

La Petite Concierge Limited

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Inspection report

13B Victoria Road
Shifnal
Shropshire
TF11 8AF

Tel: 01952463301
Website: www.lapetiteconcierge.co.uk

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 January 2017 and was announced.

La Petite Concierge Limited is registered to provide personal care to people living in their own homes. It provides a domiciliary care service and supported living service. There were 29 people using the service on the day of our inspection. No one was receiving a supported living service.

A registered manager was in post and was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not submitted one statutory notification to us in accordance with their regulatory responsibilities. A statutory notification is information about important events which the provider is required to send us by law.

Staff recruitment records were not all accurate or complete. The provider gave assurance that these staff were suitable to support people in their own homes.

People were supported by staff who had been trained to understand how to recognise abuse and discrimination. Systems were in place for staff to follow which protected people and kept them safe from avoidable danger and harm. Staff knew how to and were confident in reporting any concerns they had about a person's safety.

People were happy they were supported by sufficient numbers of staff to safely meet their needs. People felt safe with the staff that supported them because they saw them often and knew them. People were supported to take their medicines safely and when they needed them.

Staff had the skills and knowledge to understand and support people's individual needs. Training they received was kept up to date. Staff received support from managers and colleagues to enable them to perform their roles effectively.

Staff asked people's permission before they helped them with any care or support and understood the importance of obtaining consent. People's right to make their own decisions about their own care and treatment was supported by staff.

People that needed it received support to make sure they ate and drank enough. Staff helped people to access healthcare services when this was required.

People were supported by staff who knew them well and had good relationships with them. People were

involved in their own care and felt listened to when they made their wishes known. Staff protected and respected people's dignity and privacy when they supported them.

People received care and support that was individual to their needs and preferences. People and their relatives knew how to complain about the service and felt comfortable about doing so.

People and relatives liked the fact that La Petite Concierge was a small and local service. They felt involved in the service and found staff and managers approachable. The provider had systems in place to monitor the quality of the service people received and worked to achieve continual improvement.

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 were supported by staff who were trained to protect them from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. There was enough staff to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. People were supported to eat and drink enough and access healthcare from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had built positive relationships with. People were kept involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and that was reviewed regularly. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Requires Improvement ●

The service was mostly well-led.

Statutory notifications were not always submitted as required by law. Recruitment records were not always accurate. People valued the service they received. They appreciated that it was local and small which made it feel personal to them. The provider monitored the quality of the service provided and recognised where improvement was needed.

La Petite Concierge Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at their office.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we spoke with six people who used the service and two relatives. We spoke with seven staff which included care staff, senior staff, the deputy manager and the registered manager. We viewed four records which related to consent, and two records which related to people's care needs. We also viewed three records which related to staff recruitment and other records relating to the management of the service.

Is the service safe?

Our findings

People felt safe and at ease with staff coming into their home. They told us that staff left their homes secure and they did not have any concerns about security or their possessions. One person said, "I feel very safe when they're around." Another person said, "I know I'm safe with them, they really do care for me."

People were supported by staff who had been trained to recognise when abuse or discrimination may occur. Staff were aware of how people could be at risk of harm or abuse and were clear on how to report concerns they may have. They shared examples of what they would report to management such as staff not following procedures or staff using un-safe practice. One staff member said, "Staff could abuse people by not caring for them properly, by making them feel small. We would contact one of the managers straight away and they will sort it from there."

Risks to people's safety had been assessed and plans were in place to minimise these risks. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe within their own homes. One staff member said, "We have to follow the risk assessments. They tell us if the service user is able to keep safe and if the equipment is ok. They tell us how to move people and how many staff there should be. If we don't follow the risk assessments we'll put the service users at risk." Staff told us they continuously monitored any potential hazards when they were with people. They were alert to any trip hazards or deterioration in a person's mobility which could lead them to have a fall. Concerns were reported to seniors who would ensure risk assessments were updated as necessary.

The registered manager told us people had not experienced any recent accidents or incidents. They confirmed that these would be recorded and monitored so they could identify any patterns or trends which could help to prevent further incidents. Staff confirmed their understanding of the procedure they needed to follow should any accidents or incidents occur.

