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# La vie en Rose

## Inspection report

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26 April 2019

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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: La Vie en Rose is a domiciliary care agency providing a range of care and support services to older people, people with disabilities, complex needs and health conditions living in Gloucestershire.

La Vie en Rose provides personal care to people living in their own houses and flats and was providing a service to 50 people at the time of our inspection.

People's experience of using this service:

- People's independence was respected and promoted.
- People's support focused on them having opportunities to maintain existing relationships.
- People received a consistent level of care from a team of regular care workers. There were enough staff employed to meet people's needs.
- Staff understood how to communicate with people effectively to ascertain and respect their wishes.
- People were empowered to decide how and when their care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.
- People were supported to access other health services when needed.
- Care plans provided staff with information about people's preferences and ways in which staff could support people emotionally and with the activities they enjoyed.
- Safe recruitment practices were followed to protect people from unsuitable staff.
- People were protected from abuse and harassment.
- People received appropriate support to take their medicines safely as and when required.
- The provider arranged training for staff that met the needs of people using the service. Staff competency was assessed which helped to ensure they were safe to work with people.
- The provider had ensured there was effective oversight and governance of the service. The service manager worked alongside staff to ensure that any issues were managed and priorities in relation to the quality of support were identified and acted upon promptly.

Rating at last inspection: We last inspected La Vie en Rose on 17 and 24 May 2017. At the last inspection the service was rated as Good (this report was published on 30 June 2017).

The overall rating for the service has remained Good.

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Good rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is at the CQC website at [www.cqc.org.uk](http://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** ●

# La vie en Rose

## 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:** Our inspection was completed by one inspector.

**Service and service type:** La Vie en Rose is a domiciliary care agency. It provides personal care to older people and younger disabled adults living in their own houses and flats. CQC does not regulate the premises of people living in their own homes; this inspection looked at people's personal care and support. Not everyone receives support with a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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 18 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

**What we did:** Before the site visit: We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

**During the site visits:** Inspection site visit activity started on 24 April 2019 and ended on 26 April 2019. We visited the office location on 24 and 26 April 2019 to speak with the provider and review a range of records

and the organisations policies and procedures. On the 25th April we visited people in receipt of care and their relatives, in their own homes, alongside the services care coordinator. During these home visits, we spoke with people to gather their views about the service and observed how they were being cared for. We also spoke with staff and looked at care plans and other records used in managing the service. We spoke with two people who used the service and two relatives. We reviewed a range of records. This included three people's care records, five staff recruitment files and staff training and supervision records. We reviewed extensive feedback the service had received from people and their relatives over the last two years. We also reviewed records relating to the management and monitoring of the service. We spoke with the provider, a care coordinator and two support workers.

Following the site visit: We sought feedback from two additional staff on the telephone about La Vie en Rose.

# 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. One person said, "I feel safe, I trust the carers to use a key to enter my home."
- Staff knew how to identify if people were at risk of abuse or experienced poor care and the action to take to keep them safe from harm.
- The service manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.

Using medicines safely:

- People received their medicines when they needed them. Safe systems were in operation to order, receive, store, administer, record and dispose of people's medicines.
- Staff who supported people to take their medicines had received training and were assessed as competent to manage people's medicines safely.
- Staff had written information to guide them in giving 'when required' medicines, in response to people's varying needs.

Staffing and recruitment:

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before staff started work at the service.
- People and their relatives told us there were enough staff to meet their needs; staff were punctual and always stayed for the required time.
- Staff were given sufficient time to travel and complete tasks. People always received their care visits as planned and the service informed people and their carers if staff were going to be late.

Assessing risk, safety monitoring and management:

- People and their relatives had no concerns about their safety. They told us the staff understood their needs and supported them to be safe when providing care.
- People and staff assessed risks together and agreed ways to keep people as safe as possible while they continued to be independent.
- People were supported to take planned risks, with staff support when necessary, this gave people control over their lives and increased their well-being.
- Care records included people's risk assessment and risk management guidance. Staff were aware of people's risks and the strategies used to keep people safe including the management of people's falls, diabetes, skin integrity and physical health.
- When people's health deteriorated or they fell, there were clear systems to monitor and communicate the agreed emergency response or medical treatment when required.

- Preventing and controlling infection:
- Staff received regular training in infection prevention and control. They followed safe practices for example, ensuring they wore personal protective equipment (PPE) such as gloves when handling soiled clothing.
- People were involved alongside staff, in maintaining the cleanliness of their own homes.

