Lapis Health & Events Limited

Lapis Domiciliary Care

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

The inspection took place on 16 and 17 April 2018 and was announced.

Lapis Domiciliary Care is a care agency. It provides personal care to people living in their own homes. The service is registered to provide care for people living with dementia, learning disabilities or autistic spectrum disorder, older and younger people and people living with a physical disability. At the time of this inspection the service provided care and support to 17 people.

The service had a registered manager. 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.

People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

Systems were in place to monitor and improve the quality of the service provided.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive	Good
Is the service well-led? The service remains well-led.	Good

Lapis Domiciliary Care

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 17 of April 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector and one inspection manager.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also contacted two health and social care professionals for feedback on the delivery of care provided by the service but did not receive any responses.

Inspection activity started on 16 April 2018 and ended on 17 April 2018. We visited the office location on 16 April and spoke with the registered manager, director of care and care co-ordinator. We reviewed care records and documents central to people's health and well-being. These included care records relating to four people, recruitment records for four staff members, staff training records, policies and procedures and quality assurance audits. We also visited and spoke with four people in their own homes and three relatives to obtain feedback on the delivery of their care.

On the 17 April 2018 we had telephone conversations with four members of care staff.

The provider completed a Provider Information Return (PIR) on the 8 March 2018. 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.

We last inspected the service in March 2016 and rated the service as Good. At this inspection the overall

rating remains Good.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe and staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care they needed. One person we spoke with told us, "I feel very secure". Another person said, "I've no reason not to trust them, they are very responsible". A relative told us, "Yes very safe, they know what they are doing and are very safety conscious".

The service used an electronic monitoring system to help ensure that people received their care at the agreed times. Staff were provided with a mobile phone that incorporated a QR scanner application. The phone contained details of care plans, risk assessments and additional information to ensure care was delivered safely. Staff recorded their visits and completed daily care records using this system. It also monitored the safety of staff who often worked alone. Staff were required to log their arrival and departure times at a person's home. The registered manager had identified people living at home alone or those who needed assistance with time specific medicines were at particular risk if a care call was late or missed. They said the benefits of this system allowed them to monitor calls closely and to take prompt action if a call was late or missed. They said this monitoring enabled them to manage their call programme more effectively so it benefitted those they supported and offered people the level of service they expected. An alert system was in place, which notified office or on call staff if a staff had not arrived at a person's home at the agreed time. This enabled the service to monitor the whereabouts and safety of their staff whilst working in the community. This system also helped ensure that people received their care visits as planned and significantly reduced the risk that any care calls were late or missed.

Some people required support with their medicines. The service maintained a record of people's medicines using the electronic monitoring system which enabled staff to efficiently update people's medicine administration records (MAR) on each visit. If people did not receive their medicines at the prescribed time the service was alerted and this prompted an immediate response to address the issue and reduce any associated risk with missed medicines. One person told us, "I do my own medication, but they always remind me or check I have taken them". Care plans included information about how people received their medicines and the support they needed. One member of staff told us, "Even if we are not involved in helping people take their medicines I think we all always just ask as a gentle reminder that they have taken them".

The service had policies and procedures which protected people from the risk of abuse neglect or harassment. Staff had received training in safeguarding and all staff were required to complete regular refresher courses. Training records and discussions with staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in

place for areas including people's mobility, the environment and specific health conditions. These assessments identified potential risks to people's safety. For example, one person needed to be transferred to and from bed using a hoist. The care plan stated this required two members of staff. The person's relative confirmed that each visit was by two staff and also confirmed that staff used the hoist safely. They told us their relative was talked through the process at each stage and constantly offered reassurance. There was also a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them.

