

La Belle Care Limited

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Inspection report

Kennelwood House
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Hatfield
Hertfordshire
AL10 0LG

Tel: 01707274111

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07 February 2018

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was the first comprehensive inspection of this service since the provider initially registered with the Care Quality Commission (CQC) in December 2016. This inspection took place on 07 February 2018.

Kennelwood House (Otherwise known as La Belle Care) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults with learning and physical disabilities and older people, including people living with dementia who live in their own homes. At the time of our inspection there were fourteen people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's experiences of care were overwhelmingly positive. They told us they were supported by kind and caring staff who often took the time to do things outside of their remit to improve people's experiences and to take actions that were important to people. People were at the centre of their care and we found clear evidence that their care and support was planned with them and not for them. There was a strong culture within the service of treating people with warmth, dignity and respect. People were fully involved in making decisions about their own care, felt their views were listened to, and respected. People felt that they were treated with dignity and respect.

People felt safe using the service. Staff and the management team demonstrated a good understanding of the different types of abuse that could occur and their role in protecting people from abuse. There were enough staff available to meet people's needs safely.

People and their relatives told us that the care and support provided was appropriate to meet people's needs. Staff received training to help them to provide people's care and support. Staff sought people's consent to care. People received support to access support from healthcare professionals as needed.

People and their relatives told us they had been involved in developing people's care plans and felt that their opinion was respected and taken into account. People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call. The provider had policies in place to help ensure that any concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

People and their relatives felt that the registered manager was always approachable with any problems. The registered manager demonstrated a good knowledge of the staff they employed and people who used the service. Satisfaction surveys were routinely distributed to people who used the service, their friends and relatives as part of the provider's quality assurance system.

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.

Staff had received safeguarding training and had a clear understanding of the different types of abuse and how they would report concerns.

Potential risks to people's health, well-being or safety had been assessed, and were reviewed regularly to take account of people's changing needs and circumstances.

There were sufficient numbers of staff deployed to meet people's needs consistently.

The provider operated robust recruitment procedures to help reduce the risk of unsuitable people working at the service. The management team was committed to a values based recruitment procedure that helped to ensure they recruited the right people.

Systems were in place for the safe management of medicines and to help prevent the spread of infectious diseases.

Good 

Is the service effective?

The service was effective.

Staff members received training and supervision to support them to be able to support people safely.

The service worked within the principles of the Mental Capacity Act 2005 and the registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests.

People were provided with support where needed to have a healthy diet and fluid intake.

People's health concerns were reported to health professionals in a timely manner.

Good 

Is the service caring?

Outstanding 

The service was very caring.

All people we spoke with including their relatives and health professionals consistently told us the staff team were kind, caring and compassionate.

People and their relatives praised the staff and management team highly for the care they provided for people.

Care was provided in a way which respected people's privacy and promoted their dignity.

The staff and management team often took the time to do things above and beyond their remit to improve people's experiences and demonstrated compassion.

People received their care and support from a consistent team of staff which enabled them to build up positive relationships.

The service had a very strong, visible and person centred culture that was reflected in discussions with the management, staff, people who used the service and their family members.

People's care records were stored in a lockable office at the service in order to promote their dignity and confidentiality.

Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

People received kind and compassionate care enabling them to spend their last days in their own homes.

People felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call.

People were confident that any complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

Good ●

Is the service well-led?

The service was well-led.

Good ●

People and their relatives told us they would recommend the service to anyone requiring care and support in their own home.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

The registered manager actively kept themselves up to date with changes in the care sector and changes in legislation to ensure their continued good practice.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs.

La Belle Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 19 October 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 06 February 2018 and ended on 12 February 2018. We visited the office location on 07 February 2018 to see the registered manager and to review care records and documents central to people's health and well-being. These included care records relating to three people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office location we spoke with two people who used the service and relatives of three people who used the service by telephone to obtain their feedback on how people were supported to live their lives. We received feedback from three staff members to confirm the training and support they received and positive feedback from a health professional who worked closely with the service to provide packages of NHS funded care for people in their own homes.

Is the service safe?

