

Louisa Homecare Limited

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Inspection report

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Date of inspection visit:

28 May 2019

03 June 2019

Date of publication:

05 July 2019

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: Louisa Homecare is a domiciliary care agency that provides personal care to people in their own homes.

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:

People received a reliable service from staff who knew them well.

People were treated with respect and their privacy, dignity and independence was promoted.

Staff cared about people and established relationships had been built.

People felt safe and risks to their safety were identified and minimised. Staff were aware of their responsibilities to report any concerns or suspicion of abuse.

People were encouraged to make decisions and were involved in developing and reviewing their support plans.

People were fully assessed and able to discuss their preferences, before being offered a service. This enabled their needs to be met safely and effectively.

Medicines were safely managed. Staff had received training in the safe administration of medicines and their competency was assessed every year.

People had support with meal preparation and to keep their home, clean and tidy if required.

People were encouraged to give their views about the service they received. This was through surveys, telephone conversations or within reviews of their support.

There were enough staff to support people. More staff were being recruited to enable the agency to steadily grow.

Clear investment was given to staff, which included their learning, support and progression. Staff regularly met with their line manager to gain support and discuss their training needs.

There were a range of audits, which assessed the quality and safety of the service.

There was a caring ethos, which was adopted throughout the staff team. The registered manager told us the agency was started in memory of a very close relative and the desire to provide compassionate, high quality care.

Rating at last inspection: At the last inspection on 6 December 2016, the service was rated as Good. The report of this inspection was published on 21 December 2016.

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

Follow up: We will monitor all intelligence about the service and complete another inspection in line with this and our frequency of inspection guidance.

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 ●

Louisa Homecare Ltd

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 was undertaken 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: Louisa Homecare Ltd is a domiciliary care agency that provides support to people 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 48 hours' notice of the inspection visit to ensure the registered manager would be available to assist with the inspection.

What we did:

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We visited the office location on 28 May and 3 June 2019, to see the registered manager and staff.

We reviewed people's support plans and associated care records and information relating to the management of the agency. This included quality auditing and staff recruitment, training and supervision. To gain feedback about the service, we spoke with eight people and six relatives. We contacted two health

and social care professionals for their feedback about the service, and both responded.

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 inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- There was a list of the person's medicines, within their support plan. The information clearly showed details of the medicine's prescription.
- Support plans showed if people needed assistance with their medicines. Information showed the person's preference of taking their medicines with water but there was no further detail. The registered manager and staff said they would address this.
- Staff had appropriately signed the medicine administration record to show they had given people their medicines.
- Staff received training in the safe administration of medicines and their competency was assessed each year.
- A relative told us, "They prompt [family member] with their medicines and don't leave until they have taken them."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified. This included any risks associated with the environment and individual areas such as falling.
- Staff told us they would inform office staff, if any concerns were identified whilst supporting a person. Staff monitored the person at their next visit or if needed, an additional visit would be arranged to ensure safety.
- People received a reliable service, which minimised the risk of their support being missed.
- A health and social care professional told us, "We have had regular discussions about how [staff] can avoid high risk situations and we have had regular professional's meetings which the carers and [registered manager] have attended."
- Staff were given a safety 'tool kit' to keep themselves safe. This included a torch and high visibility jackets.

Staffing and recruitment

- The registered manager told us there were enough staff to support existing care packages. They said more staff were being recruited to enable more care packages to be undertaken.
- Staff confirmed there were enough of them to safely complete people's support. They said they were rarely rushed and had time to travel to each person.
- The registered manager told us staff sickness was low, which enabled a reliable service.
- Staff lived in each of the main areas where people were supported. This meant people's support was more efficiently allocated and undertaken.
- People told us there were enough staff to support them.
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at

the agency. Each applicant had an interview although records of this were not kept. The registered manager told us they would address this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported. One person told us, "I've never fallen over when they're here." Another person said, "I trust them."
- A relative told us they had no concerns about their family member's safety. They told us, "[My family member] is very safe, they all do everything correctly."
- The registered manager told us they had a responsibility to report any concerns about a person's wellbeing, even though relationships could be compromised. They said, "My focus is the person and that's all there is to it."
- Staff completed annual training about keeping people safe and had a good understanding of safeguarding.
- Information about safeguarding was readily available to staff. This included a section within the staff handbook, which each member of staff had a copy of.
- Safeguarding was regularly revisited in forums such as staff meetings and one-to-one staff supervision sessions.

