

Libra Care and Support Ltd

Libra Care Services

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

Libra Care Services is a domiciliary care service. The service provides support to people living in their own homes. At the time of our inspection there were 9 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe. They were protected from avoidable harm as staff were trained to recognise signs of abuse and knew who to report this to if they had concerns.

Staff had a good awareness of the specific risks people faced and how to manage these without being restrictive. People's risk assessments gave staff clear guidance on how to manage their health conditions.

The service had a recruitment and selection process that helped ensure only prospective staff with the required skills and good character were employed to support people.

People's capacity to consent to decisions about their care and support had been assessed. Where required, the service undertook mental capacity assessments and best interest decisions in line with the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were person-centred and included detailed personal histories, their abilities, goals and preferred methods of communication. Plans were regularly reviewed to ensure they reflected people's current and emerging needs.

People and their relatives said they enjoyed visits from the staff. They felt staff had a good understanding of their needs and supported and encouraged them to remain as independent as possible. People and relatives felt all staff were very kind, caring and treated them with dignity.

People were confident staff were well trained and knew how to support them. People were encouraged to make decisions and express their views about the care and support they received by staff who were attentive and familiar to them.

The service had robust quality assurance procedures which included various audits and regular staff competency checks. This helped ensure the quality of care was maintained and any issues were identified and resolved promptly.

People's, relative's and staff member's views were sought in satisfaction surveys and used to influence the direction of the service. Feedback was unanimously positive. Compliments were shared with staff which helped motivate them. Staff told us they got on well with their colleagues and that they felt proud to work for Libra Care Services.

The registered manager was praised by all stakeholders. Staff told us, the registered manager was very supportive, approachable and a good listener. Staff well-being was prioritised. People and relatives considered the service well-led and organised.

The service had established and maintained positive working relationships with other agencies including district nurses and GP surgeries.

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

Rating at last inspection

This service was registered with us on 24 October 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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Libra Care Services

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 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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.

What we did before the inspection

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

During the inspection

We spoke with 4 people who use the service and 5 relatives about their experience of the care provided. We received feedback from 5 members of staff including the registered manager, senior community carer and community carers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of 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; Assessing risk, safety monitoring and management

- People told us they felt safe. Their comments included: "They have made a big difference. I feel confident when they are here, they keep me safe", "They do make me feel safe as they are there when I need them" and, "Oh yes, they make me feel safe." Relatives commented, "I absolutely feel [family member] is safe with them" and "I feel [family member] is very much safe."
- Staff had a good understanding of the signs and symptoms which may indicate they were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC. Staff were confident the registered manager would take appropriate action when required.
- People had up to date risk assessments which included control measures required to help them minimise the risks in their lives without being restrictive. Risks included skin integrity, blood thinning medication, falls and use of flammable creams.
- The service had a policy to support staff for any occasion they attend a person's home for a scheduled visit and the person is not there or the staff member is unable to gain access. This ensures consistent and timely follow up.
- Staff told us they had sufficient travel time between visits. This was regularly reviewed and helped ensure staff punctuality and safety when travelling. A staff member stated, "We always have enough time between visits and the registered manager always advises us to drive carefully during bad weather."

Staffing and recruitment

- There were enough staff to support the number of people they visited. People told us staff turned up on time and stayed for the full visit duration.
- The service assessed people's dependency to enable them to prioritise visits in the event of emergencies or unplanned staff shortages.
- The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support vulnerable people. This included verified references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely by staff who had received the relevant training and competency assessments.

- People's electronic medicines administration records contained sufficient detail to support staff with this task.
- Medicines records were regularly audited. Where any issues were identified there was timely follow up.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff competency checks included this.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through good hand hygiene.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had received training in food hygiene.

Learning lessons when things go wrong

- Staff completed accident and incident reporting forms. These were reviewed and signed off by the registered manager. The process included reflection on what had happened, impacts for people and/or staff and what steps were required to prevent a recurrence.
- Lessons learnt were shared via direct messages to staff handsets and in supervision.