Our findings

People told us that they felt safe receiving care and support from La Belle Care. A relative of a person who used the service told us, "I do think [relative] is safe because we have had the same staff member for a long time. [Relative] has dementia and the staff member has learned [person's] body language and really knows how to keep her safe."

Staff told us they had attended training about protecting people from abuse, and the staff training records we reviewed confirmed this. Staff were able to confidently describe how they would report any concerns both within the organisation and to CQC.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions such as Parkinson's disease. These assessments identified potential risks to people's safety and the controls in place to mitigate risk.

People who used the service told us that there were enough staff to meet their needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. One relative said, "They are very punctual, when there has been bad weather they may run a little late but they do let us know."

The registered manager told us that there were sufficient staff members employed to meet people's needs taking into account staff annual leave and sickness. The management team told us that the service predominately supported people who were in receipt of palliative care or nearing the end of their lives. The registered manager said, "We are quite selective with staff we take on. With end-of-life care staff need to be special people to deal with the trials and tribulations that are associated with it. It is an emotional experience for all parties." This showed that the registered manager was committed to a values based recruitment procedure that helped to ensure they recruited the right people.

The registered manager reported that travel time was factored into the rota for staff members to help ensure that people did not have to wait for staff who had been delayed. The registered manager told us that they used a computerised call monitoring system to help monitor if staff were being delayed so that they could provide additional support if needed. For example, if a person who used the service was unwell and an ambulance was needed a member of the management team would wait with the person enabling the staff member to continue with their care calls.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff and found that all the required documentation was in place including two written references and criminal record checks.

Some people who used the service received support with their medicines from staff. The registered manager reported, and records confirmed that staff had received training in the safe administration of medicines. The management team undertook regular spot checks and reviews of staff members' medicine administration practice and competency. This helped to ensure that people received their medicines safely.

The registered manager had arrangements in place to manage and monitor infection control practices. Gloves, shoe protectors, masks, hand sanitiser and aprons were available in people's homes for staff to use as needed with additional stocks carried in their cars. Staff received training about infection control and the registered manager assessed staff competencies in this area during shadow shifts and on-going daily practice.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided by staff of La Belle Care was appropriate to meet people's needs. One relative said, "They understand [person's] needs and provide exactly the right care they need."

Staff told us that when they first started working at the service they completed an induction and that they shadowed experienced staff until they felt confident in their role. Staff members received training to support them to be able to support people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling, safeguarding, food hygiene and person centred care. The management team told us that all training provided was face-to-face. "We don't do online training, e-learning is not something we've touched on." A staff member told us, "They do provide me with necessary training and support when needed. I also think the people who use the service are happy." Another staff member told us, "As a member of staff I am supported by management and also have the right training and qualifications required for the job."

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. One staff member told us, "The management are friendly and open to help at any time." The management team told us that they routinely worked alongside the staff each week. They said this enabled them to satisfy themselves that people were happy with the care and support they needed and that staff had the skills, knowledge and support they needed to provide good care for people.

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.

We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests. For example, they told us that some relatives supported people in making decisions about their care and support. However, if the registered manager was in any doubt that the decisions made did not appear to be in people's best interests they would contact health and social care professionals for additional support in this area.

People told us that staff explained what was happening and obtained their consent before they provided day to day care and support. It was clear from talking with people that they had been involved with making decisions about their care and support and, where appropriate, their family members as well.

People were provided with support where needed to have a healthy diet and fluid intake.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse as appropriate. A health professional who worked with the service to provide packages of NHS funded care for people in their own homes told us they had found that staff provided effective support and were proactive in reporting any health concerns to the Clinical Commissioning Group or district nursing team in a timely manner.

Is the service caring?

Our findings

People, and their relatives, told us they were very happy with the staff that provided their care. A relative told us, "I am very happy with La Belle Care. We have the same care worker and [relative] has become really attached to them. Staff member sits with [relative] and takes time to share in their interests, they don't patronise [relative] even though they have lost much of the ability they had."

The staff and management team were highly motivated to offer care that was kind and compassionate with a strong, visible person-centred culture. People who used the service had contacted the management team with praise for individual staff members. For example, "[Care worker] deserves every compliment. She is fantastic, she cares so much and is so attentive to my needs. I could not wish for a better helper, she is kind, considerate and happy. She really looks after me, she is truly fantastic, I can't think of anything more she could do she is just excellent." A relative of a person who used the service had written, "I would like to say that [Care worker] is very good at her job and we really don't know what we would all do without her coming and seeing [person]. She has been a very good friend of the family, she is very kind and has always got time for [person] and all the family."

