Lorac Healthcare Limited

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Inspection report

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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

This announced inspection took place on 28 April 2017 with phone calls made to relatives of people using the service on 01 May 2017. The provider had 48 hours' notice that an inspection would take place, so we could ensure staff would be available to answer any questions we had and provide the information that we needed.

This was our first inspection of this service since it had been registered with us on 08 May 2015. Previously the service had been dormant as regulated activities were not taking place.

Lorac Healthcare is registered to deliver personal care. They provide support to adults and children aged between 4-18 years living in their own homes. Some people using the service may have a physical disability, sensory impairment, learning disability or autism, mental health issues or dementia. At the time of the inspection two young people under the age of 18 were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager was available on the day of the inspection.

Quality assurance audits were carried out but these were not robust, so that it was unclear if any patterns or trends were developing, which may impact upon the service. Audits had not picked up on-going issues that may require action. People were happy with the service they received and felt the service was led in an appropriate way. Staff were supported in their roles.

Staff supported people safely. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. People received the support they needed and their relatives were satisfied with the timings of calls. Staff had knowledge of the risks posed to people and supported them safely to minimise such risks.

Staff understood people's needs and provided specific care and people's preferences had been noted. Relatives knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff assisted people to access food and drink.

People and their relatives were involved in making their own decisions about their care and their own specific needs. People and their relatives felt listened to, had the information they needed and were consulted about their care. Staff provided dignified care and showed respect to people. People were encouraged to retain a high level of independence with staff there ready to support them if they needed help.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service felt safe.

Staff were aware of safeguarding procedures and how to keep people safe.

Staff recruitment was carried out safely.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service, on-going supervision and support.

Staff had some knowledge on how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be

taken.

Is the service well-led?

Good

The service was not always well-led.

Quality assurance audits needed to be developed.

People were happy with the service they received and felt the service was well led.

People and staff members felt that the registered manager was approachable

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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 28 April and 01 May 2017 and was announced. The inspection was carried out by one inspector. The provider had 48 hours' notice that an inspection would take place. This was because we needed to ensure that the registered manager/provider would be available to answer any questions we had or provide information that we needed.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information returned to inform our inspection.

We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The team are responsible for monitoring services that provide care to people.

We spoke with two relatives of people who use the service, one staff member and the registered manager/provider. We looked at two people's care records and two staff member's recruitment, supervision and training records. We looked at systems in place to monitor the quality and management of the service.

Good

Is the service safe?

Our findings

Relatives we spoke with told us that their family members were supported in a way that made them feel safe. One relative told us, "Yes [person's name] is safe, I have no concerns". A staff member told us, "We keep people absolutely safe, as we know their needs".

Staff were able to describe to us possible signs or symptoms that may indicate someone was experiencing abuse. A staff member told us, "I would look out for marks on people's body or change in their personality as an indication they may be suffering abuse. I am trained in safeguarding and would alert the local authority if I was concerned". We saw that a safeguarding policy was in place and that staff had undertaken training in safeguarding and this was updated as required.

Risk assessments were in place, however they only gave basic information and could be developed to provide a better overview of risks posed to people. Examples of areas of risk considered were people's mobility difficulties, hazards related to equipment and risk of falls whilst being transferred. The assessment looked at existing control measures and what actions could be taken to minimise risk, such as how many carers were needed, what the person could do independently and what equipment may be required. Staff we spoke with had a good understanding of people's needs.

We found that there were no incidents or accidents that had occurred within the service, however there was a procedure to follow should the need be there. Records showed that body maps were completed for long standing marks on the person's body, however where daily records had noted the person had developed a blister this was not recorded on a body map. We asked the registered manager why issues of skin viability were not recorded on body maps and we were told that this hadn't been considered, but would be in the future.

Relatives told us that there was consistency of staff that supported them with one person telling us, "We don't have any big problems with calls, nearly always on time". A staff member told us, "We have a new member of staff on induction and have enough staff to cover, as the manager goes out on calls if she needs to".

We found that effective recruitment systems were in place. Staff confirmed that checks had been completed before they started work. We looked at two staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. We saw that staff members had provided a full work history.

