a regular basis with people's involvement.

Previously we had found the provider was not informing us of all notifiable incidents. A notification is information about important events, which the provider is required to send us by law. We found that the provider was now keeping us informed of notifiable incidents and events which occurred at the service.

Previously we had found that the provider had failed to display the CQC performance indicators for the service. The provider had addressed this and performance indicators were available in the office and on their website.

Staff described the management team as supportive and staff were provided with training and received supervision to support them to undertake their role.

The provider and staff supported people to access the appropriate health care in a timely manner.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to receiving and acting on complaints and good governance. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The provider did not always deploy staff to ensure they arrived on time and to prevent missed calls so people always received their care as planned for them

The provider had systems in place for the safe recruitment of staff.

Risk assessments were in place to keep people safe.

Staff administered medicines in accordance with the provider's medicines administration policy.

Staff understood good practice in infection control and used protective equipment appropriately in people's homes.

Is the service effective?

Good 

The service was effective. The provider understood their responsibilities under the MCA and staff obtained people's consent before caring for and supporting them.

The provider ensured staff received training and supervision to equip them to undertake their role.

People's nutritional and hydration needs were assessed to ensure staff were aware of the support they required.

People were supported to access appropriate health care in a timely manner.

Is the service caring?

Good 

The service was caring. All people spoke highly of the staff and described them as caring.

Staff ensured people's privacy and dignity when offering personal care.

People and when appropriate their relatives were involved in

their care planning and subsequent reviews.

Is the service responsive?

The service was not always responsive.

People had been empowered to complain and felt comfortable raising concerns. However, some people and relatives felt their complaints had not been addressed.

People now had person centred care plans that informed staff about their preferences and how to care for them.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. The provider did not have effective arrangements to ensure they provided a quality service that met all legal requirements

People and relatives told us the provider and office staff were approachable and they felt able to raise concerns.

The provider had used a variety of methods to gain people's views of the service so they could make improvements to the care provided.

The provider was working in partnership with health professionals and the commissioning body to ensure the service offered to people was of a good standard.

Requires Improvement ●

Lalis Direct Care 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 checked 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.

This inspection took place on 16 and 18 October 2017 and was announced. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The team consisted of two inspectors and two experts 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.

Before the inspection, we reviewed the action plans the provider had sent us to address the concerns found during our inspection in March 2017. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events that the provider is required to send us by law.

We reviewed eight people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We spoke with 11 people and 7 relatives using the service.

We reviewed six staff personnel records, including their recruitment and training documentation.

We spoke with six care staff, and the senior care coordinator and two care co-ordinators. In addition, we spoke with the director throughout our visit.

Following the inspection we spoke with a commissioning local authority.

Is the service safe?

Our findings

During in this inspection we found that some people and relatives had found there had been an improvement in the time keeping of staff. However some relatives were concerned by late and on occasion missed calls. They gave us mixed views on the reliability of staff in terms of punctuality and missed calls.

Some people spoke very positively and said for example, "I've had no issues with anything and I have had them coming to my home for over 3 years" and "They are very reliable and consistent. I've never been let down so far." Other people felt the service was good and they were informed if staff were running late and said for instance, "Sometimes they get caught in traffic, which is not uncommon around here." In addition, "If they are running very late, say more than 10/15 minutes late, we are usually informed via a text or a phone call."

Several people and relatives described that the time keeping used to be poor but had improved. Their comments included "They are usually on time. Missed calls have been a problem but things are improving" and "The punctuality has improved and there haven't been any missed calls in the last three to four months."

However, three relatives told us that they had complained about poor time keeping. Their comments included "I keep asking them [The office staff] to call me if they are going to be late but, although they say, yes, yes, they don't." Two relatives said they had complained about missed calls "Weekends are shabby especially on Sundays" and "There are frequent missed calls - I phoned the office - I'm also worried that if anything had happened in the day and they didn't turn up and [family member] couldn't call me, no one would know." One person described to us they waited for several hours for a carer to arrive and when they phoned the office, staff said they had been unaware the carer was not working. As such we assessed the service provided to all people was not consistent and systems in the service were not always working to ensure calls were met as scheduled.

Staff received weekly rotas and the care co-ordinators ensured all care calls were covered. The director told us that to manage unexpected staff absences two staff were on stand-by and were available to cover any calls that needed to be covered. They told us that there was an hour leeway each side of a scheduled call for a care worker to visit. Commissioners, people, and relatives were informed of this but some relatives we spoke were not satisfied with the two hour window their family members had to wait for their care worker to arrive.

