

Lauriem Complete Care Limited

Lauriem Complete Care Limited - Ditton

Inspection report

Suite B - Cobdown House
London Road, Ditton
Aylesford
Kent
ME20 6DQ

Tel: 01622716780
Website: www.lauriem.co.uk

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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: Lauriem Complete Care Limited – Ditton is registered as a domiciliary care agency, providing personal care to people in their own homes in the community. They provide services to any people who need care and support. The agency provides care services to people living in Kent. There were 290 people receiving support to meet their personal care needs on the days we inspected.

People's experience of using this service:

- Some people told us the organisation went the extra mile to respond to their needs and the needs of their loved ones.
- An occupational therapist told us that the care staff often went above and beyond their role to promote positive outcomes for people.
- The staff were led by a management team that showed a commitment to continuous improvement and development of the service people received.
- Feedback was actively sought and used to improve the quality of the service people received.
- People received an individualised service that responded to the needs of people and their loved ones.
- People were provided with consistency and continuity of care; with staff that knew them well.
- People felt safe with the staff and confident that any concerns they raised would be dealt with appropriately.
- Potential risks posed to people and others had been assessed and mitigated.
- The management team used identified shortfalls to learn lessons and make improvements. The recording system for supporting people with their medicines had been improved.
- People received their medicines safely from staff that were trained and competency assessed.
- Staff were supported in their role and received continuous training and development to meet people's needs.
- People's consent was actively sought prior to any care or support tasks.
- Staff were kind, caring and patient with people. Information about people's personal histories, likes and dislikes had been recorded within their care records.
- Staff worked jointly with health care professionals to promote people's health and nutrition.
- Regular audits were used to monitor and improve the quality of the service people received.

The agency continued to meet the characteristics of Good.

Rating at last inspection: Good (Report published 27 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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

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 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 well-led

Details are in our Well-Led findings below.

Good ●

Lauriem Complete Care Limited - Ditton

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors, an assistant inspector and an expert by experience (ExE) making telephone calls to people. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, older people and dementia care.

Service and service type:

Lauriem Complete Care Limited – Ditton is a domiciliary care agency. It provides personal care to people living in their own homes.

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 4 days' notice of the inspection site visit because consent needed to be sought for telephone calls and home visits.

Inspection site visit activity started on 28 March 2019 and ended on 29 March 2019. We visited the office location on 28 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about what the service does well and the improvements they plan to make. We used this information to plan our inspection.

During inspection we looked at the following:

- The care records of nine people.
- We spoke to 12 people using the agency and one relative.
- We visited three people in their own home and observed the care staff during the call.
- We spoke five members of care staff, the nominated individual who also has a legal responsibility, the registered manager and the quality officer.
- Records of accidents, incidents and complaints.
- Audits and quality assurance reports.
- Five staff recruitment files.
- Staff supervision and training records.
- Annual surveys.
- Staff rotas including missed and late calls information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe with the staff and felt confident the staff knew how to meet their needs. Comments included, "I feel very safe with [name], it's her attitude, she's kind and asks if I am ok", "Oh yes, I'm 92 and live on my own so I appreciate their calls. I know someone is going to come in the morning and evening" and "Yes, absolutely safe, they're really nice girls, friendly, very through and know exactly what they are doing."
- Staff had been trained and understood their role and responsibility in keeping people safe. Staff felt confident that any concerns they raised with the management team would be taken seriously and acted on.
- Records showed that the registered manager had reported concerns to the local authority safeguarding team. These had been investigated and appropriate action had been taken where required.
- The registered manager used an online system to track any safeguarding concerns that had been raised, which stage they were at and any action that had been taken.

Assessing risk, safety monitoring and management:

- Potential risks posed to people had been mitigated. Staff followed detailed guidance informing them how to support the person safely whilst reducing potential risks. For example, if a person was at risk of falls, staff used the person's equipment to reduce the risk of them falling.
- Records were kept of any equipment people used and how each item should be used. For example, some people used a hoist and sling to be moved whereas other people used a stairlift and walking frame. The management team kept a record of when people's equipment had been serviced to ensure it was in good working order.
- Some people had chosen to take positive risks with support from staff. For example, one person had chosen to use a walker to maintain their independence. The person's risk assessment recorded that staff should walk beside the person to offer support and guidance if needed.
- Staff followed guidance regarding how people's specific health condition affected them and the risks associated with this. For example, one person had a diagnosis of dementia and a risk assessment detailed how this affected the person's ability with everyday tasks such as, personal care and communication.
- Some people's risk assessments detailed the action staff should take if they became anxious or upset. For example, staff should speak in a clear calm voice and follow any specific routines.

