

Loyalcare Group Services Ltd

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Inspection report

Suite 1 , Manor House Business Centre,
19 Church Street,
Leatherhead,
Surrey
KT22 8DH

Tel: 07728689698

Website: www.loyalcare.co.uk

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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 was an announced inspection that took place on 19 June 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. It is located in the Leatherhead area and covers mid Surrey. A service is provided for people who misuse drugs and alcohol, have dementia, people with an eating disorder, learning disabilities or autistic spectrum disorders and mental health issues.

This was the first inspection since the service was registered.

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 and associated Regulations about how the service is run.

People and their relatives said they were satisfied with the service the agency provided and way staff delivered it, in the course of their duties.

Records kept by the agency were up to date and covered all aspects of the care and support people received, the support choices they had made and identified if they were met. The records were clearly recorded, fully completed, and contained regularly reviewed information that enabled staff to perform their duties.

Staff knew the responsibilities their roles entailed towards the people they supported, the tasks they performed and were made aware of how people liked to receive support. Staff had appropriate skills and provided care and support in a professional, compassionate and kind way.

Staff also knew that they must treat people equally and respect their diversity and human rights. People and their relatives said they felt fairly treated.

Staff received appropriate training and made themselves accessible to people. They thought the organisation was good to work for; they enjoyed working there and had access to good training and support.

People and their relatives were encouraged by the registered manager and staff to discuss health and other needs and agreed information was passed on to community based health professionals, if required.

Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options whilst still making sure people's likes, dislikes and preferences were met.

The agency was aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The registered manager consistently monitored and assessed the quality of the service provided and was approachable, responsive and encouraged feedback from people.

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 said they were safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Is the service effective?

Good ●

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and they were encouraged to eat healthily.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

The provider worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

Staff worked well together internally and across organisations.

Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good 

Is the service well-led?

The service was well-led.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

The manager and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

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 was an announced inspection and took place on 19 June 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency 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.

Before the inspection, the provider did not complete a Provider Information Return (PIR), as one was not requested. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at home and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 18 people receiving a service and 11 staff. During the inspection, we spoke with four people and their relatives, and four staff. We also spoke with the registered manager and office team during the office visit. We also contacted two healthcare professionals.

We looked at three people's care plans and three staff files. We also checked records, policies and procedures and quality assurance systems.

Is the service safe?

Our findings

People and their relatives thought the agency provided a safe service and supplied enough staff to meet their needs, when required. This was also identified by the staff rota. One person told us, "My girls [staff] make me feel safe." Another person said, "All the staff are kind and caring to my dad and I feel totally at ease that he is cared for professionally and safely which gives me great peace of mind."

The registered manager was aware of how and when to raise a safeguarding alert. Previous safeguarding alerts had been appropriately reported, investigated and recorded. There was no current safeguarding activity. Staff had received training in the action to follow should they encounter abuse. The agency had provided them with policies and procedures to follow to protect people. There was also a lone working policy.

The agency carried out risk assessments prior to a service being supplied that protected people and staff. People and their relatives contributed to these risks assessments, if they wished. The risk assessments contained areas that covered all aspects of the service provided, identified specific risks, action to take and a management plan. This included situations in which people may display behaviour that others could interpret as challenging and could put themselves and staff at risk. They were monitored, reviewed and upgraded if people's needs changed. Staff said that they shared information with the office and other members of the team, if they had shared calls, when risks to people were identified. They knew the people they provided a service for, could identify situations where people may be at risk and this meant they could act to minimise the risk. The agency kept records of accidents and incidents. Staff had also received infection control and food hygiene training and people said this was reflected in the way they worked during visits. One person told us, "My father's house was in a quite disgusting state and staff from Loyalcare went above and beyond to ensure the house and especially the kitchen was clean and tidy and safe for preparation of food."

Staff recruitment followed a procedure that included an application form, job description, person specification and short-listing of prospective staff for interview. The interview contained scenario based questions to identify people's skills, experience and opinions of how good domiciliary care should be delivered. References were taken up and work history and disclosure and barring (DBS) security checks carried out before people were employed. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was a six-month probationary period with an initial review after three months. Each stage of the process was recorded.

The agency had disciplinary procedures that were followed if required.

Staff were trained to safely prompt people to take medicine but not to administer it. They had access to regularly updated guidance. The agency checked and monitored people's medicine and records using a digital system.

Is the service effective?