During our last inspection, we were told that an electronic monitoring system was going to be installed by April 2017. This system would record when staff entered and left people's premises and would enable punctuality to be monitored more closely so the provider could take appropriate action in real time to tackle issues about punctuality or absences. However, the director told us that although the monitoring system had been purchased it was not in use. This was because it was not compatible with the local authority software and needed to be upgraded. The provider had used a rota system from August 2017 to identify if a call was not covered by a staff member. The provider had also arranged office staff to undertake

spot checks to ensure staff time keeping was good. Office staff also checked time sheets and people's daily records. Without the electronic system in place the service could not identify immediately when staff had not attended a call due but on balance we thought they were making all possible efforts to address this concern.

During our last inspection, we recommended that the provider review all risk assessments to ensure information about risks to people's health and wellbeing was clear and consistent, so staff had the right information to care for people. At this inspection we found that there were risk assessments in place to ensure people's safety. Most people's risk assessments were comprehensive and covered risks to people while they received care. These included risks in relation to bed rails, the management of medicines, mobility, falls and nutrition and hydration. Assessments were undertaken in response to people's changing needs. The provider demonstrated that risks were being appropriately managed when a staff member told them one person's mobility needs had changed. The provider assessed it was safer to care for the person in bed whilst making an urgent occupational therapist (OT) referral. Following an OT assessment, a hoist was supplied by social services and the person was quickly supported to mobilise again. As such, the provider showed they understood the need to reassess and update risk assessments in response to people's changing circumstances.

On occasion, a few risk assessments were brief and did not contain detailed guidance for staff to manage risks. For example we found that one person's risk assessment identified them as living with diabetes and stated "[Person's name] husband manage her diabetes. Carers are to report concerns."

However, there was no description of the possible concerns that might arise such as complications in relation to low or high blood sugar so staff were aware of the signs to observe and take appropriate action to mitigate any risk. We brought this to the provider's attention. They showed us the staff had received training on diabetes and would know the action to take to manage risks in relation to diabetes, but they also agreed to update the risk assessment.

At the inspection in March 2017, we identified breaches of regulation relating to the notification of other incidents. This was because the registered manager did not notify the commission without delay of any allegation of abuse in relation to a person using the service. In addition, in our previous inspection, people told us they did not always feel safe with staff. At this inspection people told us they now felt safe with staff from the agency. Staff wore ID badges and either a polo shirt or a tabard with the agencies logo to identify themselves as staff from the agency. Some people told us if there was going to be a new staff member visiting them the office staff would inform them prior to the visit. Staff were able to describe possible signs of abuse and demonstrated they understood their responsibility to report safeguarding adult concerns. Their comments included "If I thought there was a problem I write in the report book and call the office. Safeguarding is about protecting children and adults from harm." Another staff member said, "Anyone over 16 years could be a vulnerable adult. Any signs of abuse I would call the office, report and write in the book." The provider had investigated safeguarding concerns appropriately and showed us how they audited daily notes on a monthly basis to ensure there was nothing of a safeguarding nature that had been missed by staff and kept an overview of safeguarding adult concerns.

At the inspection in March 2017, we identified breaches of regulation relating to the safe care and treatment of people. This was because they had not ensured the safe and proper management of medicines. During this inspection, we found the provider had made improvements in this area. Staff told us "Yes I've had training. We administer from a blister pack, write on the MAR [medicines administration records] sheets. I always double check the right person, right tablets, right time." Another staff member said, "Only give medication from the blister pack. If someone didn't take it or if they vomited then I record it."

We checked medicine administration records (MAR) and associated documents. We found that they were completed appropriately without any errors. Staff signed to say they had administered the contents of the blister pack on the MAR sheets. There was a form kept with people's MAR and electronically at the office that detailed what medicines should be in the blister pack. The form gives the name and description of the tablet and the amount to be administered and when this should take place. There was additional information to inform staff for example that the person should avoid eating grapefruit with a particular medicine because it was contra-indicated.

We found however that there were no guidelines for staff to recognise any side effects from the medicines given. We brought this to the provider's attention they explained they advised staff to look out for changes in people's usual presentation. This however was not robust enough and there was no consistent information available to staff that informed them what to look out for. The provider agreed to address this issue.

The director and office staff checked with the chemist to confirm if changes to people's medicines had been made when there were changes in people's prescriptions. The provider gave us examples of when they had clarified with the dispensing chemist the medicines to be administered. The provider and registered manager audited the MAR sheets and reported any errors to the local authority.

The provider had a recruitment policy and procedures to ensure the safe recruitment of staff. Staff completed application forms and attended an interview so the provider could assess their suitability to undertake a caring role. The provider completed a number of safe recruitment checks. These included criminal records checks, proof of identity, right to work in the UK and requested references from staff's previous employers prior to them commencing their role.