Staff did not administer medicines, but one person was assisted by staff by way of prompts and by giving water to the person to allow them to take the medicine easily. There was no list of medicines that the person was taking within the person's care plan and therefore staff would be at a disadvantage if they needed to know the medicines taken, such as if the person was taken poorly whilst care was being carried out. The

registered manager said that they would ensure that care plans contained the information.

Good

Is the service effective?

Our findings

Relatives told us that the service provided was effective. One relative said, "The staff are knowledgeable and appear to be well trained". The staff member we spoke with was able to speak with knowledge about the needs of the people they supported.

A staff member told us, "My induction lasted for two weeks. The manager showed me how to do things and introduced me to people. My induction prepared me for the job. I shadowed the manager and other staff". Staff and the registered manager told us that new employees completed the care certificate. The care certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

We saw that staff members completed regular training, with one staff member saying, "We do lots of training, recent training I have done has been moving and handling". One staff member told us, "My supervision is monthly, but I can speak with the manager at any time". Records confirmed that supervision was undertaken.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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. The application procedures where personal care is being provided must be made to the Court of Protection. We saw that the care plan asked if people had mental capacity and considered people's moods and anxiety levels.

Staff we spoke with had some knowledge of the principals of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). We found that staff knew that they should not restrict the person and that they should ensure that people consented to their care and support. A relative told us, "They [staff] always get consent from [person's name] and ask them if it's okay to help them". A staff member told us, "I always ask for consent, it would be very difficult to develop a relationship if you didn't respect people and ask them first".

Staff only prepared breakfast for people, but relatives we spoke with were satisfied with this and one relative said, "The food is only cereal and toast, but I am happy with how they do it". Staff we spoke with were aware of people's nutritional requirements when asked.

Staff were aware of people's well-being and understood the person's medical background. One member of staff told us, "If [person's name] isn't well I can tell straightaway and I would speak with their relative and tell them what I had noticed immediately.

Good

Is the service caring?

Our findings

A relative told us, "They [staff] are kind and caring towards [person's name] we have a good relationship with them". A second relative shared, "They [staff] are kind, they are ok with [person's name]". A staff member told us, "I care about people's feelings, so I try to always be kind".

We saw that care plans noted that staff must give people choice and must maintain their privacy and dignity. One relative told us, "I think they give [person's name] choice as far as they can, they always ask if they want to do this or that". A staff member told us, "I always give a choice. I ask people what they want to wear, what they want to do today?"

Relatives we spoke with felt that where possible people were encouraged to be independent and to do things for themselves to help them retain and develop skills. A staff member told us, "I encourage independence. I support people to do their specific exercises and to help me when I need to help them to move. If somebody can wash and brush their own teeth then I ask them to do so".

Relatives told us that staff maintained people's privacy and dignity, with one saying, "They [staff] keep [person's names] dignity never had any problem". A staff member told us, "I would close the doors and curtains, make sure that the person is not exposed. If they want to be alone to use the bathroom I would stay behind the door until they needed me". Daily recordings showed that this had been done when people requested.

We found that some written language used in recordings was inappropriate, but this had been discovered within an audit and the registered manager told us that they had spoken with the staff member, and would be retraining them on this. There was no audit trail to evidence that the staff member had been spoken with, but the registered manager said that a record would be completed to evidence that the discussion had taken place.

Although nobody was using an advocate through the service, staff were able to tell us about the advocacy policy. An advocate is a person who supports and enables others to express their views and opinions and access information and services. We were told that staff would refer people onto an advocate through the local authority.

Relatives we spoke with told us that they got along well with staff members, with one saying, "We talk about what care needs doing, they are pleasant". A staff member told us, "I work well with family members and we have good communication. I will ask them if things are well when I go into the home".

Good

Is the service responsive?

Our findings

Relatives told us that they felt that staff understood their care requirements well. One relative told us, "The care plan was exactly as we asked and we were involved". A staff member told us, "If anything changes that needs to be reflected in the care plan the manager will see that it is recorded immediately and she listens to people's requirements".