People were supported by sufficient numbers of staff to meet their needs safely. They told us they often saw the same staff and this was reassuring as the staff knew how to support them safely. People told us it was not often that staff were late for their care calls. One person said, "If they're late it's usually because they run over with the last person." Staff told us they would contact the person to let them know if they were going to be significantly late for their care call. The deputy manager told us that if staff were running more than 30 minutes late they would look at using another staff member to cover their calls. They told us their aim was to make sure the person and the staff member were safe.

Staff told us they had not started work until the provider had completed checks on their employment backgrounds and confirmed their identity. We saw staff had completed application forms and the provider had checked their previous qualifications. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working within health and social care.

Not all people required support with their medication. People that did receive support confirmed that staff

prompted or administered their medicines safely. One person told us they took a large amount of tablets each day. They said, "They [staff] put them out for me as I can't press them out. They ring the chemist and organise my prescription. They sort it all out. It's quite a job and they do it well." Another person told us staff would let them know when they needed to order more of their medicines and that staff helped them to do this. Staff had received specific training in the safe administration of medicines and told us that one of the managers or a senior checked their competency during observations of their practice. Systems were in place for the registered manager to monitor records relating to medicines. They told us this was used to identify any errors in record keeping or administration.

Is the service effective?

Our findings

People told us they felt the staff that supported them understood how to care for them. They thought staff had the right skills and knowledge to give them the care and support they needed. One person said, "They're very good; they know what they're doing."

Staff told us the training they received was kept up to date and they felt it gave them the skills and knowledge they needed to support people with their individual needs. New staff worked alongside more experienced staff to become familiar with the people they would be supporting and their care needs. One new member of staff told us they had found the environment very supportive when they first started work at the service. They had worked with more experienced staff before working on their own and had been encouraged to reflect on what they had learnt. Staff we spoke with understood the importance of the training they were required to complete. Two staff told us they would be putting people and themselves at risk if they were not trained. One staff member told us they had asked for more information on supporting people who had dementia. They said, "I asked if I could have more information about dementia and the [registered] manager got me onto the training. It really helped me understand what to say and to try to understand how they are feeling. It has improved the way I communicate with them."

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. Applications for people who live in their own homes must be made to the Court of Protection. There had been no applications made at the time of our inspection.

People told us that staff always asked their permission before helping them. One person said, "They [staff] don't do anything without asking me first." Staff told us they had received training in the MCA. They were able to explain how it was essential they gained consent from people before carrying out any care and support. One staff member said, "I always involve people in any decision making." The registered manager and staff told us that everyone who used the service were able to make their own day to day decisions, either independently or with some support. One staff member said, "With some people we'll slow things down, explain what we need to do clearly so they understand and we'll simplify choices that we give them. Their consent is obtained before we do anything."

The registered manager told us they worked closely with the local authority to establish people's capacity to make their own decisions. They would know when people commenced care whether people did not have capacity to make their own decisions with regards to their care and treatment. Where people needed support with decision making we saw evidence the person and their family were involved in agreeing how best to support them. Staff told us they would contact the managers if they felt people needed support to

make their own decisions. One staff member said, "We know people can make their own decisions and we have to prove otherwise if we think they can't. We then have to do an assessment." Two people had a Power of Attorney in place for finance. We saw that the registered manager would only accept these when they had seen evidence of this to ensure they were registered with the Office of the Public Guardian. This helped to ensure that people's rights were maintained.

Some people told us the staff supported and provided them with meals. One person told us, "They [staff] help with the cooking. They ask me what I want and then either help me to cook or they cook for me." People told us that staff made sure they had access to drinks, meals or snacks when they left. We saw that where there were risks associated with people's nutrition these were addressed and clear information given to staff on how to support them. One staff member told us about the food diaries they had to complete on some people. They explained these had been recently introduced and ensured staff, managers and other healthcare professionals could monitor what people were eating if there were concerns about their nutrition. We saw that any specific nutritional or dietary requirements people had were recorded in their care plans. This helped to ensure that people were supported to have enough to eat and drink.