Records showed and the director confirmed there had been good retention of staff at the agency and new staff had been recruited. The provider told us that they did not take on new packages of care if they were not able to meet people's support needs and if they did not have appropriate staffing numbers. During the inspection, we saw examples of when requests to provide new packages of care had been refused as there were not sufficient staff. Therefore, we saw that the provider was taking steps to ensure they had the staff to provide the care required.

People confirmed staff used protective equipment appropriately. One person told us, "She always wears gloves and an apron – she is very particular." The staff received training in infection control and demonstrated they were aware of the need to use protective equipment to prevent cross infection. We saw that the agency kept supplies of protective equipment such as gloves and aprons for staff use in people's homes. Care plans also contained reminders for staff of good hygiene and infection control practices. For example, one care plan stated prior to preparing food "Carers will remove gloves and wash hands with soap and water." As such, the provider and staff were responding appropriately to avoid cross infection.

Is the service effective?

Our findings

At our last inspection in March 2017 we made a recommendation as people's care plans did not contain guidance for staff about how to support people with their nutritional and hydration needs. During this inspection, we found people's care plans contained nutrition and hydration support information and identified any risks. As such one person's nutritional risk assessment stated, "They did not always feel like eating", and that "Husband to encourage food and drink, carers [Staff] to report concerns." Nutritional information included if people had specific dietary support needs such as diabetes and guidance to inform staff how to support people. For example "Due to [person's name] having diabetes they must eat healthy diabetic appropriate foods and avoid sweets and sugary drinks." When staff were required to ensure the person remained hydrated, the care plan typically stated "Please ensure [service users name] has a bottle or glass of water close by." Staff recorded in people's daily notes what food and drink had been prepared and consumed. This helped the management team to monitor whether people were receiving adequate food, and drink so they could take appropriate action where needed.

At the last inspection, we identified breaches of regulation relating to safeguarding people from abuse. This was because the registered person did not ensure people were not deprived of their liberty for the purpose of receiving care and treatment. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. At our last inspection, the provider was not working to the principles of the MCA. During this inspection, we checked to ensure the provider was now working within the principles of the MCA.

At the last inspection, we identified breaches of regulation relating to the need for consent. During this inspection this had been addressed. The provider had asked for written consent from people or their representatives, if they had the right to give consent on behalf of people, to share the information in their records with the named professional bodies. The provider had also undertaken mental capacity assessments when people's capacity was in doubt to ensure people had the capacity to consent to their care and treatment and recorded the decision. However, the best interests decision to identify what action should be taken when people did not have capacity was not always recorded. The registered manager showed us new documentation implemented that supported the staff to record the MCA and best interests decision made more clearly. Two recent records of best interests decision seen during the inspection and made on the new format were clearer and seemed to meet the MCA requirements.

People and relatives told us they were given choice by the staff who only acted with people's consent. For instance, one person told us "She [staff] always checks it's OK to start and tells me what she's doing." Relative's comments included "Grandmother has dementia, and she can sometimes refuse to do things, so the carers respect this and never force her to do anything my grandmother doesn't want to do." In addition, another relative told us "[Staff] will encourage him but if he still insists they write in the book and inform the

family too."

The provider had facilitated staff training in MCA and had provided easy read quick reference booklets about the MCA for staff to carry with them. The booklets explained the MCA and informed staff about people's human rights. Staff demonstrated to us they understood they must give people choice and were able to give us examples of how they would do this. One staff member told us for example, "We mustn't assume they cannot make a decision, give choice, and support them." As such, the staff were supporting people appropriately and were helping to uphold their legal rights.

Staff confirmed they were well supported with regular supervision and training. Staff told us they received a thorough induction prior to working independently. This involved both training and shadowing experienced staff. New staff received spot checks to ensure they worked appropriately with people. The staff confirmed they had received training that was useful and helpful in carrying out their role. The training was organised in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff told us that they received refresher training each year. The provider had a clear overview of staff training needs and provided supervision and additional information to staff to support their learning.

Staff were able to demonstrate a good understanding of people's health care needs and were able to recognise when people required support to access health care. Some people told us about occasions when staff had taken action to ensure their health needs were met. For instance, one person said, "When she noticed my leg wasn't healing well she told me and advised me to call my GP." A person's representative told us, "She had breathing difficulties and the [staff member] called an ambulance. The [staff member] stayed with her until the ambulance took her." People's care plans contained evidence that when there was a health concern staff contacted the office staff who took action and kept records. For example we saw one record which said, "Contacted the GP, carers concerned about wellbeing." Staff kept a monthly report that contained a review of care given and detailed interactions with for example the GP, social services and family members. As such, the provider was helping to ensure people were accessing health services in a timely manner.

