

Laurel Homecare Limited

Laurel Homecare Ltd

Inspection report

29 and 29A Cedar Lodge
Martock Business Park, Great Western Road
Martock
TA12 6HB

Tel: 07711511928

Website: www.laurelhomecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Laurel Homecare Ltd is a domiciliary care provider. It provides care and support to people living in their own homes. At the time of the inspection they were providing a personal care service to 36 people.

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

At our last focused inspection, the providers procedures for assessing the risks to people's health and safety were not sufficiently robust. At this inspection improvements were still required.

The registered manager did not always have sufficient oversight of the service through their system of checks and audits. These systems were not robust enough because they had not identified and resolved the concerns we found. Systems had either not been set up correctly or staff needed more training to operate them effectively.

Risks to people had not always been kept under review. Written guidance for staff on the management of risks to people were not clear or up to date. People's medicines were not always safely managed.

We have made a recommendation about the management of some medicines.

The provider followed safe recruitment processes to help ensure staff had appropriate background checks before starting employment. Staff received a suitable induction with ongoing training and support on how to meet people's needs.

People were supported to maintain their health and staff understood people's healthcare needs. People received food and drink of their choice.

People told us staff were kind, friendly and caring, however they told us that they did not know what or when care workers would be arriving to support them.

Staff received training in safeguarding people. They knew that they needed to report any suspected abuse and/or discrimination.

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

Rating at last inspection

The last rating for this service was requires improvement (published 01 March 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The provider has taken action to mitigate the risks, but more time is needed to embed the improvements.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. Please see the safe and well led key sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laurel Homecare Ltd on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Laurel Homecare Ltd

Detailed findings

Background to this 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

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

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection-

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with the provider/registered manager, deputy manager, three senior care workers.

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

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three care workers by telephone and one relative. We received information via email from two professionals and one relative.

Is the service safe?

Our findings

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

At the last focused inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection we found that risk assessments needed some improvement. At this inspection we found that improvements were still required.
- Care workers we spoke with were aware they needed to report concerns relating to people's health and safety to the management team, however we found that concerns were not always fed back in a timely manner which placed people at risk.
- One person's care record identified that the person was at risk of urinary infections (UTI). The care plan identified a risk to their health if their urine was discoloured. Although the care worker reported on the electronic care system that the person was unwell, and their urine was not of a normal colour they recorded, 'they would review the next day'. No further action had been taken. This meant there was a risk that the person may have a delay in receiving the appropriate medical support. We discussed our concern with the registered manager, they agreed the care worker should have ensured the risk was reported with immediate effect.
- Risk assessments were in place to identify people who needed further support and help to keep them safe from harm, however they lacked detail and guidance for staff to take the appropriate action to keep them safe. We reviewed four care plans, the information in regarding risks needed to be more specific to the action that needed to be taken to reduce risks. People informed us they were not always assured that they would be safe and sometimes did not feel their risks were being effectively managed.
- A care worker reported on the electronic care system, there was a risk to a person using the service. They reported that the shower floor was wet and dangerous, and needed to be checked after every shower'. There was no further action taken to mitigate the risk. The registered manager informed us, "We were not using the system to its full potential, I was not alerted. I have now set up an email to be alerted to any risks, these will come through to me each day".

Using medicines safely

- At our last focused inspection people did not always receive their medicines safely. We found at this inspection improvements were still required in supporting people with their medicines.
- Systems were not clear in regards medicine administration. Where people required medicines to be taken at regular intervals, visits did not always support this. We reviewed four medicine records that showed people had refused their medicines because the call was too early or late.
- Systems were in place to review people's medicines when they returned from hospital, however people returning from hospital did not always have their medicine reviewed in a timely manner.

- We received concerns from one person's relative, that medicines had not been reviewed and given correctly. We found the medicines had been changed on discharge from hospital and had not been reviewed, which meant the person had been receiving the wrong dose of medicine. We discussed this with the registered manager, who took immediate effect to ensure the correct medicines were given.

We recommend the provider consider current guidance on supporting people with their prescribed medication and takes action to update their practice accordingly.

- There was a policy and procedure for the administration of medicines. Records showed that staff had received training on the safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care and support from care workers. One person said, "The carers make me feel safe as they check that I am up to speed with everything, check that all is okay and that I am managing alright".
- Staff were able to demonstrate they knew what action to take if they needed to raise a safeguarding alert.

Staffing and recruitment

- Staff records showed recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from working with vulnerable adults.
- There were sufficient staff to support people safely, and people received care from staff who knew them well.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection prevention and control practices.
- The registered manager made sure staff had access to personal protective equipment such as disposable gloves and aprons, and staff used these appropriately. The registered manager informed us they had provided staff with small bags to carry spare gloves and aprons in a hygienic manner. One relative confirmed, "The carers are very particular about wearing aprons, masks and gloves and always put them on before they enter my home".
- The registered manager confirmed staff were supported to complete regular COVID-19 tests and to access vaccination services.