People told us they were supported to access healthcare services. Staff would help them seek professional medical advice or treatment when needed. The registered manager told us they would support people with making and attending appointments if this was something they wanted. We saw that information about people's health needs had been recorded in their care files to ensure staff understood the support people needed in this area.

Is the service caring?

Our findings

People told us they were supported by staff in a way that was caring, friendly and kind. They received care from staff they were familiar with and had the opportunity to build relationships with because they saw them regularly. People and relatives told us this was important to them. One person said, "I see the same staff and I build different relationships with different staff, we've all got to know each other. I get on with all the staff that come and help me, they're always very helpful." Other people told us that they felt respected by staff. They felt staff were always polite towards them and they never felt rushed. One person said, "The staff are all very pleasant, polite and respectful. They chat away to me, very nice staff."

Staff also spoke about the positive relationships they had developed with the people they cared for. They told us because they generally cared for the same people there was a consistency to the care they received. One staff member told us that people needed to trust and have trust in the staff that cared for them and this only came when they saw the same staff. Another staff member said, "We need to develop a bond [with people]. They need to trust us."

People told us they were encouraged to make decisions about their care and support needs. They felt involved in what happened to them and the staff listened to what they wanted. One person said, "They [staff] talk to me and ask me if they can do things for me; what do I want, how do I want it doing." One person told us the registered manager had come to see them at their home on a Friday to discuss the care and support they wanted and needed. This person started to use the service the following Monday. They said, "I told [registered manager's name] what I wanted and it was all sorted." One staff member told us that the registered manager always had an initial meeting with people to discuss how they wanted their care delivered. All staff spoke about the importance of involving people in what they were doing. One staff member said, "We have to respect their values. We talk to them and ask them how they want us to care for them."

The deputy manager told us they had completed a 'dementia leadership programme'. As a result of this they had introduced a 'digni-teapot' which was a large cardboard cut-out of a teapot. This had been created to start staff discussion about dignity and identify what it meant to them and to the people they supported. The deputy manager told us staff had found this a useful discussion tool. They had written their thoughts on how they promoted dignity and these were placed on the 'teapot'.

People were supported to maintain their independence to enable them to stay in their own homes. One person said, "Without them [the service] I wouldn't be at home." People spoke about the positive support staff gave them in helping them to maintain as much independence as they could. One person received support with washing and dressing. They told us staff did not "take over" but that they were there for assistance when they needed it. One staff member told us that to ensure people stayed independent the staff needed to "keep them involved in everything that's going on". They said, "What we're trying to promote is people's independence, at all times."

People told us that staff respected their privacy and dignity. One person spoke about the way staff

supported them with their personal care needs. They said, "I've never been made to feel embarrassed, they respect me and what I want totally." Staff understood the importance of respecting people's dignity and privacy at all times. One staff member said, "It's our job to make sure they [people] don't feel awkward and we have to make them feel at ease."

Is the service responsive?

Our findings

People and their relatives spoke positively about the care they received from staff. One person said, "They look after me very well and they know what I need. If I want anything doing I ask them and they always do it if they're allowed." People told us staff provided their care the way they wanted and needed it and their views were listened to. One person told us that staff knew how they liked things done and they knew what they needed to do instinctively because they knew their routine. They said, "I'm glad it's a small service. It's personal and I appreciate that. It's comfortable and that's what I want." Staff understood the importance of people receiving care that was individual to them. One staff member said, "We do look after people as an individual and we support their individual needs."

People were involved in the development and review of their care and they felt staff and managers responded well to any changes in their needs. People's care plans were kept up to date by staff who would inform the office if there were any changes to a person's needs. People told us that one of the managers would talk to them about their care. One person said, "[Registered manager] comes to my house to look at my care folder with me. If we haven't spoken for a few months then they'll phone and suggest a catch up. We talk about what I want and do I want anything else, has anything changed." One staff member said, "We talk with people at care calls. We agree and confirm how they want things done. If anything has changed or if we think they need more support we tell the managers and they will update their care plans as needed."