The provider took action above and beyond their responsibilities under contractual agreements. For example, the provider told us that they had encountered many examples where people had been discharged home from hospital without the essential items needed for continence management being in place. As a result of this the provider had taken the decision to stock up on essential items such as night catheter bags and pads should people find themselves in this situation. The provider said they did not pass on a charge for this service and said they could not let people suffer such an indignity so made sure they were able to provide this support.

People were involved in discussions and decisions around their care and their decisions were respected by staff. Staff demonstrated a good understanding of what was important to people and how to provide personalised care to them. A relative told us in a survey, "I was impressed by the professionalism and sensitivity of the end of life care and support of the agency's staff for the final two weeks of my spouse's life in their home environment. This agency was recommended to us by the medical staff at hospital for end of life home care."

A health professional who worked with the service to provide packages of NHS funded care for people in their own homes told us that, "Staff members from the agency are friendly and often go above and beyond to help their patients." They also told us that the staff team were caring and that people who used the service were treated with, "A high level of dignity and respect."

The registered manager acted as a role model for staff in creating a caring culture throughout the service by putting people first. People relied on their services and trusted to turn to the staff for any help they needed even outside the agreed care contract they signed. Staff understood how much people wished to be cared for in their own homes and they went over and beyond their lines of duty to help people remain safe in their own homes. We found several examples where the registered manager and staff positively impacted on

peoples` lives enabling them to remain or return to their own homes. For example, the management team told us that staff visited people when they had been admitted to a hospice for a period of respite or to hospital. We were told that staff did this instinctively because when people were out of their home environment there was a risk of them becoming unsettled which could have had a negative impact for discharge back to their home. The registered manager said, "It has always proved comforting for people to see a familiar face, the face they see on a daily basis, in their homes. We have found the transition is much easier and far less daunting when they are assured that the support and bond our staff make with them stays strong throughout their time out of their home."

Staff and management took the time to make sure people were able to continue to enjoy things that gave them pleasure. For example, we were told of a person who had a liking for a specific boiled sweet that was only available in certain food stores. The person's regular care staff member went shopping in her own time to make sure the person had a regular supply of the sweets. The registered manager told us, "Although this task sounds small, it is things like this that can really make a difference to a person." Another example given was where a person was unable to go to a relative's house on Christmas day as they did not have wheelchair accessible transport. A member of the care staff dedicated a considerable amount of their time to source a wheelchair accessible taxi for the person, which meant they were able to spend Christmas day with their family.

Staff and management supported people to continue to have a feeling of self-worth and involvement in their local community. For example, one person had found they had become cut off from society and the people they held close to their heart and lifestyle due to a change in their physical health and wellbeing. This person had mentioned at a review that they had previously had close connections to a local farm where they used to get their eggs for breakfast. The staff and management team took the decision to fetch some eggs weekly from the farm weekly giving money to the honesty box. This meant that although the person was unable to attend themselves they were still able to contribute to the local business as they had done for many years.

The staff and management team took the time to reassure people if they were lonely or without family members present. For example, a person's family member was away and a member of the management team had spent time chatting with the person after their care had been provided. We were told, "I stayed for an hour and a half talking about [person's] family and friends. As this person's relative was on holiday I was aware they may be feeling slightly lonely and giving the person an extra bit of my personal time evidently made a big difference to them."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. Without exception people told us that staff respected their privacy. The registered manager gave us examples where people who used the service required personal care and support whilst their relatives were in the house. The registered manager told us, "Staff have been trained to use their communication skills tactfully with family members should they need to leave the room."

We were given examples where the care and support provided respected people's cultural and religious needs. For example, the management team had liaised closely with a person's family to understand a specific ritual around cleansing a person's body. The registered manager told us, "We have equipped ourselves with the knowledge as to why this is of such importance to the person. We regularly stay longer at this visit to carry out this person's wishes as we understand the background and importance of this very intimate ritual."