Learning lessons when things go wrong

- People benefited from a registered manager and staff team who were open and approachable. They appreciated that at times things did not go right and used these situations to learn and improve. For example, in response to a medication error, information in regards the error was shared to all staff to prevent the error happening again.
- At our last inspection the registered manager did not complete formal monitoring of their out of hours service. At this inspection improvements had been made and out of hours calls were monitored and reviewed to mitigate risks.

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 rating for this key question. 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

- The registered manager or senior staff team carried out assessments of people's needs before agreeing to provide their care. These assessments were then transferred to the electronic care recording system. The assessments detailed the support people required to maintain their health and wellbeing whilst respecting their preferences and beliefs.
- The registered manager or senior team used the assessments to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

- Staff were supported with the appropriate training and supervision needed to carry out their roles. People told us they had confidence in staff's skills and knowledge.
- Newly employed staff received an induction which included training and shadowing more experienced colleagues. Staff said they felt well supported and were confident they provided good quality care to people. One person told us, "The care is good, and the managers seem to choose the right staff, they pick well and train staff well".
- Since the last inspection a new senior staff structure at the service had been implemented. Each senior held lead responsibilities. The senior staff were still training in their lead roles at the time of our inspection. When their training was complete, they were planning to train and support care workers. One new senior care worker informed us, "I am really looking forward to training staff, I am currently looking at different training methods and setting up a training schedule".

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

- People's nutritional needs were assessed and any support they needed was detailed in their care plans. There were mixed comments in regards people's experience of support with their meals. One person told us, "If my afternoon call is early, the carers will cook my meal and leave it on the side for me. I am often not hungry at that time and will either leave the meal or eat it later when it is cold". Another said, "The carers prepare my breakfast for me. If I have porridge, they will ask me what I would like to have on top of it".

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

- Where people needed support and guidance from other health professionals they were supported to do so. One health professional told us; "I have good links with the deputy manager. He will meet me at the service users' home, and I know I will get a response if I contact them. They Keep me in the loop when

needed".

- Where appropriate staff acted as advocates for people in their relationships with other health services when this was required.

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.

- Mental capacity assessments were carried out to determine whether the person had capacity to make decisions related to their care.
- Staff had completed training about the MCA and understood the importance of ensuring people made choices about their day to day lives.

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 rating for this key question. 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.

Respecting and promoting people's privacy, dignity and independence

- There were mixed views in regards to people's independence being supported. People told us they did not know what time their care worker would visit, and they did not have access to a rota, which stopped them doing the things they wished. For example, one person told us, "I don't receive a rota telling me which staff are coming, I never know. I would like to know, but I think the office juggle it up until the last minute". A relative told us, "I have asked that the morning carer comes at 8am, which is working well. The evening call can be a bit hit and miss and I then have to get on with (loved one) myself".
- Staff were able to discuss how they promoted people's privacy, dignity and independence. They shared examples of ensuring doors were closed before they left, getting people to do as much as possible for themselves. One person told us they felt very respected by care workers. They told us, "One time I had a fall and couldn't get up but managed to call an ambulance. The carer arrived while I was waiting and stayed with me, checking that I was okay, until the ambulance arrived".

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had built up positive and caring relationships with people they supported. People told us they felt supported by care workers. Comments included, "We look forward to our carer coming, she is so friendly and like a ray of sunshine". "The carers are really nice people, every one of them. They have such a great attitude which you can see as soon as they walk through the door".
- The registered manager shared examples of their team supporting people to have their hair done, shopping and visits to places of interest. They told us, "There are a group of staff here that go above and beyond, kind and caring. I have a reliable team; we value their support".
- One person told us, "I can talk to the carers, chat to them. I was recently bereaved and was out when the carer called, she left a note, but made the effort to return later. She did not have to do that, but said she came back because she knew that I would be upset. That was so kind of her".

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

- Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people. One member of staff told us, "I love my job and supporting people, we have great relationships. I think the things we could do better, is to be able to let people know who is coming to see them next. It really is important and it difficult when we can't tell them as we don't know either".

Is the service responsive?

Our findings

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

This is the first rating for this key question. 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

- The registered manager used an electronic care plan system, which was linked to staff handheld devices. Staff relied on their hand-held devices to inform them of the care and support people required.
- People and their family members told us care workers recorded their support on their hand-held devices. One person said, "Previously I used to be able to look at my care plan, but now it is all stored on the carers' phones. They write things up on their phones which mean I can't read what they write, and I worry that there may be inaccuracies written about me".
- People and their families were involved in developing their care plans. Their care and support needs were identified including specialist needs in accordance with their faith, gender and disability.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff appeared to know how to best communicate with the people they supported. This included conversation in the language preferred by people and paying attention to the body language, and changes in behaviour that could indicate people needed extra support.
- One staff member was able to demonstrate how they responded to people who needed extra support to remain calm, they told us, "I know what to do to calm situations down, I would ask if I was not sure". Another member of staff was able to use sign language with people who needed additional support with their communication.