Staff told us they knew the people they supported and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said, "I have a small team of ladies [care staff] who visit me regularly. I get sent a list of who is calling to see me each week and it's nice to know who is coming". The registered manager told us there were sufficient numbers of staff deployed to meet people's needs safely at this time taking into account staff annual leave and days off.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work for the service. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were systems in place to ensure that accidents and incidents were appropriately recorded and analysed to identify any trends. Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. A staff member described the actions they would take in the event of an incident which showed us that people's safety and wellbeing was at the forefront of the care and support provided. At the time of our inspection there had been no recorded accidents or incidents however the registered manager was able to demonstrate the actions they would take if they were required to do so.

The registered manager had arrangements in place to manage and monitor infection control practices. Personal Protective Equipment (PPE) were available for staff to use as needed. The registered manager assessed staff competencies in this area during shadow shifts and on-going daily practice. Infection control refresher training had been undertaken the week before our visit.

Good

Is the service effective?

Our findings

People were complimentary about staff who provided their care and support. They told us they felt they were well trained and competent in their work. One person told us, "Oh yes they are very good at their jobs. They really are switched on and know how I like to be cared for". Another person told us, "I am very happy with them. They are a good cheery bunch. I look forward to them coming". A relative had recently written to the provider and said, "The Carers employed are not only very carefully chosen but are given both support and continuing information and training when indicated. The ethos of Lapis Care is very much holistic in attitude. When a person is being looked after it is not just their immediate physical problem that is taken into consideration. Each one is cared for and understood as a real adult, with likes and dislikes".

The provider assured themselves they could meet people's needs before they agreed to provide their care and support. The registered manager or director of care completed a pre-assessment of people's care and support needs, including their physical, mental and social needs. This gave them confidence they had staff with the necessary skills and experience to support people effectively as soon as they started using the service.

Initial assessments by the provider informed people's care plans and people and relatives told us their views and wishes were respected. People and relatives told us care staff knew what care and support they needed to meet their needs and maintain their welfare. People confirmed they were involved in the assessment process. One relative told us they were involved because, "[Relative] can't hear very well". They told us they had received poor experiences from other care agencies, but were impressed with Lapis Domiciliary Care. They added, "We are really pleased with this company. They seem to have got it 'right' in so many ways. Such a difference in what we have experienced in the past with the 'other lot'. The staff are very good and we are very happy".

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. At the time of our inspection all people receiving care and support had capacity to make their own decisions. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests if a person was assessed as lacking capacity. Staff were able to demonstrate their understanding of the five principles of the MCA and how they would ensure people's rights would be protected and best interest's decisions were as least restrictive as possible.

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene and medicines management.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control and safeguarding. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings annual appraisals and spot checks. One member of staff told us, "Yes we have them regularly. They are purposeful and I enjoy having the opportunity to discuss how I am doing". Supervision meetings are processes which offer support, assurances and learning to help staff development. Another member of staff added, "I am in the office every week and regularly talk to [name of registered manager]. She is very supportive and as well as talking about clients, work and training we regularly discuss personal issues if I have any. They care for me as much as they care for our clients and I feel very valued".

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They [care workers] always encourage me to do what I can for myself even if it's with their support. They will always ask me before they do anything". A relative told us, "They always start having a general chat and putting [name] at ease by asking how they are and how they can help them today". A member of staff told us, "We know are people very well but I would never assume consent. People can change sometimes so I always ask before I do anything".

Most of the people we spoke with did not require support with food preparation or eating however staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

People's health care appointments were generally facilitated by their relatives. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP, district nurse or other healthcare professional as appropriate.

Good

Is the service caring?

Our findings

People and their relatives, told us they were happy with the staff that provided people's care. One person told us, "Extremely happy with the care I get. They [staff] are all very caring and pleasant. I look forward to seeing them". A relative told us, "The carers are professional, compassionate and extremely caring. They are polite and helpful and nothing is too much trouble". A staff member told us, "We are caring. I think we provide a very good service". Another staff member said, "We have plenty of time to meet people's needs in a caring way. You can't care for people properly if you are rushing".