Preventing and controlling infection

- Records showed staff completed annual infection control training.
- There were reminders on people's support plans for staff to follow procedures and wear their disposable protective clothing when assisting people with their personal care.
- Information within support plans showed staff needed to leave people's homes clean and tidy.
- People told us staff minimised the risk of cross infection. Specific comments included, "They all wear a uniform. They all wear apron and gloves" and, "They give me a shower and wear their gloves."
- The registered manager told us infection control practice was assessed when undertaking observational checks of staff. This included good hand hygiene as well as the use of protective clothing.

Learning lessons when things go wrong

- There was an openness to accept constructive criticism and new ideas.
- Reflective practice took place, to develop the service further. The registered manager gave an example of considering the care of a person's catheter, to ensure greater comfort
- The registered manager told us any accidents or incidents would be reviewed to ensure measures were put in place to minimise further occurrences.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The registered manager told us they expected placing authorities to undertake assessments of people's capacity, as part of the assessment process.
- Records showed one person had fluctuating capacity but mental capacity assessments in relation to their support, had not been undertaken. The registered manager told us they would raise this at the person's review which was taking place the following week.
- People had signed to show their consent to their personal information being shared with involved parties such as health and social care professionals.
- People told us they were consulted about their support and encouraged to make decisions. One person told us, "They always ask if they've done enough for me." A relative said, "They ask [family member] how he wants washing." Another relative said, "Family member tells them what she wants."
- Staff had undertaken MCA training and had a good understanding of consent and capacity. They told us they offered people choices as a matter of routine.

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

- People were fully assessed before being offered a service from the agency. This ensured their needs could be met effectively.
- Records showed the information gained within the assessment process was used to develop the person's support plan.
- People told us they were given the opportunity to discuss their needs, preferences and expectations. One person told us, "I was asked what kind support I needed and if there were any specialist requirements of care that I needed support with." This person told us they were also able to say how many staff they needed, and the periods of the day they found most difficult.
- One member of staff told us people's needs would be further assessed if any concerns were identified. They gave an example of reviewing equipment, to ensure it was the most appropriate to be using.
- The registered manager had been a strong advocate for one person. This had enabled their support to be re-assessed in a timely manner.

Staff support: induction, training, skills and experience

- There was a clear investment in supporting and developing the staff team. Staff were encouraged to learn new skills, gain qualifications and progress within the service.
- The majority of staff training was 'face to face', with external speakers for some topics. Some refresher training was undertaken as e-learning. The registered manager told us, "I need to know they have understood the training, face to face and the discussions does that."
- A member of staff was allocated to the organisation of training. They told us they were always sourcing new training courses which would benefit staff and the service.
- A training matrix was in place, but this did not show all mandatory courses staff had completed. This information had started to be added, by the second day of the inspection.
- Staff told us they could request any training, and it would be sourced. They said their training needs were regularly discussed.
- Staff told us they would be shown how to use a new piece of equipment a person had. Staff training regarding moving people safely was completed at a specialised centre, so a range of equipment could be used.
- Staff told us they received a good induction when they joined the agency. They undertook a nationally recognised induction programme and each module was discussed as a team, rather than staff working through the information on their own.
- There were variable views as to whether staff were well trained. Specific comments were, "They're definitely competent in what they do", "One girl [member of staff] came with a senior carer once and now she's really taken to it" and "I don't think they're trained but it doesn't matter because they know what to do."
- Staff said they were very well supported. They regularly "dropped in" to the office for support and advice and regular meetings. Staff said they could ring the office at any time when needed and would receive good, timely advice.

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

- Information within support plans showed the support people needed with eating and drinking.
- Staff offered people a choice of meal, dependent on what was available in their home. One member of staff told us some people had their meals cooked 'from scratch' whilst others had microwaved, ready-meals.
- Records showed staff ensured people had snacks and drinks available to them, when they left their property.

Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- The registered manager told us people had various health and social care professionals involved in their care. They said these professionals were contacted as needed.
- Staff worked alongside some health and social care professionals, such as the local hospice and probation service.
- Staff told us they knew people well and were able to identify any slight changes in the person's health. They said they would notify the office, family or GP of any concerns.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager told us they started the agency in memory of a very close relative and the desire to provide compassionate, high quality care. This gave the service a personal connection, and commitment to people and their support.
- An initial, informal interview was held with each prospective staff member, before formal recruitment processes commenced. The registered manager told us this enabled the applicant to, "Go away and think about the role, to ensure it was right for them" and always show they were suitable to join the team.
- The registered manager told us they had a very strict criteria for recruiting staff so only those with the correct values, were appointed. Records showed a value-based interview was undertaken, with the applicant having to complete sentences, such as, "I believe a good relationship between me and the service user depends on ..."
- Staff were enthusiastic about their role and the support they gave. The registered manager confirmed this and said, they really cared about people.
- People and their relatives were complimentary about the staff who supported them. Specific comments were, "They're lovely, all of them", "They're interested in us" and, "They're very kind."
- Some people commented on individual staff. One person told us, "There's a few [staff members] that are special to me but they're all lovely'. Another person said, "The carer who came last night was very good, I was impressed with her."
- People told us staff knew them well. Specific comments included, "Some we've got to know so well they're like family", "They know where I like things putting and they know me" and, "They're what I call friends, I like that I get regulars." One person told us, "They show me pictures of dogs on their phones. I like dogs."
- Staff told us they promoted equality and diversity and had undertaken training in this area. One member of staff told us whilst no one from a different race was supported, each person was culturally different due to their experiences. They gave an example, of a person who attended a small village school, would be different from someone who had a public-school education.