We saw that the care plan detailed the need, intervention and outcome of specific areas of care. For example when considering personal care and washing for a person the need detailed how often they required a wash, and what they could do independently. The intervention looked at how staff would assist the person, with step by step instructions for staff caring out the care and the outcome was to promote the optimum level of functioning, whilst promoting independence. The care plan covered support needs such as, communication, personal care, eating and drinking, continence, moving and handling, and social needs. The care plan gave a history of the person and their medical diagnosis. We found that reviews of care plans had been scheduled to occur within a timely manner.

Relatives told us that people's preferences were acknowledged, with one relative saying, "Our preferences are listened to". We found that the care plan recorded such preferences with an example being, one person preferred to be called a specific name and this was recorded and carried out.

One relative told us, "If there were any concerns or worries we would go to the manager". A second relative said, "We have received the complaints policy and would just phone the office if we had a problem". A staff member told us, "We haven't received any complaints, but if we did I would take them to the manager and I know that there is a policy to follow". We saw that the procedure to follow if a complaint was made was in place.

We found that feedback was taken from people using the service and their families and that it was positive. The registered manager told us that there was a plan in place to extend this as more people began to use the service and to provide people with the results of feedback via email.

Good

Is the service well-led?

Our findings

We saw that although some auditing of records was being undertaken, this was not robust enough to indicate if any patterns or trends were occurring. Examples being audits of care plans only gave the date they were looked at with no information if any changes had occurred. Audits of daily recordings again had only been dated and had not picked up on issues such as some recordings being written in pencil and not pen. Inaccurate recordings had not been picked up by the registered manager. One record stated the following; 'made sure to give medication'. We were aware that medication was not administered by staff, so we checked this with the registered manager who stated that it had been written incorrectly and that staff would be retrained on recording. Audits of staff meeting minutes only gave the date attended and not who attended, so it wasn't clear on which staff members may need to be updated on information if they had missed the meeting. We spoke with the registered manager who told us that they would look at ways in which they developed the audits and one suggestion made by the registered manager was that audits forms could be expanded, so that there was space to write in any actions that had been taken. Information given within the Provider Information Return [PIR] shared that within the plan for the next 12 months a computerised system of recording would be implemented, which the provider felt would be beneficial.

We found that actions carried out did not always have an audit trail, for instance where a staff member had been spoken with about a late call. The registered manager was able to tell us how this had been dealt with, but the action had not been recorded, including that the person's family had been visited. The registered manager told us that in future audit trails would be in place to evidence any actions carried out.

Within the daily records that we looked at we found that another person's personal details and recordings were placed within the record we were looking at. We showed the registered manager who was unsure how this had happened, but informed us that this would not be the case within people's homes and that it was an administrative error. The registered manager told us that they would speak with staff about the importance of confidentiality and data protection to ensure that it did not occur again and that important confidential documents were looked after more carefully to ensure that they were not mislaid.

We found that although staff were working with young people, literature regarding the service, such as the service user handbook and additional guides were not aimed at the age of the people using the service. We spoke with the registered manager who showed us examples of a more pictorial style that they were looking to adopt over the coming months.

Relatives told us that they were satisfied with the care carried out by staff, with one saying, "I am happy with everything" and a second saying, "The care is alright, we are happy with it". Relatives told us that they were happy with how the service was managed and said, "[Registered managers name] is a good manager, she manages the place well" and, "The manager is ok, we are satisfied with what she does it is a good place". A staff member spoke of the registered manager and told us, "[Registered manager's name] is very kind and supportive. She has good communication with the families, she checks that we are carrying out moving and handling correctly and supports us to do our best".

We found that team meetings were carried out regularly and staff told us that this was an opportunity to discuss any issues and learn from each other's practice. Observations of practice and spot checks had been carried out to assess the staff's competency and these were discussed within supervision.

We saw that a whistle-blowing policy was in place. Whistle-blowing is the procedure taken when staff inform a responsible person of concerns where practice being carried out is below an acceptable standard. A staff member shared with us, "If I saw anything alarming I would contact the local authority or CQC I know the policies and procedures in place".

We had not received any notifications of incidents that had occurred as required by law, as no incidents had occurred, but the registered manger and staff were aware of the process to take, should a concern arise. We saw that a policy was in place for this.