People and relatives were encouraged to give their opinions about the care they received and to raise any concerns or complaints. They were asked to give feedback about their care through yearly questionnaires. The deputy manager told us that during observation of staff practice at people's homes they took the opportunity to talk to people. They also told us that staff would inform them of any comments people and relatives made.

People and relatives we spoke with told us they would not hesitate to speak with care staff or managers if they were not happy about something. One person told us they were not comfortable with one staff member who came to their house. They said, "I told the manager and the staff member didn't come again. They listened to me and I didn't feel like I was making a fuss." One relative said, "Staff are responsive when we ask them to do things. If there's a problem we tell them. They are receptive; they listen to us and our worries and give solutions." We saw records were kept of all complaints and the outcomes were recorded once they had been investigated. The registered manager acknowledged and offered apologies when they were needed and complaints were responded to in line with the provider's complaints process.

Is the service well-led?

Our findings

The registered manager was also the provider and owner of the service and was supported by a deputy manager. They told us they kept up to date with best practice through training courses, information from professional bodies and through attendance at conferences. Providers and managers who are registered with us are the registered persons and have regulatory responsibilities they must comply with. The registered persons are required by law to submit statutory notifications. These statutory notifications ensure that we are aware of important events that happen at the service and play a key role in our ongoing monitoring of services. Although the provider had submitted statutory notifications for most events at the service we found they had not done so when they had received an allegation of abuse. The registered manager had investigated the allegation and had liaised with the local authority but had failed to notify us. The registered manager told us the allegation was unsubstantiated and because they had dealt with it straight away they did not feel they needed to notify us. When we discussed this with them at our inspection they admitted this was an oversight on their part.

We looked at staff recruitment records. One staff member had a start date recorded which meant they started work at the service before their DBS check had been completed. The registered manager was able to confirm that this was an error and the incorrect start date had been recorded for this staff member. We also saw one staff member had started work at the service before one of their requested references had been received. The registered manager gave us assurance that they were satisfied this staff member was suitable to work at the service. They also gave us their assurance that they would review their recruitment records to ensure these were accurate.

People and relatives felt involved in the service because it was local to them and small. They said they could get in touch with the office staff and managers easily. People and relatives felt their communication with the registered manager was generally good and that they were kept up-to-date with any information affecting their care. We saw a quarterly newsletter was produced by the service which gave people information on any new staff, any planned events and which charity they would be supporting. We saw that the service had recently collected food stuffs for a local charity. The registered manager told us they wanted to provide a service that was as local as possible. They said, "We try to make it very personal and really get to know the service users."

Staff understood the values of the service and told us this was introduced to them at their induction training. One staff member said, "The [registered] manager wants us to be honest, respectful and encourage people's independence. They want us to communicate and build relationships (with people)."

Staff told us they felt supported by the registered manager and their colleagues. They told us they were clear on their roles and received feedback on their practice. The staff we spoke with understood the purpose of whistleblowing, and said they would not hesitate to report poor practice if they saw it. Most staff felt they had opportunities to give their opinions about the service through team meetings. They told us this was an opportunity to give feedback, raise any concerns and share practice with other staff.

Systems were in place to monitor the quality of care that staff and the service provided. People's care records were checked regularly by senior staff. Any errors or inconsistencies were reported to the registered manager. The deputy manager told us they completed care calls as often as they could, but usually twice a week. This was to observe staff practice, look at people's care records and to speak with the people who used the service. They told us they spoke with people about the staff that supported them and whether they were supported as they should be. The provider also sent out yearly feedback questionnaires to capture people's views about the service. The registered manager explained that they reviewed and acted upon any feedback received. We saw an analysis the registered manager was completing which showed that overall, people were happy with the care they received.

The deputy manager told us they were constantly looking for ways to improve the service. Following a recent dementia leadership programme they had introduced a mistakes policy. They said, "We remind staff that mistakes happen and that's ok. We have to acknowledge them as mistakes and learn from them. We have to be open and honest with each other." The registered manager told us they had recognised they needed to improve on how they recorded their findings from the quality assurance processes they had in place. They were working towards having new processes in place to achieve this.