Staffing and recruitment:

- There were enough staff to provide people with consistency and continuity of care whilst keeping people safe and meeting their needs.
- Staff continued to be recruited safely following the provider's recruitment process. Staff gave a full employment history, identification checks, references were obtained from previous employers and a

Disclosure and Baring Service (DBS) check. DBS checks identified if applicants had a criminal record or were barred from working with people that needed care and support.

- Each personnel file contained a 'new employee paperwork checklist', this enabled the management team at a glance to see what outstanding documentation was required for newly recruited staff.

Using medicines safely; Learning lessons when things go wrong:

- People told us and records confirmed people received their medicines as prescribed.
- People were encouraged to self-medicate however, if this was not an option a care plan was in place detailing how the person required support with their medicines.
- Staff had been trained and had their competency assessed by a senior member of staff prior to being 'signed off' as competent in the administration of medicines.
- The management team audited people's medication administration records (MAR) on a regular basis. Action had been taken when errors were identified such as, staff had been reassessed for their competency.
- Lessons were learnt and improvements were made when concerns were identified. The registered manager told us the MARs audit had identified a number errors in staff recording they had administered medicines. As a result, the importance of completing MARs had been discussed at team meetings and individually with staff members. One member of staff was removed from any calls involving support with medicines until they were deemed competent.
- Accidents and incidents were monitored and recorded via the online system. The registered manager identified any patterns or trends that had developed and took appropriate action. For example, a new assessment of a person's care needs following an increase in them falling.

Preventing and controlling infection

- People told us staff wore personal protective clothing (PPE) when supporting them such as, gloves and aprons.
- We observed staff using PPE during care calls.
- Staff had been trained and understood the importance of wearing PPE to reduce cross contamination.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed to ensure the agency could meet the person's needs prior to care and support starting.
- People's individual protected characteristics under the Equality Act 2010 were considered during the initial needs assessment, this included people's needs in relation to their religion, culture and communication.

Staff support: induction, training, skills and experience:

- Staff spoke highly of the training they received comments included 'brilliant' and 'great'. One member of staff told us that staff could learn at their own pace and were able to ask any questions to further their knowledge.
- People told us they felt the staff were well trained and knew how to meet their needs. Comments included, "I've more or less had the same carers for a long time, I can't fault them. They sometimes go beyond what they are here to do such as, getting water for the dog", "I've got MS, they've obviously come across this condition before and they're very good with it" and "Definitely very professional. I have an overhead hoist in the bathroom and bedroom and they know how to deal with it."
- Observation showed staff followed people's care plans whilst supporting them with their mobility to transfer or with personal care.
- There was a rolling programme of training courses which included the provider's mandatory training and then specific training to meet people's specialist needs. For example, catheter care and percutaneous endoscopic gastrostomy (PEG). This is when a tube is placed through the abdominal wall when people are unable to maintain their nutrition orally.
- New staff completed a two-week induction that followed national guidance and best practice. New staff worked alongside experienced staff to get to know people and understand the values of the organisation. At the end of the induction new staff receive a 'welfare telephone call' to check whether they feel confident and competent in their role.
- Staff told us and records showed staff received continuous support and guidance from their line manager. Staff received regular supervision, observational assessments and an annual appraisal.

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

- Staff worked alongside healthcare professionals to ensure people remained as healthy as possible. An occupational therapist told us that the staff had worked closely in conjunction with them to increase people's mobility and improve their quality of life.
- People's health needs including their medical history had been recorded within their care plan.

- Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids.
- People told us they had regular carers, that they arrived on time and stayed for the allotted time. Comments included, "I'm impressed by the way they go about their business, they tell me what they've come to do. I'm pleased to see them, they know a great deal about what they need to do", "We talk and have a laugh and a joke but while she gets on with the job" and "I always have a rough idea when they're coming. If something crops up they call and let me know but that is rare."

