

Laurel Homecare Limited

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Inspection report

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Laurel Homecare Ltd provides personal care to people living in their own homes. Not everyone supported by 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. At the time of the inspection the service was providing personal care to 31 people.

The provider also runs a day centre. This provision is not regulated by CQC.

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

People told us they felt safe with staff, and staff had received safeguarding training. However, two safeguarding concerns had not been responded to appropriately by staff and the registered manager.

Staff understood the risks people faced and supported them in ways that reduced these risks. There were enough staff, who had been safely recruited and received appropriate training, to meet people's needs.

People received their medicines safely and systems were in place to ensure medicines administration was monitored.

We received positive feedback from people about the provider's infection prevention and control processes. People told us staff always wore PPE appropriately.

People's needs were assessed before the service began to provide care and support. People's views were sought and this ensured their preferences informed their care plan. People were supported to access appropriate healthcare.

People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Improvements had been made in the oversight of the service. There was an open culture within the staff team that maintained a focus on the people they supported. People were complimentary about the management. Audits and checks were completed to monitor the quality and safety of the service.

There were clear processes in place to drive improvement and to continually develop the service in line with the needs of the people and the staff team.

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 August 2021).

Why we inspected

We had received feedback from stakeholders that the service had improved since our last inspection. The inspection was also prompted in part due to concerns received about safeguarding. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to how people are safeguarded from abuse. We have taken enforcement action requiring the provider to address this.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Laurel 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. 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 Health and Social Care Act 2008.

Inspection team

The inspection team was one inspector.

Service and service type

This service is a domiciliary care agency. It currently provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was one of the owners of the provider organisation.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit. 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 and we wanted to be able to speak with the person who received the service.

Inspection activity started on 7 June 2022 and ended on 16 June 2022. We visited the location's office on 8 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives. We spoke with the registered manager and nine members of the staff team including those with responsibility for delivering care and support, scheduling care delivery and oversight. We also spoke with four professionals who worked with the service. We visited the office and looked at records related to seven people's care, and the oversight and management of the service. This included staff files, training records, risk assessments, staff newsletters, internal oversight tools and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. They knew the potential signs of abuse and described confidently what they would do if they were worried about anyone they supported. However, we identified two examples of allegations of abuse that had not been addressed safely with delays in both reporting and action to protect people.
- The management team had not reported potential safeguarding incidents to all appropriate agencies.

The shortfalls in the effectiveness of safeguarding systems put people at risk and was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were two on-going safeguarding investigations at the time of our inspection.
- People using the service told us they felt safe with the staff who supported them. One person told us, "I feel very safe" explaining this was because, "They're caring, they listen to me, they are very, very good".
- There were further examples of safeguarding issues that had been responded to appropriately.
- A new safeguarding lead was appointed prior to our inspection.

Assessing risk, safety monitoring and management

- At our last inspection we found that risk assessments needed improvement. At this inspection we found improvements had been made. People and relatives felt involved in risk management and were confident in the support they received to stay safe. One person described how they were protected from the risks associated with falling. They told us this made them feel very safe. A relative explained how a partnership approach ensured they were confident in the risk management measures in place. They were also confident that staff had the skills to deal with health emergencies.
- Staff were trained to support people safely. For example, they had received training enabling them to support people to move safely with the specific equipment they used, and to provide emergency aid.
- Staff told us they were proud of the work they did to reduce the risks people faced. Staff and reflected on times they had to respond to individual needs.
- The registered manager had implemented a new recording system which enabled staff to flag emerging risks immediately. These risks were addressed appropriately and effectively.

Staffing and recruitment

- The provider carried out recruitment checks to ensure staff were suitable to work at the service. New staff

were being appointed during our inspection.

- Whilst staffing had been challenging due to the impact of the Covid-19 pandemic there were usually enough staff to ensure that people received consistent care at a time that suited them. Visits had not been cancelled for people who needed support with their personal care.
- Staff told us that despite staffing shortages they had time to spend with people to ensure they had all the care they needed and were not rushed.

Using medicines safely

At our last inspection we made a recommendation that the provider consider current guidance and update their practice related to supporting people with their medicines. The provider /registered manager had made improvements.

- The registered manager had created a senior role with an additional lead responsibility around medicines administration. This member of the team was maintaining a focus on continuous improvement and safety.
- People and their relatives told us they were happy and confident in the way that their medicines were looked after.
 - Staff had received medicines training and had been assessed as competent before administering medicines.
 - One person had sometimes been receiving medicines without the appropriate time gap. This was addressed and rectified before the inspection was concluded.

