

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](http://www.laurelhomecare.co.uk)

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Requires Improvement**



Is the service well-led?

**Requires Improvement**



# Summary of findings

## Overall summary

### About the service

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 42 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. Where they do, we also consider any wider social care provided.

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

People, their relatives, staff and community professionals spoke positively about their working relationships with the provider. They found the provider open, approachable and supportive. Staff were enthusiastic in their work and felt valued by the provider. Any lessons learnt were used as opportunity to improve the quality of the service.

People and relatives gave us positive feedback about the service and said they received a service they could rely on. However, we identified areas needing improvement in safety and quality monitoring.

The service did not have effective systems in place to monitor quality and safety. 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.

An out of hours service was provided to give staff and people who used the service guidance and support when the office was closed. However, there was no formal monitoring of follow up calls or data to analysis any trends or mitigation of risk.

Staffing levels were sufficient to allow staff to support people safely, people were supported by a small team of staff they knew well and trusted.

Assessments were carried out prior to people joining the service to ensure their needs could be met. People were supported to maintain good health and access to a range of healthcare services where needed.

Staff understood how to recognise and report potential abuse involving people who used the service. Steps had been taken to protect people, staff and others from the risk of infections. Staff knew how to report accidents and incidents.

We identified a breach of regulation regarding the effectiveness of the services quality assurance processes.

### Rating at last inspection

This service was registered with us on 06 September 2019 and this is the first inspection.

#### Why we inspected

This was a focused risk based inspection.

We have identified a breach in relation to effective governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

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## 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 Care Act 2014.

#### Inspection team

One inspector visited the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people using the 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. The registered manager was also the provider of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice of the inspection because we wanted to gather as much information before the site visit as possible. This enabled us to minimise the time spent on-site to ensure the safety of people, staff and the inspector in light of the COVID-19 pandemic.

Inspection activity started on 21 January 2021, when we visited the office location. We continued the inspection when we spoke to people on the phone on 25 January 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

In preparation for the inspection, we reviewed all the information we held about the service and statutory notifications. A notification is information about important events which the service is required to send us by law. Due to the COVID -19 pandemic we requested a range of documents following the inspection such as policies, procedures, information about staff training and quality monitoring information. We also undertook virtual meetings with the registered manager to minimise the time spent at the office. We used all this information in regards our inspection.

During the inspection

We spoke with four staff members at our site visit. Following the site visit we spoke with five people who use the service, six relatives, a health care assistant and a health care professional by telephone to seek their feedback. We reviewed a range of records which included two people's care plans two medicine records, recruitment records, staff supervision and observation records as well as competency checks policy and procedures.

# Is the service safe?

## Our findings

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

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

- The providers procedures for assessing the risks to people's health and safety were not sufficiently robust. Risk assessments had not been completed or kept up to date in relations to risk associated with people's current care needs. For example, one person had a specific hazard, whilst this had been recognised there were no plans in place to support staff to know what action to take in the event of an emergency.
- The provider operated an out of hours service to give staff and people who used the service guidance and support when the office was closed. However, there was no formal monitoring of follow up calls or evidence of actions taken to mitigate risks identified. This meant concerns raised might not be followed up. Following our inspection new systems were put in place to ensure all calls to the out of hours service were monitored.
- Despite the lack of risk management plans, staff understood the current risks to people and their role in managing these. Staff told us they were kept up to date by the management team through regular texts and telephone calls.

### Using medicines safely

- People did not always receive their medicines as prescribed. For example, one person's records informed us that staff were administering the person's medicines earlier than prescribed. The registered manager had not linked with the prescriber to ensure that it was safe to give the medicines at a different time.
- The registered manager took action to make sure that medication errors were not repeated which minimised further risks to people.
- The provider had introduced an electronic care plan and monitoring system which care staff operated from a smart phone. If people needed support with medicines this was listed as a task which had to be completed.

### Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to minimise the risk of abuse and harm. People told us they felt safe with the staff who supported them. One person said, "Yes, we feel very safe – we're told that all the carers have had their Covid injections now".
- Safeguarding issues were investigated with referrals made to the appropriate authorities.
- Staff had completed safeguarding training and told us they would be confident to raise any concerns with the provider.