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 had an initial assessment prior to them receiving a service. This captured their needs, abilities and their preferences. Where required, a mental capacity assessment was also undertaken to determine a person's ability to consent to care and support. Relatives commented: "The assessment was good" and "They spent the whole morning doing the initial assessment. It was very thorough and very good. [Registered manager] took all instructions on board and gets it all right."
- People received care and support which was planned and delivered in line with current legislation and good practice guidance. A person told us, "I would absolutely recommend them no question." A relative said, "They look after [family member] so, so well. [Registered manager] updates me regularly. Sends me photos when they take [family member] out."

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received a range of training to help them meet people's needs. This included: fire safety, medication, safeguarding, dementia and mental capacity. A staff member confirmed, "Training is regular and updated."
- Staff received supervision, appraisals and regular competency checks. Spot checks covered areas including timekeeping, conduct, moving and handling, medication competency, communication and care notes recording. A staff member commented. "[Registered manager] does spot checks on me regularly and is very thorough with this."

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. Records and people confirmed this.
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances or allergies.
- The service recognised the importance of prompting and supporting people to maintain their oral health and the implications for people if this was neglected.

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

- The service understood the importance and benefits to people of timely referral to health and social care

professionals such as occupational therapists, GPs and district nurses. A relative stated, "I'm confident they would spot any changes in [family member's] health. They liase with me and the GP when needed." This holistic approach was confirmed by another relative who told us, "[Registered manager] has been very helpful. Helped me find out about attendance allowance and how to get continence pads."

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 MCA 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.

- People's mental capacity had been considered as part of the pre-admission assessment process. Where people lacked capacity, consent had been given on the person's behalf by relatives with the necessary legal authority to do so. Supporting paperwork was available on people's files.
- Staff understanding about the MCA informed the way they supported people. This included the importance of seeking consent before offering help. A person confirmed, "When supporting me they ask if that's what I want. They get my consent." A staff member said, "I always talk through tasks with the people I support, explain things clearly, check they are okay with the care being given and reassure them when necessary."

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

- People told us staff were kind and respectful. People's comments included: "I very much enjoy having them here", "They are courteous attentive and take an interest in my life. It feels like have a couple of friends" and, "They are kind and caring. Very much so. We are highly satisfied."
- Daily notes confirmed people's right to refuse or influence the degree of support they wished to accept.
- The service kept a record of compliments from people and relatives which were shared with staff.
- People and, where appropriate, their relatives told us they felt involved in decisions about the care and support they received. This included making decisions about their appearance and how they wished to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a way that maintained their privacy and dignity. This included when helping them with personal care.
- People confirmed they were encouraged and supported to remain as independent as possible and live the lives they wanted to. This was emphasised in people's care plans. A relative expressed, "They take into consideration [family member's] independence. They get it just right."
- The service understood the importance of maintaining the security of people's personal information. Records were password protected at the office location and staff had receiving training in confidentiality and data protection. This was reinforced at induction and in the staff handbook.

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were detailed and person-centred. They included people's medical history, family network, preferences, abilities and achievements. A person said, "They have a good understanding of me." A relative stated, "I feel they have a very good understanding of [family member]. I can't speak highly enough of them."
- People's care plans were reviewed with their, and where appropriate, their relative's involvement. The service ensured people and their relatives received regular updates. A relative told us, "The communications received are excellent and provided in a professional, appropriate manner. I am advised of any changes or concerns they have immediately."
- People were supported to make decisions by staff who understand the importance of choice in all aspects of the care and support they received. A relative told us, "They always talk [family member] through tasks they intending to do. They give choice, for example, by showing two different drinks."
- Care visits were delivered flexibly in order to support people on occasions they had visitors, appointments or events to attend.
- Prior to the inspection we received positive feedback about the service from people and their relatives. Comments included: "Nothing is too much trouble and they finish their time with [family member] by looking at photo books or chatting about [family member's] youth" and "They provide activities for [family member] in the home, little exercises to ensure mobility, baking together, cream teas in the garden, reading, doing memory books, 'show and tell' with [family member's] own belongings to activate memory."