Preventing and controlling infection

- Staff tested for COVID-19 in line with current guidance at a minimum.
- Effective infection prevention and control procedures were in place, including those relating to COVID-19 and other communicable diseases.
- Staff understood how to use PPE (personal protective equipment) when they were providing care and support.

Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents and what action had been taken.
- Staff spoke positively about working as part of a team where they felt comfortable to ask questions and seek guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed before they started to use the service. This meant personal care needs were identified and ensured the team could meet those needs. Information gathered was used to create a personalised care plan and risk assessments. People and relatives were involved in this process. One relative described how they and the team, "made a care plan together".
- A new care planning system had been implemented. The newer care plans provided more detail for staff about people's views and preferences. The older care plans were being transferred to the new system.

Staff support: induction, training, skills and experience

- People told us that they received support from staff who had the knowledge, skills and approach to provide personalised care and support. One person said, "They do a good job when they are here". A relative commented that the staff, "are confident in knowing what to do".
- Staff received an induction aligned to the Care Certificate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff described how they were able to shadow more experienced staff until they were confident.
- Senior staff had taken on lead roles which were used to develop knowledge, skills, competence and confidence amongst the team. These staff were trained to deliver training in areas such as mobility and dementia.
- Staff received an induction that enabled them to embed organisational values into their work. This was effective and was reflected in the comments we heard back from people who all commented on the kindness of the staff who visited them.
- Staff felt supported. They all described how valued they felt by the senior team, they described the training and support they received to develop the skills needed to carry out their role.

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

- People's needs were assessed in relation to eating and drinking safely where this was appropriate. Staff understood the support people needed and described how they provided this consistently.

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

- Staff liaised with healthcare professionals and other agencies to support people to retain their independence and maintain their health.
- Records reflected prompt action from staff to highlight changes in people's mental and physical well-being with appropriate professionals.

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.

We checked whether the service was working within the principles of the MCA.

- Consent to care was sought. People told us staff were always respectful and checked with them before offering any support. One person described how staff always checked they were ready for care. A relative was clear that the staff team always treated their loved one respectfully and communicated meaningfully to ensure they had their consent.
- There were systems in place to ensure MCA assessments and best interests decisions were made if necessary.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant 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; 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; Continuous learning and improving care

At our last inspection improvement was needed with regards to audits and record keeping. There continued to be a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, management understanding of safeguarding responsibilities remained an area requiring improvement.

- Beyond the failures to respond appropriately to safeguarding allegations, the registered manager and staff were clear about their role and responsibilities. The registered manager, who was also an owner of the service, was committed to the continual improvement of the service. They, and the team, were committed to organisational development. One relative explained, "(The registered manager) knows what she wants her staff to do and that really shows".
- The registered manager had appointed an associate director to strengthen the leadership of the organisation.
- We identified some incidents that should have been reported to the Care Quality Commission (CQC) as statutory notifications. These are incidents related to the running of regulated services that providers are legally obliged to tell CQC about. We discussed these with the registered manager, and they ensured they were submitted straight away.
- Monitoring systems were in place which included audits and quality assurance systems to help identify and implement improvements. This included audits of accidents, incident or near misses. These systems were being further developed and embedded to meet organisational need.
- Staff kept records that reflected the care and support they provided. These records were used to review and improve the service people received.
- Staff described the registered manager as supportive and accessible.

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

- There were systems in place to ensure the voices of people, their relatives and staff were heard and contributed to decision making related to the running of the service.

- Staff were kept up to date with organisational matters through regular newsletters, meetings and messages.
- The registered manager told us that communication needs were considered when ensuring people could communicate with the service. They told us they would review how some people who did not find technology accessible could be kept informed about their service.

Working in partnership with others

- The registered manager and provider liaised with professionals and organisations to make sure people received care which met their needs. We received feedback from professionals that described positive working relationships. One professional told us that, "Communication is good on their part". They also told us that people always feedback that the advice has been followed or guidance put in place.
- CQC had received feedback from the local authority that the service had improved.

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

- The service was person centred with staff and management focussed on finding the best outcomes for people.
- Most people and relatives told us they were happy with the care and support they received. They told us they felt the service was well managed. Most staff and people told us they would recommend the service to others without hesitation. One member of staff said, "They are lovely to work for". They added more explanation reflecting that the senior team, "are really responsive".

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not being operated safely to protect people from abuse and to respond to allegations effectively. Regulation 13 (1) (2) (3)

The enforcement action we took:

We served a warning notice requiring the provider to address this regulation by 10 October 2022.