### Staffing and recruitment

- The service had sufficient staff to make sure people received their care and support from care staff they knew and trusted. One member of staff told us, "Everyone is working very hard and we are trying to do the best we can. It is a privilege to go see people that are not seeing anyone else, it is not just a tick box."
- People and relatives said the service was reliable, staff arrived at the agreed time and stayed for the full visit. A person said, "They stay their allocated time." A relative told us, "I think the service is very good- [relative] has got to know the carers well, and the carers know her well as well".
- Risks to people were minimised because the provider had a robust recruitment procedure which made sure all new staff were thoroughly checked and vetted before starting work.
- A probation period was followed to check new staff had the right skills and attitudes, as part of the recruitment process.
- Contingency plans were in place to replace staff who were sick or self- isolating.

#### Preventing and controlling infection

- The risks of the spread of infection were minimised because staff received training in how to reduce risks of infection. Staff had received additional training regarding Covid-19 and were kept up to date with all government guidelines about how to work safely during the pandemic. Staff were also taking part in regular testing for Covid-19.
- The provider made sure staff had access to personal protective equipment such as disposable facemasks, visors, gloves, aprons and alcohol gel.
- People and families confirmed that staff washed their hands, used face masks at all times and wore personal protective equipment such as aprons and gloves for personal care.

#### Learning lessons when things go wrong

- The provider and staff team learnt from mistakes and treated them as an opportunity to make improvements. For example following concerns raised from the ambulance service they could not find information on people easily, emergency details sheet were put in place for all people.
- Records showed that where complaints had been made these were always taken seriously and action was taken to improve the service offered to people. One health professional told us, "They work closely with us, there was a medicine error they worked closely with the GP and safeguarding team to ensure the mistake was investigated and lessons were learnt".

# 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 requires improvement.

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.

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

- The service did not always have effective systems in place to monitor quality and safety. 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.
- Reviews had been carried out on people's care plans; however, the care records were not up to date and complete. The registered manager had not monitored records for, risks and the out of hours support service. As a result, they were unable to confirm there were any patterns of risk or any improvements that could be made, so patterns could be identified, and improvements made. This included reviews on risk, and changes to medicines.
- People were asked to complete a client questionnaire, we were shown seven completed questionnaires, six had been completed by staff on behalf of the person. There were no follow up checks to ensure the information shared was a true reflection on how the person felt or action taken following the feedback.
- We brought the above issues to the attention of the registered manager who developed an action plan to show how they planned to make improvements. We will look at these improvements at our next inspections.

This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the quality and safety of the service were either not in place or robust enough.

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 their responsibility regarding the duty of candour. They were open and honest and took responsibility when things went wrong, for example they took immediate action following this inspection to ensure systems were more robust.
- There was an open culture at the service, and the registered manager demonstrated a good knowledge of people's needs and the needs of the staffing team. Staff were encouraged to report all accidents, incidents and near misses and to be open and honest if something went wrong.

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

- The registered manager and staff worked well as a team, there was a clear management structure at the service. Staff were aware of the roles of the registered manager, office staff and management team.
- Staff told us the directors of the service were approachable and described the leadership at the service as positive. One member of staff told us, "I am confident in the management of the service, whenever you need anything, they address it".
- People and their relatives commented positively about staff and the provider. Comments included, "This is an awesome, brilliant, excellent agency – they are really good for me – better than previous agencies I've been with." "They are a most efficient agency". "They've really brought me back from a dark place and are now a big part of my life".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Senior staff completed regular spot check visits, observing staff and speaking with people using the service.
- Staff had an opportunity to share their views about the service, through informal team meetings and regular supervision sessions.
- People and their relatives told us they knew how to complain and were confident their complaints would be addressed.
- The registered manager was open and approachable. They were honest about shortfalls, or when things had gone wrong. They met with people to discuss concerns and offered apologies where needed.
- The registered manager saw mistakes and feedback as an opportunity to learn and make improvements.

Working in partnership with others

- The registered manager had worked in partnership with a range of professionals and acted on their advice. For example, they worked with commissioners, GP, and district nursing. This ensured received joined up care.
- The registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

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.