Is the service caring?

Our findings

During our last inspection, we had feedback from people that not all care workers were kind and compassionate. During this inspection, all people spoke very positively about the staff, comments included that staff were "Very caring, kind, respectful and polite", "The carers are caring and kind," "We have a relaxed attitude and you can have a joke it's a good relationship." In addition, "My regular girl makes me feel comfortable, she's pleasant and helpful, if she sees bits of washing up she'll do it and she'll make me a coffee and makes me feel looked after. We have a good natter and a laugh."

Relatives also spoke well of the staff and gave examples of when the staff communicated well with them and had responded in a compassionate and professional manner in an emergency. For instance, one relative told us "[Family member] had a nose bleed and [Staff member] stayed with them having called me until I could get there – [Staff member] is very caring. And on another occasion when [Staff member] found [Family member] unwell, she called me and an ambulance. [Staff member] will also call about little things like when [family member] is low on milk." We found that even when relatives had concerns around lateness and missed calls they attributed this to the office staff and they still spoke highly of the care given by care staff.

The provider told us that they try to send the same staff member to people aiming for consistency. Several people spoke about their regular staff member in positive terms their comments included "Recently we have had the same person and that's good – before it was very hit and miss and you didn't know who was coming." Moreover, "I have regular girls who are very sympathetic towards me. Nothing is too much trouble and they genuinely care."

Staff had received training in dignity and care. People's care plans reminded staff to be aware of people's need for privacy and to maintain their dignity. One person's plan stated for example, "Carers are to ensure privacy, dignity and cultural requirements are met." Staff recognised and promoted people's right to privacy and supported people to maintain their dignity. People told us their privacy and dignity were well protected. People's comments included "Carers help me to have a shower, and then close the curtain (So I can wash in private) they do not open the curtain until I tell them to." Relatives described being asked to wait outside until personal care was completed to maintain people's privacy and dignity. One relative said for example "If my [Family member] is getting dressed, the carers tell me to wait outside until they are ready."

Care plans contained some information about people's personal and cultural preferences such as having female only carers, their religion and the languages they spoke and understood. Care plans also contained guidance for staff about people's preferred communication. For one person the guidance stated, "Don't talk too loudly" and in another person's plan staff were advised "To approach [person's name] in a calm and relaxed way to avoid making them anxious." In addition, a third person's plan suggested, "Ask courteous questions like, 'how are you?' Engage her in conversation." This ensured staff knew the best way to work with the person to make them feel listened to and respected.

Care plans were person centred and promoted people's independence stating for example. "To assist [name of person] with his daily living activities so that he can remain in his home for as long as is possible in

familiar surroundings with his family." In providing appropriate care to maintain the person's choices, the provider was promoting the person's rights for a private and family life.

Is the service responsive?

Our findings

During our last inspection, we found that the provider did not enable people to complain and complaints made were not always addressed according to the provider's own complaints procedure. The provider has since taken some action to address this matter, but people and relatives felt that there was still room for improvement.

The service had a complaints policy and procedure that they had shared with staff and people using the service. The provider and training officer had visited people and relatives to ask how they could improve the service and aimed to be approachable. People and relatives told us they could raise concerns with the office staff. One person said, "The staff are really good, flexible and we had no issues whatsoever." In addition, "They usually listen, anyway." Another person said, "Why would I complain if I'm happy with the service."

However three relatives felt that when they raised concerns to the office staff or the registered manager, appropriate action was not always being taken to resolve their concerns. These complaints were often linked to late or missed calls. One relative said, "I was told that they would look into the matter and things improved for a few days but then it slipped and I'm back on the phone again. They appear to listen but it doesn't change – they still don't call me if someone is running very late." The director showed us they did investigate concerns when a complaint was made and took action to meet with people and relatives. However the actions taken were not always effective in preventing the concern from occurring again. As such, we concluded that although people and relatives now felt empowered to complain it was some relatives' experience that whilst they were listened to sympathetically the action required was not always taken to help resolve their complaints to prevent reoccurrence. Therefore, we found a continuing breach of the regulations.

The above shows the provider was failing to meet Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we identified breaches of regulation relating to person centred care. This was because we found that people's care plans were not always person centred and did not reflect people's preferences. During this inspection, we found that the provider had taken steps to address this. The care plans stated what was important to the person in a document titled "This is me". People's plans were varied and contained information about people's preferences and likes and dislikes. This gave staff a sense of the person and informed them how to care for and support the person according to their wishes.