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 communication needs were assessed and detailed in their care plans. This included the person's preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them.
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital. These are sometimes referred to as care passports.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was included as part of people's welcome pack which was held in their homes. People and relatives told us they would know how to complain and felt confident they would be listened to.
- The service had not received any complaints since registering with CQC.

End of life care and support

- Staff had been trained to support people at the end of their life with this including how to provide emotional and practical support to people's families at this difficult time.
- Although the service was not supporting any people with end of life care needs at the time of the inspection, they had previously and received positive feedback. A relative shared, "[Registered manager] and team came in and supported [family member] and I with the utmost of care, empathy and compassion. During this very traumatic time, we managed to smile, cope and ensure that [family member] had the best possible end of life care, allowing [family member] to die exactly how [family member] wanted, at home and with [family member's] family around."

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

- The service had a supportive and open culture. Staff told us, "The service is very professional but also like a family. We all got together at Christmas and everyone just gelled. I feel very supported by the whole team", "Definitely a family, we all know each other and get together for coffees and meals and we are definitely a hardworking and supportive team in and out of work" and, "We are a team of very ethical staff and have a good rapport, honest, kind and supportive of one another."
- Staff enjoyed working for Libra Care Services. A staff member said, "I feel very proud to work for Libra Care as the main thing is if one of my own family or friends needed care I would want a Libra team member to do it as I know it's caring professional and well managed." Another said, "We have wonderful values, we are a great team."
- People and relatives felt the service was well-led. A person said, "It feels well managed." Another said, "[Registered manager] is champion. The right person in the right job. [Registered manager] is top quality." Relatives told us, "It's very well managed. [Registered manager] has a very good administrative mind as well as everything else", "[Registered manager] is unbelievably good, is amazing and genuinely cares" and, "[Registered manager] is excellent, professional, very, very good."
- Staff received praised and recognition for their performance and adhering to the service's values. Records included, "[Name of staff member] is a great asset to the team. Oozes positivity" and "Nothing but excellent feedback from all your customers. You speak up with suggestions and remain professional at all times. Excellent work!" Two staff confirmed, "I get regular messages when I have done something to say well done" and "A staff member expressed, "Oh yes, I feel appreciated I have never been so happy in a job!"
- Staff felt supported. For example, a staff member said, "I feel very supported and appreciated by [registered manager] who keeps in regular contact, lets us know we are working well, spoils us" and "I am always confident in [registered manager] dealing with anything I need them to, this includes out of hours, [registered manager] will always respond."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff had a good understanding of their roles.
- Various monthly audits took place which included reviews of medication, safeguarding and CQC notifications, infection control and care documentation. This was used to maintain service quality and identify areas for improvement.

- The registered manager conducted regular spot checks to maintain the quality of care. These checks covered areas such as medication, moving and repositioning, PPE, effective communication and uniform compliance. A staff member said, "[Registered manager] is very thorough with this."
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The registered manager had a good understanding of the duty of candour. They told us, "It's about being open, transparent and honest. Call them explain the situation, advise them we will investigate, obviously apologise if our mistake and look what learning, training requirements there are and implement them."

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

- People's and relative's views were sought via satisfaction surveys. All comments were positive with a relative stating, "It was very daunting to start the process of someone else looking after [family member], but [registered manager] is fabulous and has made the whole experience a calm and happy one. [Family member] loves [registered manager]! The team are very professional, always cheerful and [family member] is put at the very heart of what Libra Care Services is about."
- Prior to the inspection a relative provided feedback to us, "They seek continuous feedback to improve the business and flex around our needs frequently. I feel confident that the genuine commitment to service excellence at Libra Care Services distinguishes them."
- Staff well-being was supported. They received a quarterly bonus after successful probation and a well-being package including up to 8 counselling sessions per year. These could be used to discuss work or personal matters.

Continuous learning and improving care; Working in partnership with others

- Staff were supported to improve their skills and knowledge. Records and staff confirmed this. A staff member told us, "[Registered manager] asks if we would like any extra training or courses we might be interested in and makes it happen. I have recently expressed a wish to do a skin integrity course and [registered manager] is going to arrange it."
- The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with district nurses and GP surgeries.