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

- People told us that staff supported them to maintain a healthy diet. Some people's care package included meal preparation and staff ensured people's nutrition and hydration was maintained.
- Staff received training regarding nutrition and diet so they had the knowledge to support people to eat healthily.
- Staff had supported one person to access a local food bank when they noticed the person did not have enough food.
- Some people required additional support to manage their nutrition with specialist equipment such as a PEG. Guidance was available to inform staff how to maintain their nutrition and hydration.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. At the time of the inspection no-one was subject to an order of the Court of Protection.
- People told us and observation confirmed that staff sought people's consent prior to any care or support tasks. Staff understood the importance of ensuring people remained in control of their lives and offered people as many choices as possible.
- Staff had been trained and understood when people needed additional support to make decisions about their care and best interest meetings were held with people's family and health care professionals to make decisions in the person's best interest.
- People's capacity to consent to care and support had been assessed and recorded. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be supported by a team of kind, caring and compassionate staff.
- People spoke highly of the staff whom they knew well. Comments included, "I get on very well with them, we have a laugh and a joke which is nice. If I want anything they help me", "They're thoughtful, they get to know you and they make sure they always know what is going on with you" and "Definitely, I'm not the best of people to be looking after but we seem to get on very well together."
- Observation showed staff knew people well and were aware of their hobbies and interests. For example, staff knew that one person had seen the beautician for their weekly treatments prior to our visit. People and staff were at ease with each other, laughing, joking and talking about what they had been doing.
- Staff worked with people and their relatives to establish the best ways of communicating with people. People had specific guidance for staff to follow where there may have been anxiety due to a breakdown in communication. For example, one person responded to shorter instructions and a limited number of choices.

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

- People were in control of the care and support they received and made decisions about the support they required. Comments included, "Right from the beginning when they came out and did the assessment, everything is written down in the book", "I told them what I wanted at the very beginning and that is what I get. They are open to any suggestions; they've never said 'no, I can't do it' and "They always ask how I want something done."
- People's views were sought on a regular basis through formal care and support reviews with a member of the management team. If people expressed any concerns about their care and support, these were addressed promptly.

Respecting and promoting people's privacy, dignity and independence:

- People told us that staff protected their privacy and dignity at all times. Comments included, "That was something I had to get used to but they are very good. In an ideal world I wouldn't want anyone helping but they are very mindful of what they are doing" and "The regulars do, even the younger one are good, they do let you have your dignity, they don't embarrass you in any way."
- Observation during the home visits showed staff promoted people's privacy and dignity by closing doors. Staff gave examples of how they achieved this in the care calls such as, covering people up with a towel and closing door and curtains.
- People told us staff encouraged them to be as independent as possible. One person said, "At the beginning they noted that I like to be very independent, it's in the book." A relative told us that staff promoted their loved one's independence; they said, "They supervise him shaving for example, they direct

and guide but leave him to do what he can."

- People's care plans detailed what people could do for themselves and the support that was required from staff. For example, one person's bathing care plan recorded that staff needed to put shower gel onto the flannel however, once this was complete the person could wash themselves with verbal prompts from staff if required.
- An occupational therapist wrote how staff had built up a rapport with a person; provided them with consistency and continuity of care which had led to an increase in their mobility. This person had previously been cared for in bed and was now able to stand and mobilise.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us they felt staff and the organisation 'went the extra mile' to respond to not only their needs but the needs of their loved ones. A relative told us their loved one's health had recently declined and as a result they were unable to take their child to school. They told us that this had impacted on the family financially as they were going into work later after dropping their child off. The relative told us that the provider's offered to pay for their child to attend breakfast club at school; this had stopped the worry of the financial burden from being late to work. They said, "They are extremely supportive, it is a huge weight off my mind. I was very touched that they offered and helped us."
- Another person had a love of animals and had many cats living in their house. Following a fall, this person was admitted to hospital however, it caused anxieties that the animals would not be cared for. Care calls for the cats were put into place to ensure they were looked after, fed and had fresh water. Following a deterioration in the person's health they were unable to go back to their own home and required fulltime care. Staff arranged for the cats to be taken to the person for them to say good bye and they had arranged for the cats to be rehomed at a local cat sanctuary,
- An occupational therapist told us they felt the staff went 'above and beyond their role' to promote positive outcomes for people.
- People continued to receive care that was highly personalised and responsive to their needs. The management team promoted a strong person-centred culture which had been embedded into assessments, care plans and reviews. People's wishes were at the centre of their care and were respected by staff. For example, one person had requested to be encouraged to walk with their aid instead of the wheelchair. Another person's care plan recorded that they required assistance to open jars however, once the jar was opened they were to be encouraged to cook independently.
- People's care plans included information about their personal histories and interests. Observation showed staff talking with people about things that were important to them which had been included in their records.
- There was a commitment from the organisation to invest further in technology to enhance people's experience of the service. Since the last inspection an investment had been made into a bespoke computer system that was able to record documents such as, people's records, communication with relatives and healthcare professionals and quality assurance audits. The registered manager told us the system was continually developing as the management team made further suggestions for improvement.