People signed their care plans and they had been involved in their care planning. When appropriate relatives were also involved in planning and in the reviews of the care plans. Reviews had taken place on a regular basis sometimes three and six monthly and in response to changes of circumstances.

One person told us that the staff supported their independence. They explained to us they valued this. They said, "They know that I want to do things for myself so they talk about 'assisting' me and they are very supportive like that." Care plans detailed the support people required and stated what people could do for

themselves. As such, one plan stated that a person required "Full help" to dress but was independent with "Grooming" and "Can wash face and hands." When someone was at risk if left on their own when being supported with personal care, their plan told staff clearly "Cannot be left unsupported." Support to mobilise was detailed and gave clear guidance to staff about the support needed. One plan informed staff for example that the person "Has shortness of breath and suffers with painful arthritic joints, so may experience difficulties when walking." Another person's plan stated that they "Should be encouraged to use their Zimmer frame." We found that the provider had taken action to ensure the care plans contained a good level of detail and provided staff with the information they needed to provide individualised care and support to people.

Is the service well-led?

Our findings

At the inspection on in March 2017, we identified breaches of regulation relating to good governance. This was because the registered person did not operate effective systems to assess, monitor and improve the quality of the service. During our inspection we saw a number of audits and spot checks undertaken by the registered manager and provider to ensure the quality of the service given.

However, we still found that further improvements were needed. For example, we found that the arrangements in place to check that staff attended calls in a timely manner and the monitoring of missed calls was not effective. In addition, although people and their relatives had been empowered to complain some people and relatives complaints were not adequately responded to as per the complaints procedure.

The above shows the provider was failing to meet Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we identified breaches of regulation relating to the registered manager not making notifications to the commission they are required to do by law. We found that the registered manager was now making appropriate notifications to the commission.

In addition, previously we had found that the provider had failed to display performance indicators. The provider had addressed this and the CQC rating for the service were displayed in the office and on their website.

There was a registered manager in post who was supported by the provider in their role. People and relatives found the management team approachable. One relative said, "The service is very good, no issues, they are flexible about times, we can ring in the morning to request a time change or cancel because my [Family member] may be has a GP appointment. I think there is mutual agreement between us. And there are reviews every 6 months or so." One person described a care –coordinator as approachable "[Care Co-ordinator] I could speak to her anytime and she's very approachable. She is always willing to discuss and be flexible."

Staff told us there was good support and communication from the management team. Their comments included "This is a special company. You can ask questions any time. I tell other carers just work for Lalis 100%," "Communication is the best thing," "Staff are all good. I'm confident to speak to any manager if there are any changes" and "No improvement needed. I would communicate that they are a very good organisation".

The director and registered manager held regular team meetings to inform staff of changes and to listen to their views. When there was a concern staff were spoken with and good practice was promoted. For example, at our last inspection people told us staff spoke in their own language between themselves when they were working with people and we saw that the provider had sent a letter to all staff to address this concern. The management team undertook quarterly spot checks to monitor staff competence in

supporting people. During the spot check, an observation was completed and daily records and care plans were checked. Where there was poor practice we saw that this had been identified and addressed with the member of staff. For example "[Staff member] still has to improve on report writing, sentence construction and spelling." We saw there had been ongoing support and checks for this staff member. All staff received an employee handbook that outlined the code of practice for staff reference.

To recognise and encourage staff performance there was an "Employee Performance of The Month" certificate that was awarded to staff. In addition, staff were invited to a coffee morning each month as a chance to come to the office in a relaxed setting. When staff had worked for the provider for a year, they were presented with a small gift and card to recognise their work for the service. This recognised staff practice and also promoted retention of staff to enable continuity of staff for people.

The provider had oversight of care plans, risk assessments and associated documents through regular audits. Quarterly 'Service user reviews' took place. These involved either a telephone call or a visit. The provider had visited three quarters of people using the service prior to our inspection to assess the quality of the service provided and to find out what they could do better. Comments seen from these visits were generally positive for instance "I am very happy with it [service]" and "Very satisfied, friendly girls [staff] and "Usually have regular ones [Staff]." In addition, the provider carried out an annual satisfaction survey which was analysed when the questionnaires were returned.. We saw that there was a good response to the survey. People's comments addressed previous concerns for example one person had written "Not talking in own language, that has improved." As such, the provider was taking good action to ensure the quality of the service was being improved by actively asking for people's and relatives feedback.

We spoke with a commissioning authority who had visited following our previous inspection. They confirmed that the provider was working in partnership with them in an open and transparent manner to help improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider did not ensure complaints were fully investigated and addressed appropriately to prevent any identified failures from happening again.</p> <p>Reg16(1)(2)</p>