

Liral Veget Training and Recruitment 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 well-led?	Good ●

Summary of findings

Overall summary

We undertook an announced focused inspection on 29 March 2018. We gave the service 48 hours' notice as we needed to be sure they would be available for the inspection. Liral Veget Training and Recruitment Ltd provides personal care to people living in supported living accommodation across four local authorities. At the time of our inspection seven people were using the service. Most of the people using the service were younger adults with a learning disability. The supported living accommodation was provided by another service which the manager for Liral Veget was also responsible for.

At the last inspection on 15 August 2017, we found one breach of regulation relating to concerns about the provider's staff recruitment practices. We rated the service Requires Improvement. At this inspection we found improvements had been made in relation to recruitment practices and care workers were recruited safely. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

There was a registered manager in post. 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 provider conducted appropriate checks of candidates prior to employing them to help ensure they were safe to work with people using the service.

The registered manager visited people in their homes to monitor service provision. The provider carried out an annual survey to ascertain people's views in relation to the care being provided. Where issues were identified, action plans were put in place to rectify these and improve the service.

The provider conducted safe medicines management. There were appropriate procedures in place for administering and recording the medicines given and care workers were given appropriate training. Records indicated that procedures were adhered to as stipulated within the policy.

Risk assessments were conducted to safely manage known risks. These included risk management plans with clear advice for care workers about how to mitigate risks.

Care workers were aware of their responsibilities to safeguarding people from abuse. They had received appropriate training and were aware of the procedures to follow if they suspected someone was being abused.

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. Safer recruitment processes were conducted to help ensure candidates were suitable to work with people.

Appropriate records were kept where care staff helped people to take their medicines. Care staff had received training in medicines administration and the registered manager checked records to make sure they were being properly filled in.

Care staff had a good understanding of how they were expected to respond if they suspected someone was being abused. The provider had a safeguarding policy and procedure in place and care staff had received training in how to recognise and respond to abuse.

The provider ensured there were sufficient numbers of suitable staff available to meet people's needs. The provider ensured care staff with the right skills were sent to assist people with their needs.

The provider appropriately assessed and managed risks to people's safety during care delivery. Risk assessments included clear risk management guidelines for care staff to follow when assisting people.

Good ●

Is the service well-led?

The service was well-led. The provider conducted unannounced spot checks to assess the quality of service as well as an annual survey to obtain people's views. We found the results of these were positive.

Care staff gave good feedback about the registered manager and other senior staff that supported them in their role.

Good ●

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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 checked 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 29 March 2018 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that we could speak with a member of the management team and access records.

Before the inspection we reviewed the information we held about the service, including notifications the service had sent to us. A notification is information about important events that the provider is required to send us by law.

During the inspection we spoke with the compliance manager and business development manager. We also spoke with the registered manager after our inspection on the telephone. We reviewed four people's care records to see how their care and support was planned and delivered. We checked eight staff files to see how their recruitment was carried out; and what training, support and supervision they received. We looked at records relating to the management of the service.

After the inspection we spoke with two relatives of people who used the service and two care staff.

Is the service safe?

Our findings

At our previous inspection we found the provider did not always undertake robust and thorough recruitment checks. At this inspection we found the provider conducted the necessary checks to recruit staff safely. We checked all staff files which included those for five new staff members who had been employed since our previous inspection. Their records included their application forms and employment histories. Where gaps were identified in employment histories, we found the provider had conducted checks to determine the reasons for this. For example, we found one person had been abroad for a period of time which accounted for the gap in their employment history. The provider had obtained two references from previous employers. Where we identified that references had not been obtained from the most recent previous employer, the provider was able to demonstrate that they had made reasonable attempts to obtain these. For example, one previous employer was no longer in business, but despite this, we saw email evidence of attempts to contact them. In these circumstances, the provider had obtained the most recent, obtainable employment and character references. Records also contained evidence of criminal record checks as well as evidence of people's right to work within the UK which sometimes included valid work permits.

The provider ensured care workers with the right skills were scheduled to provide care. The provider determined people's individual needs before providing care. And thereafter ensured that care workers with the right skills were scheduled to provide care. The registered manager employed a suitable number of staff to care for people. She ensured care visits were attended to by available staff and where someone was unavailable, would ensure appropriate cover was arranged.

The provider's role in relation to medicines administration was clearly defined in a written medicines administration policy. This stipulated how medicines were expected to be administered and which records were expected to be kept as a result. The policy differentiated between prompting people to take their medicines and administering medicines to people. Where care staff prompted people to take their medicines, they were only required to remind people to take these and record this within the daily notes kept of the care provided. Where care workers were expected to administer medicines to people, they handed this to people to take under their observation. As per the policy, care staff were expected to record people's medicines within medicines administration record charts (MARs). Care workers were aware of the policy and procedure in relation to recording the assistance they provided to people. One care worker told us, "I have read the policy and know I have to keep records when I help people with medication."

The registered manager checked daily notes and MAR charts on a monthly basis to ensure that any issues were identified and addressed. Where discrepancies were found, she queried this with individual care staff. Care staff confirmed this was happening. One staff member told us, "The manager checks all the notes to make sure they're ok."