Improving care quality in response to complaints or concerns:

- Systems were in place to listen and respond to complaints to improve the quality of the service. People told us they knew how to make a complaint or suggest improvements to the service they received.
- A complaints policy and procedure was in place which was available in other accessible versions such as, large print to meet people's needs.

- Records showed that complaints had been investigated by the registered manager and outcome letters had been sent to the complainants.
- The agency had received a high number of compliments from people and relatives thanking individual staff; these were in the form of cards, letters and emails. One card read, 'Thank you all so much for all you do for mum. It is very much appreciated and comforting to you know you are a phone call away and always helpful.' Another read, 'Thank you very much for the wonderful care you gave my mother [name]. Everybody from the office staff to the lovely carers were always most kind, helpful and caring.'

End of life care and support:

- People were supported to have a comfortable, dignified and pain free death. People and their relatives were involved in the planning of their care plan and made decisions about the care and support they received.
- Staff received training in palliative care and had worked alongside the Ellenor nursing team to provide care to people at the end of their life.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they felt the agency was well managed. Comments from people included, "I've had care from other companies and some of them have too many people coming and going, with this one it's the same girls; you always know which girls you are going to have in the week" and "Yes well managed, that is I think I'm very pleased about the way they write everything down and let me know how things are going."
- The agency was consistently managed and well-led by an experienced registered manager and nominated individual. The management team had worked together for many years and had a shared vision for the agency and mentored staff encouraging and empowering them to develop in their role.
- Staff told us they enjoyed their role and felt proud to work for the organisation. One member of staff said, "The management team are very supportive. It's a great company to work for." Staff understand their role and responsibility as this had been outlined in their job description, contract of employment and the staff handbook.
- The registered manager had notified the Care Quality Commission (CQC) of important events as required.
- The registered manager and nominated individual continued to have knowledge and understanding of their regulatory responsibilities.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the agency can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board within the registered office and the provider had displayed the agencies rating on their website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care:

- Staff told us they felt there was an open culture where they could approach any member of the management team with ideas or concerns.
- The management team were committed to the continuous improvement of the agency and had planned for further improvements, investing further in the use of technology.
- The organisation employed a 'quality officer' whose role included working alongside the registered manager to complete regular audits to monitor quality. There were a range of regular audits which included, care records, MARs, daily visit books and training. Action had been taken when shortfalls were identified such as, additional training for staff or extensions to probation periods.
- The registered manager and senior management team understood their duty of candour responsibility,

taking responsibility and being honest when things go wrong.

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

- Annual surveys continued to be sent out to people and their relatives. The last survey had been completed in September 2018, the results had been collated and an improvement plan had been developed.
- People fed back they were happy with the service they received however, not everyone knew how to make a compliment or complaint. As a result, people were written to informing them how to make a complaint and contact the office for any other comments or suggestions.
- Staff were given the opportunity to provide feedback about their job role and the organisation at team meetings. Staff's views were also sought through annual survey's. The results were being collated at the time of our inspection.
- Staff told us they felt confident to discuss any concerns or to make suggestions to any of the senior management team.
- Staff received a newsletter informing them of any changes within the wider organisation and other areas within the business.

Working in partnership with others:

- The management team and staff continued to support people, when required, to work with health care professionals, such as GPs, occupational therapists and the local hospice team.
- Feedback from health care professionals was positive and reflected an agency committed to partnership working, to provide the best outcomes for people.