Learning lessons when things go wrong:

- Incidents and accidents were reported, recorded and investigated and action taken to find out why things had gone wrong. These were used as learning to try and prevent similar incidents occurring in future. For example, where there were concerns related to recording errors, the provider sent CQC a plan that listed measures they had taken to prevent any reoccurrence of such events.
- Where required, disciplinary procedures were used to ensure staff met the requirements of the service and maintained high levels of care and support.

# 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 fully assessed which included ongoing involvement of their close relatives and reviews by a range of health and social care professionals.
- People's support, for example in relation to their healthcare needs and relationship needs, was planned and delivered in line with professional standards and guidance. Recognised assessments such as nutritional and skin health assessments continued to be completed and reviewed regularly to identify any changes in people's needs.
- People and their relatives told us they had agreed their care needs prior to starting to receive a service. A relative said, "I was involved in discussing and agreeing the care plan for [name of person]."
- People told us they could use email, text or telephone to communicate with the management team, for example, to request a last-minute change to their support.
- The electronic monitoring system used by La Vie en Rose alerted managers when staff were late to a call, so any disruption to people could be minimised.

Staff support: induction, training, skills and experience:

- Newly employed care workers received an induction to the service and training which helped them to carry out their roles effectively.
- Care workers received training relevant to people's needs and to ensure they remained up to date with current practice. This included infection control, managing people's medicines and food hygiene.
- Care staff were assessed as being competent in practical aspects of their role, such as medicines administration, before they could support people with these needs independently.
- Care staff were supported with individual meetings, during which they could discuss their work performance, training needs and any other issues. Staff told us they found these meetings useful in supporting them to develop their skills and experience and discuss any concerns about the people they were supporting.

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

- Relatives told us that people received sufficient food and drink where staff provided mealtime support. Staff recognised when people were at risk of losing weight or struggled to eat and notified the office so that appropriate measures could support people.
- People's dietary requirements and preferences were included in care plans and known by care workers.
- Peoples specialist dietary needs were assessed and supported by the service. For example, staff supported a person with a specialist feeding tube to receive nutrition through a specialist pump.

Staff working with other agencies to provide consistent, effective, timely care:

- Correspondence with community teams demonstrated the provider worked with health and social care professionals, to provide effective care to people.
- Care records included details of GP's and other health professionals involved in people's care.
- Care records included details of people's medical history and how care workers could support people to manage their health.

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.

- We checked whether the service was working within the principles of the MCA.
- Staff had received training in the principles of the MCA. People made day to day decisions including what they had to eat and drink, when and how they wanted their care delivered.
- Staff gave people any support they needed to discuss their support needs and time their visits in accordance to their personal preference. For some people, this included the involvement of a family member.
- People were supported to make complex decisions by staff who knew them well. For example, where people wanted support to remain in their own home, possible care packages were discussed, agreed and arranged with the person, the provider and a care professional
- People's capacity to make decisions regarding their care had been assessed when required and people's independence and freedom to make their own choices were respected. When people lacked the capacity to make decisions people who knew them well, including their loved ones and staff, made decisions in their best interests. One person told us they had been involved in choosing what time their care staff came to support them.
- Support plans were sufficiently detailed to assist staff to support people in the least restrictive way. Peoples plans included ways in which a person could assist with a morning or evening routine. For example, one person was able to wash the left side of their body, whilst the right side of their body needing washing by staff. Staff could then prompt the person to wash themselves where able.

Adapting service, design, decoration to meet people's needs:

- Any concerns in relation to people's homes not being safe or well-maintained were reported to family members or the appropriate people. This included areas such as. fire alarms, security, lighting, flooring and kitchen safety and ensured people were kept safe.

# 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:

- Staff showed kindness and compassion towards people. People enjoyed friendly conversations and were comfortable in the company of staff. One person told us, "We all get along very well."
- People were treated as individuals and equals. Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people. The provider told us, "Excellence in our work is the foundation of our business."
- People's protected characteristics under the Equality Act were promoted. Staff had access to training in Equality and Diversity. Staff supported people with their cultural needs and worked to overcome language barriers. For example, one person told us staff used hand gestures or pictures to aid communication if they were not able to understand the staff member.

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

- People were at the centre of decision-making in relation to their care and support. People had control over what time their support workers visited them. One person told us how their visits were different on one particular day of the week to enable them to go to the local day centre.
- People's goals and wishes were identified and respected. For example, one person told us how the service supported them to attend a weekly day centre and how the service had adapted their support visits around the person's wishes.
- People's wishes about who supported them were respected. People and their relatives told us that if they did not get along well with one carer they could contact the office and another would be asked to support them.