People received their care and support from a consistent team of staff which enabled them to build up positive relationships. Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One member of staff told us, "Mostly I visit the same people on a regular basis. This can really help us and them in building a good trusting relationship".

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. Care plans we looked at showed that people had been involved in planning their own care. Care plans were updated when people's needs changed. One person told us, "They [care staff] are polite and totally respectful. They always encourage me to do as much as possible myself".

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering people whilst providing personal care. One person told us, "They are very respectful; they know how to help me".

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "I like to care for people the way I would want to be cared for. I think if you work to that you can't go wrong really".

The provider had recently introduced a 'Bob the Builder Can we fix it' initiative for people receiving care. Its aims were to fulfil peoples 'dreams'. People were asked what they would like to do and the provider would then try to arrange it. For example, the provider arranged for one person to be supported to visit the Bournemouth International Centre to see Daniel O'Donnell perform recently. The provider arranged the transport and supplied a member of staff to support the person to attend the event. Before the event the registered manager contacted the singer's manager and arranged for the person to 'meet' him in person. The registered manager told us, "It was a great occasion and one that we hope to repeat for other people in the future. The sheer joy on [persons] face was wonderful to see. She really was a happy bunny".

We saw letters of thanks and written extracts of care provided and the common theme was that the service worked hard to provide support that was personalised to each person. Comments included, 'Managers are approachable and friendly. Carers are well trained, and experienced kind and helpful', 'Your secret is that you treat each person as an individual', 'The carers that visit Mum are always happy and caring, she now thinks of them as her friends. The carers and office always keep me up to date by contacting me with any problems between my visits to Mum' and 'You had a great part in my recovery'.

Good

Is the service responsive?

Our findings

The service used an electronic care planning system, people were also provided with a paper copy of their care plan which was kept in their homes. The registered manager told us that the system in place allowed any changes to people's condition or needs could be amended immediately. The registered manager told us and records we reviewed evidenced how the service responded to short term changes in people's needs, such as if they had an illness. This included amending their care plans including guidance for care staff on how the needs had changed and how they were to provide care for people. Care workers accessed the records on the secure electronic system which allowed them to check any changes prior to their visits. Care staff also used a secure social media phone application to share important information during their working day. One member of staff told us, "It's really good for us to be able to share information this way. It really helps us to have continuity in the care we provide".

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People's care plans detailed the level of care and support people required. The registered manager told us that all staff were completely conversant with people's needs before they started to provide people's care and support and people who were receiving care and support had the capacity to communicate their needs. The registered manager told us that the ethos of Lapis Care was to provide people with consistent person centred care.

The provider PIR stated, 'Our staff have worked extensively with what was once a challenging client who had had seven previous care providers. By building up the relationship and rapport with the client we have succeeded in increasing their independence, decreasing social isolation and achieving a reduction in their necessary care. We are their longest care provider to date [19 months]'. As part of our inspection we visited the person who told us, "They [Lapis Care] have worked really hard to help me. They helped me to get a motorised scooter which means I can now get out and even helped me when I moved home. They have supported me in all this and given me a new lease of life". The service had also sourced assistive technology to help the husband of one person the service supported who lived with dementia. The husband had difficulty in remembering to remind her to take prescribed medication but they wanted to retain their independence. The director of care told us, "We researched and sourced an appropriate memory aid alarm which we personalised with an edited video and alarm to prompt medication and follow specific instructions for administration. It has worked extremely well and whilst we continue to check that medicine has been taken the incidence of it not being taken have reduced dramatically".

At the time of our inspection people understood the information they needed regarding all aspects of their care and support and did not require information to be in specific format. For example, large print, pictorial or picture exchange cards (PECS). However the service had policies, procedures and systems in to ensure that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory

loss can access and understand information they are given.

The provider kept a complaints and compliments record. The registered manager told us and we saw that there had been no complaints since the service started. Everybody we spoke with said they had never needed to complain. People were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One person said, "I've never had to complain, but if I did need to I would pick up the phone and talk to the office".