People told us that they received their care and support from a consistent team of staff which enabled them to build up positive relationships. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. A relative of a person who used the service told us, "We have the same carers, that is really good because they have got to know [person] and understand their needs well."

People's care records were stored in a lockable office at the service in order to promote their dignity and confidentiality.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. A relative told us, "There have been many changes to [relative's] care plan, I am confident that the management team are responsive to [relative's] changing needs."

People's care plans included the elements of care and support people required however, we noted that information varied in the level of detail that was documented. Some examples did not clearly detail what actions staff were to undertake at each visit however, the management team were able to explain that where people had the capacity to verbally instruct staff as to how they wished their support to be provided there was less of a need for the detail to be recorded. We reviewed a recently developed care plan for a person with higher dependency and noted there was much greater detail. For example, the care plan stated, "Please walk with me to the bed where I will sit whilst you apply cream to my left leg." The care plan went on to state, "I have Vaseline which I will put on my lips and keep the pot under my pillow." Instructions for staff when settling the person for bed stated, "I would like all the lights in my room switched off and bedroom door closed." This level of information was person centred and enabled all staff to be able to provide the person with consistent care to meet their needs.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. A staff member told us, "We are responsive to people's needs because we are an efficient team who are always on time and we try to give the best care for the service users for them to be safe."

The management team told us that the majority of care and support they provided at the time of the inspection was for people who were nearing the end of their lives. Care and support was planned around people's wishes and the management and staff team helped to ensure that people's wishes in relation to their end of life care were honoured. The registered manager told us, "All staff at La Belle Care Ltd have attended end of life training which also focuses heavily on compassion. The management team are always available should a person or staff member need extra time at someone's home due to circumstances." Relatives of people who used the service told us that they found the support they received from the team at this difficult time was invaluable. For example, a compliment received by the service in November 2017 stated, "I want to thank you and your team so much for your care of [person] during their last days. It was a difficult time but you helped me so much to cope so that I could honour [person's] wish to be at home to the end."

We found examples of where the staff and management team had gone over and above their responsibilities for people to be able to be cared for where they wished. The staff and management team recognised that relatives of people nearing the end of their lives also needed support and compassion. We were given an example where a person who used the service had passed away in the early hours of one morning. The registered manager was on-call and was advised immediately after the person's spouse had

called the doctor to come and certify the death. The registered manager told us that it was evident that the relative was distressed after being told that the doctor may be delayed for a significant amount of time and the decision was taken to go and provide support for the relative until the doctor attended. The registered manager told us, "As we specialise in end of life care we understand that it is not only the person who may need support but also the family of those who are coming to the end of their life."

People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call. One relative told us that they felt the service was very accommodating and gave us an example where a person's call times had been amended for Sundays to fit around their visits to Church.

The provider had policies and procedures in place to help ensure that concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager.

Is the service well-led?

Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "It is good that the management come out to provide care at times too. It means that we can be confident that they know us and the care [relative] needs."

People told us they would recommend the service to their friends. One relative told us, "This is a small family run care company. I like the fact that my [relative] sees for the majority of the time, only two carers. She has built up a good relationship with her main carers. The management are also hands on and are able to stand in in the event that the two main carers are not available. They are very experienced, hardworking, personable and exactly what is required from a care provider ... they care. I wouldn't hesitate to recommend them." Another relative said, "I would most certainly recommend La Belle Care to anyone looking for care in their own home, in fact I have done more than once."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff told us that the registered manager was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. One staff member told us, "I must say I am happy working for La Belle Care." Another staff member told us, "My manager is very responsive to our needs as well as all the service users."

A health professional who worked with the service to provide packages of NHS funded care for people in their own homes told us they found that the quality of the service provided was good, very professional and that care records were maintained with high accuracy.

The registered manager kept themselves up to date with changes in the care sector and changes in legislation by being a member of care provider associations and communications from CQC.

The registered manager told us that they worked alongside the staff team on a weekly basis which gave them a good insight to any issues the staff encountered and enabled them to quality assess the service they provided for people.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were in care calls, checks on care records to confirm they were accurately completed and reflected the care that people needed and had been provided with and routine checks with people who used the service to confirm their continued satisfaction.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager was committed to providing a safe service.