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

- People were supported to maintain relationships which were important to them. Where people wanted to remain as independent as possible, support was provided to achieve this. One person told us "I love my piece of independence."
- People could access the local community and were supported to attend activities such as visits to coffee shops. The provider had recently purchased a new vehicle with wheelchair access to enable staff to take people they support into the community.
- People were empowered to continue to do things they enjoyed and had always done. For example, taking care of their pet. One person told us how staff would support them to walk their dog. Another person told us how staff supported them to feed their cat.
- People's information was managed confidentially and care records were stored securely in line with the Data Protection Act.

# 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:

- The provider was aware of the importance of ensuring information was in an accessible format for all people and was working on ways to imbed this into people's care records.
- Care was consistently delivered with consideration of people's individual needs whilst encouraging their independence. People's individual care plans included their preferred routine of how they would like to be supported with their personal care.
- People were supported to go out using the home's transport when required.
- People were encouraged to take an active role in their care. For example, people were assessed in relation to food preparation and supported to make their meals where able.
- Staff had time to read people's care plans to make sure they had up to date information about any changes in people's needs and they care they wanted.
- Care was flexible to people's moods and abilities each day and people confirmed they received the support they wanted when they needed it.

Improving care quality in response to complaints or concerns:

- Complaint guidance was available and people were supported to raise any concerns through their interactions with staff.
- People told us they felt clear on how to raise any concerns and were confident that they would be listened to and action would be effectively taken. One person told us "Managers listen to and respond to my concerns, they always take my concerns seriously and act to resolve the issue."
- The service had received no formal complaints in the last 18 months. The registered manager explained how complaints would be handled in accordance with the provider's policy, within the provided timescale and used to improve the quality of care.

End of life care and support:

- The service had received many compliments in relation to end of life care they had provided. One compliment read, "Thanks for taking such good care of [name of person] and giving them such dedicated care in the last few days of their life."
- The service had good links with other relevant health professionals to ensure support would be available to manage people's symptoms and ensure their advanced wishes would be respected.
- The provider told us that end of life care was a key element of the service they provided They said they established end of life care quickly and effectively and that they offered additional overnight support if family members required a break from caring for their loved one.

# 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.

The service did not have a manager registered with the Care Quality Commission. This is because the provider is one person and they do not require a manager to be registered with the Care Quality Commission. This also means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 provider promoted a positive culture that supported and valued people and staff, creating a sense of shared values such as respect for culture and individuality. We found these values were evident throughout the service people received and that the provider communicated their vision and expectations to staff. They rewarded excellence in care with 'Carer of the month awards'.
- The leadership for the service was the responsibility of a service manager who reported directly to the provider. People told us the manager and provider were effective and responsive to their needs. The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions.
- Staff were valued and this had a positive effect on their ability and resilience in supporting people and working as a team. A staff member said, "we are like family at La Vie en Rose."
- The provider understood their responsibilities under the duty of candour when things went wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of social care services to notify people (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The provider could explain duty of candour and understood their responsibility to be open and honest with people and their family when something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. The management team worked alongside staff every day and led by example. They completed care tasks and staff told us they always stepped in to help if staff needed support.
- Staff were provided with updates to existing training. The provider's policies and procedures were available to all staff. These promoted equal opportunities, respect for people and staffs' diversity and provided guidance.
- The provider was clear about their responsibility to notify us of incidents and important events in

accordance with their statutory obligations.

- There was a governance structure in place. The management team completed a wide range of audits to assess, monitor and improve the quality of the service. These included environmental audits, reviews of people's care records and a regular review of people's needs. Where shortfalls had been identified for example, where staff had not attended care and support calls as required a full investigation was carried out.
- The service had contingency plans for emergency situations such as adverse weather conditions or severe staff shortage. A file contained details of each person receiving care and highlighted those who should be prioritised in an emergency due to having the highest needs.
- The provider had taken steps to ensure that people received their care uninterrupted if the legal work status of their staff were to change. This included recruiting additional staff.
- The service was actively seeking the views of people using the service, relatives and staff through sending out regular questionnaires and having regular meetings. The provider told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated year on year to ensure continual improvement was sustained.

Continuous learning and improving care; Working in partnership with others:

- There were clear processes in place to obtain the views and opinions of people using the service, their relatives and staff. This information was used for development and improvement purposes.
- The service worked in partnership with a range of other agencies and professionals. A multi-disciplinary approach was taken to meeting the needs of people.
- People and their relatives were very positive about how the service worked with other professionals to ensure their needs could be met.
- Agendas raised during staff one to one meetings contained positive messages to staff and constructive comments about how to improve the service for people.