Care staff were aware of their responsibilities in relation to maintaining a good level of hygiene in people's homes. Care staff gave us good examples of how they followed best practice. One care worker told us, "The first thing I do is wash my hands" and another care worker said, "I make sure equipment is clean before I use

it... especially in the kitchen."

The provider had an appropriate infection control policy in place. This included care worker responsibilities to maintain appropriate hand hygiene and wear personal protective equipment where necessary.

The provider had appropriate arrangements in place for reviewing and investigating incidents when they occurred. At the time of our inspection there had been no accidents or incidents during the course of service provision, however, there was an appropriate procedure in place for managing accidents and incidents and care staff were aware of this. All accidents and incidents were recorded on a form which included details of the incident and how this occurred as well as any follow up actions required. Care workers told us they were aware of their responsibilities to report any incidents that occurred during their work. The registered manager explained that she would personally assess each incident to identify any lessons learned and discuss these with care workers to ensure improvements were made. The registered manager told us if any incidents occurred she would discuss these in team meetings and individually with care workers involved.

People told us they felt safe using the service. One person told us, "I feel safe with the carers" and another person stated, "They do things safely and make sure I'm alright."

Care workers received appropriate training in safeguarding policies and procedures to help keep people safe from abuse. Records indicated that care workers received annual training in safeguarding. Care workers told us this included recognising the signs of abuse and knowing how to respond if they suspected abuse was taking place. Comments from care workers included, "I know my clients and I would report anything that didn't seem to be right with them" and "I've never had any concerns about any of my clients, but if I did, I would make sure this was investigated." The provider had a written safeguarding procedure in place. This stipulated that where allegations of abuse had been made, care workers were obligated to report this to their manager.

Risks to people's safety were appropriately assessed and effective risk management plans were put in place. People's care records included assessments of people's physical and mental health. These covered areas such as eating and drinking, moving and handling and specific health conditions. Risk assessments described the nature of the risk, control measures that needed to be implemented to minimise the risk of an incident occurring and included details of what to do if an incident occurred. For example, we saw two people's care records confirmed they were at risk of epileptic seizures. Risk assessments explained the nature of the risk and included guidelines to help prevent seizures for example by ensuring the people had an appropriate supply of their medicines and were taking these. Care records also included instructions for care workers about how they were required to respond if either person did experience a seizure and this included ensuring there were no obstacles within the vicinity as well as ensuring the person's clothing was loosened around their neck to minimise the risk of injury.

Care staff sought to understand, prevent and manage behaviour that challenged the service. For example, we saw one person's care record included practical advice for care workers about how to avoid triggering one person's behaviour that challenged. This included advice on what facial expressions care workers should adopt as well as tone of voice. The care record also included instructions on how to respond in the event of the person becoming challenging which included removing obstacles that could be in their path, ensuring their physical safety and reporting any incidents.

We found people's care records were accurate and securely stored for relevant care staff to refer to. We were told by senior staff that copies of people's records were available within their homes for care workers when needed. People's records were also stored within a locked cabinet at the provider's registered address. Care

records, which included risk assessments, were also updated every six months or sooner where people's needs changed.

The safety of people's living environments was checked and managed to support people to stay safe. We found people's care records included environmental risk assessments which prompted the assessor to check both the inside and outside of the person's home to ensure there were no hazards that could pose a risk. For example, risk assessments included a check of the floors and carpets to ensure that these were not a tripping hazard. Where issues were identified, senior staff explained, they would work with people to rectify these. Care staff confirmed where they identified new hazards to people's safety, they would report this to the registered manager. One care worker told us, "If there's a problem in someone's home, like a leak or gas problem... I would report it and we would try to help the client to sort it out."

Is the service well-led?

Our findings

Care workers confirmed there was a positive culture within the organisation. They told us they enjoyed working for the provider who they described as fair and supportive. One care worker told us, "The manager cares what we think and asks us for our feedback" and another care worker said, "The senior staff are good. I feel valued here."

There was a clear governance framework that ensured responsibilities were clear. There were job descriptions for care workers which specified what the role involved and what care workers were required to do. This included the responsibility to build relationships and provide assistance where needed as well as protecting people from abuse. Care workers were aware of their responsibilities in relation to the people they were supporting. Comments included, "It's our responsibility to promote people's independence by assisting them with what they ask" and "It's our job to give people choices in how they want to live."

The provider asked people who used the service and their relatives about their experiences at regular intervals. The registered manager conducted unannounced spot checks of the care people received. Spot checks involved a check of 16 separate matters which were recorded. This included whether the care worker arrived on time, whether paperwork was filed appropriately and whether equipment, including hoists were observed to be used properly. Where issues were identified, the registered manager told us these would be addressed with the care workers involved.

The provider also conducted an annual survey to obtain people's views of the service provision and the results of these were analysed. We checked the results of the most recent survey and found the results to these were positive. Where issues were identified, the provider produced an action plan to rectify the issues.

The manager was aware of their responsibility to update the Care Quality Commission about all notifiable incidents as required by law to comply with its registration requirements. We found the provider had been meeting their obligation to do so.

The provider worked with members of a multidisciplinary team in providing care to people where this was needed. This included people's GPs or their social worker. We saw examples of communications with outside professionals in people's care records.