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

- People and their relatives told us they were encouraged to give their views about the service. Specific comments were, 'Yes, I do [get asked about care], the manager checks up and sees how we're getting on', "Questionnaires are sent out and I've had a meeting" and, "I've had someone out to see me to ask about things."
- The registered manager told us a survey was always sent out to people after they had been using the service for a short while. They said they would always meet with the person, if any concerns were identified.

- Records showed telephone calls were made to people to ensure they were happy with their support.
- Within one survey, a person had identified that new staff, who were shadowing more experienced staff members, were not wearing identity badges. As a result, temporary badges were introduced.
- People were fully involved in the development of their support plan and its review. They were able to amend their support or request a different member of staff if needed. The registered manager told us people's wishes would always be respected and acted upon.

Respecting and promoting people's privacy, dignity and independence

- People told us their rights to privacy and dignity were respected. Specific comments were, 'They're never in the same bathroom when I need to spend a penny', 'They always close curtains and doors and respect my privacy' and, 'They don't tell you about other people's business.' A relative told us, '[Family member] is asked how he wants washing. He washes himself down below'. One person however told us, 'I get embarrassed when the younger ones shower me, it's not them, it's just me.'
- A health and social care professional told us, 'The carers themselves are always respectful and understanding to [the person]. They have been able to make considerable progress as a result of the positive working relationships they have built up through their work.'
- Staff were knowledgeable when talking to us about people's rights. They spoke of respect and addressing people by their preferred name, recognising people's strengths and showing compassion.
- There was a summary of the person's life and preferences within their support plan. The registered manager told us this was further developed, as more information was known about people.
- The registered manager told us they had a great team. They said staff really cared about people and were committed to providing a good service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- The service was responsive to people's needs and could make changes or undertake additional support, in a timely manner.
- People were allocated a small team of staff to support them, which ensured consistency and established relationships to be built. Records showed people were asked about their preferences for the gender of staff supporting them.
- Staff were 'matched' to people in relation to their skills, interests and personality. This was intended to maximise the success of people's support. One member of staff confirmed this. They said the person they supported, with one other member of staff, now verbally communicated with them. They told us this was a real, "Success story."
- People told us they were happy with their support. Specific comments were, "I'm very happy with all the care that I get", "They help me, if I didn't have them, I wouldn't be independent" and, "I look forward to them coming."
- People told us they knew which member of staff would be providing their support. Specific comments were, "We get the rota emailed to us, usually on a Friday or Saturday the week before", and, "I've always known in advance who is coming."
- Whilst staff said they generally arrived to support people on time, there was variable feedback about the timings of their support. This included, "They always turn up, 10 minutes late sometimes but they explain", and, "There was an issue with timings, they were coming 40-45 minutes late and not informing us." The registered manager told us there had been occasions when new staff were running late. This had been resolved through additional support, and greater familiarity with people's support.
- People had a person-centred support plan. This included, taking care of a person's arm as it was painful and ensuring another person's toes were "poking out" from the sheets. Some areas however, were less detailed and included, "I would like the support workers to assist me with grooming and oral care." Some of the plans were quite lengthy, so it was not always easy to find information. The registered manager told us they would address this.

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.

- People were able to request information in a format which met their communication needs.
- Staff told us about some people's communication. This included strategies used to engage the person

and promote discussion.

- One member of staff told us surveys sent to people, had recently been reviewed to make the questions clearer and more focused. They said pictorial formats had been included to aid understanding.