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

- People looked forward to staff visiting and said they enjoyed their company, which helped to avoid social isolation. The registered manager informed us they were ensuring that people had support outside their purchased care. They told us, "We have purchased a car that has enabled us to take people to hospital appointment, or out on trips. We have also supported people with transport to get their COVID -19 vaccinations".

Improving care quality in response to complaints or concerns

- There was a complaints process in place and the registered manager was able to demonstrate when complaints were received, they acted in line with their complaints policy. One relative told us, "I have not

had to contact the office and have never had to complain. I would certainly contact them if I needed to and tell them if things were not right".

- One senior member of staff explained how they sought feedback from people using the service, including any complaints. They told us they planned to improve this by completing face to face visits once the restrictions related to the pandemic had reduced.

End of life care and support

- The service was not providing end of life care at the time of our visit.

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.

At the last focused inspection this key question was rated as requires improvement at this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure their auditing systems were robust enough to assess and improve the quality and safety of the services provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the provider had made some improvements. However, some further improvement was needed with regards to audits and record keeping. This meant they continued to be in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection the registered manager had not fully established formal quality assurance systems or processes to enable them to assess, monitor and drive improvement in the quality and safety of people's care. At this inspection some improvement had been made, however further improvements were required.
- The registered manager relied on an electronic care system, however this system had either not been set up correctly or staff needed more training to operate it effectively.
- On the first day of the inspection we found information in regards people's care and support needs had not been stored on the electronic system. This meant there was a risk that people may not receive the care and support required as systems had not been regularly reviewed and risks had not always been identified and managed.
- On the second day of the inspection the registered manager informed us there had been an error on submitting the information on the electronic care system. They advised they would review all care plans to ensure the information was complete and up to date.
- At our last inspection audits on the electronic care system had not ensured information was up to date or complete. During this inspection we saw the service had completed audits in areas such as, medicine, care plans, accident and incidents. However, some of these were not comprehensive and had not identified the issues we found during this inspection. For example, the auditing of the electronic care records had not identified that information recorded had not been saved.
- Medicine audits completed had only been established since April 2021. We reviewed the April and May 2021 audits. These audits identified a number of missed medicines, or medicine errors.

The audits were handwritten and difficult to read. The registered manager had signed both audits with actions to take. For example, one action in the April 2021 audit was to ensure call times were reviewed and standardised for one person. At this inspection this action had not been completed. One relative informed us their loved one's medicines were 'time sensitive' on a 12-hour cycle. They informed us the irregular visits had an impact on their relative's health. The registered manager informed us, "We are aware there are medicines being missed so we have made the decision to retrain all staff in medicine at the end of the month".

Systems to assess, monitor and improve the quality and safety of the service were either not in place or robust enough. This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Since our last inspection the registered manager had restructured the service and had a senior staff team in position that were in training to take on lead roles. Although we recognise that improvements were being made at the service, more time was needed to ensure the improvements were embedded.
- The registered manager told us, "We have worked hard following the last inspection, and made many changes. I admit we don't like the way we are currently doing the rota; I am aware the scheduling of visits needs to change. I have a new care coordinator; they are working hard to ensure that every client is aware of who is coming to support them and the time of the visit."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, people using the service, and relatives said they felt the service was well managed. One relative told us, "The office contacted me a little while back to ask my views, they were asking about the positives and negatives. I told them that I never know when the carers are coming, and they told me that they are taking steps to resolve that".
- Weekly senior care team meetings had commenced with plans to re-introduce staff meetings following the pandemic. Staff told us they enjoyed working at the service and felt supported by the registered manager and deputy manager.

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 understood and acted upon their duty of candour responsibilities, by promoting a culture of openness and honesty. They also understood their obligation to inform the Care Quality Commission about significant events within their service using the appropriate notifications.

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

- People were asked to share their views about the service informally and formally and felt encouraged to do so. The registered manager, deputy manager and members of the senior team all completed visits to people using the service.
- The service had received numerous compliments from people and their family in regards the support they received. One person said, "The owner/manager is very good, they come out and cover for our carer if she is unable to come. We have a chat when they visit, and they ask me how things are, and if I would like anymore care".

Continuous learning and improving care; Working in partnership with others

- 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 community nurses, GPs, social workers, occupational therapists and people and their relatives.

- The staff had close links with external agencies and the staff team worked in partnership with health care professionals to support people's health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective systems to assess, monitor and improve the quality and safety of the service