

Levante Agency Limited

Levante Agency

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

About the service

Levante Agency is a domiciliary care agency providing care to people in their own homes in Buckinghamshire and the surrounding area. At the time of our inspection five people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

People were protected from abuse and harm. Staff knew how to report any concerns relating to people's safety and the service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were sufficient staff deployed to keep people safe and meet their needs. People told us staff were punctual and no one we spoke with had experienced a missed visit. The service aimed to ensure only suitable staff were selected to work with vulnerable people, and checks were carried out to allow safe recruitment decisions to be made.

Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the registered manager to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people were involved in the reviews.

People and relatives and staff spoke highly of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were systems to monitor, maintain and improve the quality of 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

This service was registered with us on 11 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

Levante Agency

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

The inspection was carried out by one inspector 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, which provides personal care to people living in their own homes.

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 a registered manager in post.

Notice of inspection

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 13 October 2022. We visited the location's office on 13 October 2022.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is

information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people, three relatives, a family friend and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for four people, staff training records, three staff recruitment files, medicine records, quality assurance audits, complaints records, and records relating to the management of the service.

After the inspection

Following our visit to the office we continued to gather evidence and we contacted four care staff. In addition we contacted the local authority for their views.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person said, "I feel safe with the carers [staff]." A relative told us, "Yes, my aunt [person] is safe with the carers [staff]."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "I would report to my manager." Another staff member commented, "If I suspected a client [person] was being abused I would report to the manager, but if the manager is the one involved, I would report to safeguarding team, social services and involve the police. This information is readily available in the safeguarding folder and the system we use at work."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us they would record and investigate all concerns and work with the local authorities.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. Risk assessments contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment. For example, one person used a walking frame to mobilise but was at risk of falls. Staff were guided to ensure the person's frame was close to hand and the environment was free of trip hazards.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed.

Staffing and recruitment

- People and their relatives told us staff were punctual. Support visits were monitored electronically and nobody we spoke with reported a missed visit. One person said, "The carers [staff] always come on time."
- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. One member of staff told us, "Yes at the moment we are managing, and the manager comes in to help if required." Staff rotas confirmed planned staffing levels were consistently maintained.

Using medicines safely

- People received their medicines as prescribed. A relative told us, "The carers give her [person] all her tablets and re-order them as required. No problems."
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks

were conducted to ensure staff followed safe practice. One staff member said, "Yes, I am trained, and I am checked by the manager."

- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- People told us staff wore PPE. One person said, "The staff arrive at the house wearing a mask, and put on gloves and a plastic looking apron when they are inside."
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- The registered manager told us how Learning lessons when things go wrong
- Systems were in place to record and investigate accidents and incidents.
- The registered manager told us that following a direct monitoring approach call with CQC he took on advice and introduced systems to actively seek feedback from people using the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "Yes they [staff] know what to do. My aunt [person] would tell them if they didn't do the right thing."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks and regular supervision.
- Staff received ongoing training relevant to their roles, and specific to people's needs. One staff member said, "Yes, training equips me with the required expertise, and I can access further training."

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

- People were supported to maintain a healthy diet. A relative said, "Quite often the carers [staff] will sit and have their lunch with mum [person], because sometimes she will get up and forget to finish her meal. On a Friday they go to the fish and chip van for her lunch."
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during support visits to ensure people had a balanced diet.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

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

- The manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The registered manager told us they had worked on a regular basis with any external agencies and had made referrals as and when necessary. For example, one person had cataracts and had been referred to an optician.

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.

- One person told us how staff respected their decisions. They said, "I sleep in the lounge in my chair. That is my choice."
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They said, "I always offer choices that are in the clients [person's] best interest."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their relatives told us how the staff were caring and supportive. They said; "I can only really speak about the one carer I have met, but she is really lovely", "The staff definitely care about her [person]. They spend time with her and have a chat" and "The staff are kind. I do as much as I can for myself."
- Staff knew how people wanted to be supported and were aware of what was important to them. Care staff spoke with us about their professional relationships with people. One staff member said, "I enjoy a professional relationship with the clients [people] as I sit and talk with them about what interests them. I have some who enjoy my company and always want to see me often and ask for me when I'm not working as they enjoy my company."

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

- Most people told us they had been encouraged to express their views. One relative said, "I know the manager, he will phone or text me. Sometimes he does the care as well. I gave feedback earlier this year about the care. We had an online meeting."
- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- The registered manager had recently introduced systems to contact people to obtain and record their feedback. We saw that people and their relatives were regularly asked for their views of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting dignity and respect. One person told us, "The staff treat me with respect."
- People were treated with respect and their dignity was preserved. Staff told us they would ensure doors and curtains were closed when carrying out personal care.
- Staff promoted people's independence. One relative told us, "If mum had her own way, she would stay in bed all day, but the carers [staff] encourage her, and tell her she will never get walking again if she just stays in bed all day."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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 had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care. For example, one person had been referred to a dietician in relation to their specific dietary needs.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, one person liked to speak in their native language. Three staff members supporting this person could speak their language. One staff member said, "Yes I speak [person's] language, they can understand so much more and they get great pleasure from doing so."
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. One staff member told us, "Current service users [people] can communicate verbally so well. In the event of communication barriers, I can use signs, pictures and Makaton."

Improving care quality in response to complaints or concerns

- A relative told us they knew how to raise any complaints or concerns about the service. They said, "I haven't had to make a proper complaint. On one occasion the carer[staff] had forgotten to strip the bed and change the sheets. I spoke with the manager and it was sorted." Information on how to complain was provided in a 'service user guide'.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- Systems were in place to record and investigate any complaints. Records confirmed complaints were dealt with, compassionately in line with the complaints policy.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any requests or advance wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Most people and their relatives told us they were happy with the service and support provided. Their comments included; "Overall I am quite satisfied. The carers [staff] are alright", "I think the care works well. Mum [person] is always spotless and feels comfortable with the carers [staff]" and "I like the fact the agency is local, previously carers [staff] were travelling miles to get to mum [person]. I wouldn't change anything."
- The registered manager demonstrated they worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a positive way that demonstrated their commitment to learn and improve the service.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- Staff felt the management team were supportive, fair and understanding. Staff told us, "The management are very supportive in every aspect and I'm always happy to go to them for guidance."

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

- The registered manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes. Action was taken to address any identified issues. For example, one audit identified a timeline pattern relating to people's incontinence. The registered manager was able to adjust people's visit times to reduce incidents of incontinence. This also helped to reduce skin damage to vulnerable people.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.

- The registered manager had omitted to report two events to CQC. However, we discussed this and they were able to demonstrate they understood the process and now had systems in place to ensure that we received notifications about important events so that we could check that appropriate action had been taken.

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

- People and their relatives had recently been encouraged to express their opinions either in person or via the telephone. Surveys were being conducted and we saw the initial results were very positive.
- Staff had a clear understanding of their roles and their day to day work which focused on the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "The service is well led because the company and systems does implement the relevant Acts and Regulations which bind all Health and Social Care policies. This improves the care we are able to provide our clients [people]." We also saw weekly 'reflective' meetings were held to allow staff to reflect and discuss any issues they wished to raise relating to supporting people.
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams, and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- Staff had access to further training.
- The registered manager said, "I am a member of the Royal College of Nursing. This enables me to keep up to date with current practice and share information with my staff."