End of life care and support

- The agency provided support to people at the end of their lives, although support plans did not clearly reflect the care required. To address this, the registered manager said they would develop a new shorter, more concise format, specially related to end of life care.
- End of life training formed part of the organisation's training programme.
- The registered manager told us staff gained support and advice from the local hospice when supporting a person at the end of their life.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or make a formal complaint. Specific comments were, "I've got telephone numbers if I ever did need to complain", "There's a pack with details of complaints stuff if needed" and, "I'd say to the carers straight away."
- People told us they had raised concerns, which were satisfactorily addressed. One person told us, "One girl smelt of cigarettes and I told her I didn't like it. She hasn't been to me since." Other comments were, "I asked them not to send a specific carer as there was a personality clash" and, "The timings on the rota were different to the time the carers came. I phoned them up and asked to be notified if they were changing anything."

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 inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about the service, and the standard of care to be delivered. They said they were continually looking for ways to enhance the service, so the best possible support could be given.
- There was a caring ethos that was adopted throughout the staff team. This involved, "Treating people as you would want to be treated", and "Caring for people, as if they were a family member."
- There was a commitment to look after staff, as well as people who used the service. The registered manager told us they believed staff would deliver a good service, if they were happy. They said they had recently invested in an external service for staff, which gave the opportunity for counselling and advice, within areas such as nutrition.
- The registered manager was very much involved in the day to day management of the service and people's support. They were familiar with people and their needs, which ensured appropriate support was being given.
- People told us staff, including those in the office and the registered manager, were approachable and listened to what they had to say. Specific comments were, "Nothing is too much trouble when you phone them", "You can talk to them, especially the boss, she comes in every so often to check" and, "I can speak to carers directly if there's anything."

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

- The registered manager showed strong leadership and was direct in their approach. They said staff knew what was expected of them, and they would not tolerate anything other than staff doing their best.
- A health and social care professional told us, "[The registered manager] herself has always been quick to respond to e-mails or queries and has supported our efforts to get regular written reports [about the person] from staff. Overall, it is a pleasure to work with this organisation."
- New roles had been developed to ensure a clear lead and overview of the various areas of the service. The registered manager told us a new post of field supervisor was being introduced shortly.
- A range of audits were in place to monitor the safety and quality of the service. This included regular checks of people's daily records and the medicine administration records.
- There were observational checks of staff and regular meetings to discuss people's support. This ensured all care and support was of a good standard and met people's needs.

- Staff told us communication was good and they were kept up to date with any information they needed. They said an application on their phone had been applied for general messages.
- People were complimentary about how the office was run. Specific comments were, "It seems to be well managed" and, "It's very professional, efficient and caring." Another person told us, "On some occasions the manager does caring too."

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

- The registered manager told us they wanted the agency to steadily grow but not to the extent of losing the person-centred nature of the service. They said it was important for them to know each person and be confident that high quality support was being delivered.
- An open approach was promoted to enable people and staff to share their views freely. Staff were confident any issues raised would be properly addressed and resolved.
- People knew the registered manager and gave positive feedback about them. Specific comments were, "[Name of registered manager] is the boss, we've got her phone number," "[Name of registered manager] rang the ward every day when I was in hospital" and, "[Name of registered manager] gets the right people. She tells me 'ring me if something's wrong.'" A relative told us, "[Name of registered manager] is a very good advocate for [family member.]" Another relative said, "[Name of registered manager] came to introduce herself when my [family member] was in the hospice."
- Staff told us they enjoyed working for the agency and would recommend the service to a family member, if they needed such support.

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

- The registered manager told us community engagement was deemed an important part of the service. To promote and enable this work, a member of staff had been specifically allocated to the role.
- A wide range of accessible community groups and activities had been researched. People were informed of anything which might be of interest to them and were given support to attend if needed.
- There was a well-designed newsletter, which was full of colour and different fonts to interest the reader. These were given to people and showed what social support was available to people. The registered manager told us a newsletter for staff was also undertaken.
- Fundraising events, such as "Cupcake Day", were undertaken to raise money for chosen charities.

Continuous learning and improving care

- Staff told us the registered manager was, always on the lookout for things that would improve the service. One member of staff said, "If we go on a training course, there's always something that's implemented as a result."
- The registered manager told us they joined various networks, undertook training and visited websites to keep updated with best practice.
- There was a strong team within the office, who worked well with the registered manager. Weekly meetings reviewed the service and any suggestions for improvement were considered.

Working in partnership with others

- The registered manager told us they had established positive links with local authorities and community teams.
- Services such as the local hospice, worked with the service to give advice about people's support and to aid staff's learning.
- The registered manager and community engagement officer had approached and become involved in

local charities, such as the Alzheimer's Society.

- A health and social care professional told us, "They have showed an impressive willingness to work with other agencies and have even attended MAPPA (Multi-Agency Public Protection Arrangements) meetings."