Good

Is the service well-led?

Our findings

The registered manager and director of care demonstrated an in-depth knowledge of the staff they employed and people receiving care. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff members told us that the management team was approachable and that they could talk to them at any time.
The management team had clear visions and values to deliver a service that they would be happy for their family and loved ones to receive. These values were also shared by staff we spoke with. The registered manager told us, "We aim to support people to maintain their independence and lifestyle by providing the highest quality of care. To achieve this we will provide high quality, flexible, person centred care and support that helped people maintain independence whilst living safely in their own homes".

People spoke positively about the care staff and the management team. For example, "They are very approachable" and "If I have a problem I call them and they deal with it." People and relatives told us the registered manager contacted them throughout the year to check they were happy with the service. One person told us, "I get regular calls and visits from the managers. They like to know that I am happy with my care and how they can make it even better. They even ask me if I have any complaints ….but I don't have".

Staff told us that they were proud to work for the service. One staff member said, "I am enjoying working here, they [registered manager and director of care] have a good vision, and high values and expectations. You can only provide a good service if you have good care staff and we have a very good team". Another staff member said, "I think the service is well managed. I can honestly say I have never worked in a happier and caring environment. The management not only care about the clients they also care about their staff. We all try are hardest to make sure the clients receive the best care possible and generally care about every client. The management really do make their staff feel appreciated".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff told us they were confident to report any concerns about poor practice. They told us they would report any concerns to the management and were confident appropriate action would be taken. If they felt action had not been taken, staff knew how and who to share their concerns with, for example CQC or the local authority.

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people they supported and share any concerns they might have. Records of staff meetings showed the registered manager ensured staff were kept up to date and that learning which could improve the service was shared. The registered manager's approach to people raising a concern was, "We operate a no blame culture. When errors have occurred we have used them as an opportunity to establish cause and how they can shape and change our current and future practice so such incidences do not reoccur".

Since the last inspection the registered manager had implemented a computerised system for supporting the service. This system scheduled and allocated calls to care staff via their mobile phone. The registered

manager monitored this system throughout the day as the system alerted them if care staff had not arrived around the time expected for their calls. When alerted office staff contacted the care staff and if they were delayed, they notified the person that their call was delayed and why.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were in care calls, checks on care records to confirm they were accurately completed and reflected the care that people needed and had been provided with and routine checks with people who received care to confirm their continued satisfaction. We viewed responses from quality assurance questionnaires completed by people who used the service. We noted that all responses had been positive and complimentary about the service provided.

The service produced a quarterly newsletter for both people receiving care and staff. We looked at the newsletters from the past 12 months which included staff movements, staff successes and training. The provider made people using the service aware of schemes aimed at keeping them safe. For example, newsletters contained information about free home fire safety visits arranged by the local fire and rescue service. The registered manager and company director were also regular contributors to a local free bi-monthly community magazine where they offered for example advice on reducing social isolation, encouraging 'good neighbours' to look out for vulnerable people at risk and what you might need in a first aid kit. It also encouraged people to become 'Dementia Friends' and sign-posted people to a local carers group and the Alzheimer's society for further advice and guidance.

The registered manager celebrated care staff and the services achievements on a 'Success Wall' in the office. The success wall was aligned to the Care Quality Commissions, (CQC) Key Line of Enquiries (KLOE's). When the staff or service had 'gone the extra mile' these were highlighted. For example, 'Photo's printed to complete memory book for [person], 'Additional care needs identified by [member of staffs name] to reduce social isolation for [person]. A call to the local authority has secured additional funding for two extra hours a week social support' and 'Alerting the police when it was suspected that [person] was at risk from 'rogue traders'.

There was a business continuity plan. This informed the staff what to do if an emergency happened that could disrupt the service or cause danger to someone who used the service or staff. This included severe weather, absence of key personnel, and computer failure.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.