Our findings

People and their relatives were enabled and supported by the agency and its staff to make decisions about when and how care and support would be provided. They told us staff understood their needs and met them in a patient and supportive manner and regularly checked that the care and support was meeting their needs. This was also monitored as part of the agency quality assurance system. One person told us, "If I need anything, they [staff] do it." Another person said, "They [staff] are brilliant."

Staff received induction and mandatory annual training. This was delivered in a number of ways such as on-line, face to face and based on the 'Care Certificate Common Standards'. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

New staff were given a staff handbook and signed a document to confirm they had read it. They were also able to shadow more experienced staff and did not start working alone until they were comfortable and confident to do so and familiar with people and their needs. This was also integrated into the staff client handover process. Random spot checks were conducted by the registered manager to monitor progress. Staff meetings, quarterly supervision and annual appraisals provided opportunities for identifying group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team.

People's care plans contained health, nutrition and diet information and staff monitored people's food and drink intake, if required. Staff advised and supported people to make healthy meal choices whilst observing their right to choose what they wished to eat. Staff said if they had concerns they raised and discussed agreed information with the office, person, their relatives and GP. The agency records demonstrated that referrals were made to relevant community health services and they were regularly liaised with. These included local authority commissioners, hospital discharge teams and district nurses.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Appropriate staff were aware of the MCA, 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

In order to foster cross agency working, the organisation included details of other services the person was in

receipt of and liaised with them to co-ordinate a smooth service for people. The agency also worked closely with multi-disciplinary teams that included occupational therapists, district nurses, physiotherapists and general practitioners.

Is the service caring?

Our findings

People and their relatives said staff treated them with dignity and respect. They were listened to and their opinions valued. The training staff received regarding people's rights to dignity and respect meant they could affectively do this and was reflected in people's comments about the empathetic and respectful support they received. This was delivered in a friendly, helpful and professional manner. People's descriptions of care practices followed the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

The agency was small and people liked this as they received consistent care from staff who understood their needs and wishes. This showed a person-centred approach to the care that was delivered with staff arriving on time, carrying out required tasks and staying the agreed time. Staff recognised the importance of their roles in establishing relationships with people and supporting them to have a good quality of life, as for some people staff visits maybe a large part of or the only point of contact people received. One person told us, "They [staff] are lovely, so nice." Another person said, "The staff are really great." A further person commented, "My dad was slow to accept assistance and was at times very rude to staff, they and [registered manager] persevered and my dad is now very fond of those staff that care for him."

The registered manager and staff were knowledgeable about the people they supported. They gave us information about people's needs, interests and preferences that showed they knew people well.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and ongoing training.

Is the service responsive?

Our findings

The agency asked people for their views consulted fully with them and involved people in the decision-making process before providing a service. The care they received was personalised to their needs and if any problems arose regarding staff or the timing of the support provided, it was quickly resolved by the agency. Staff also recognised it was important to understand people's opinions so that the support they provided was focused on people's individual needs. One person said, "Always on time." Another person told us, "They do everything I asked for." A further person said, "I did have concerns with one member of staff. [registered manager] immediately took action. The staff member is no longer employed and [registered manager] ensured my dad and all other client's keycodes were changed."

The agency provided people with a service guide and statement of purpose that contained information regarding the service that was easy to understand and helped them decide if they wanted to use it. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

Having received an enquiry, from the county council with accompanying care plan, the registered manager would initially identify if people's needs could be met. They then carried out their own assessment visit during which they would establish with people the care and tasks required, frequency of visits and timing to ensure that they met the person's needs. As part of the process people's social history and activities outside their home and support needs required were identified to reduce social isolation.

People had individual care plans and people were encouraged and supported to take ownership of the plans and contribute to them. People had their needs regularly reviewed, re-assessed with them and care plans changed to meet their needs. Any changes were recorded and updated in their care plans. Personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, their preferences and choices and respect them. The information gave staff the means to provide the care and support needed. The agency matched staff to the people they supported according to their language and other skills and the person's needs and preferences.

The agency did not provide end of life care, although they continued to provide a service for as long as people's needs could be met and worked in tandem with district and palliative care nurse teams. Staff had received training regarding palliative and end of life care.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training.

Is the service well-led?

Our findings

People and their relatives were comfortable speaking with the registered manager and office staff and raising any concerns with them as much as they were with staff who provided them with direct support. We were told that frequent contact with the office took place and they liked that it was a small organisation which made the service more personal to them. One person told us, "Brilliant everything you could ask for." Another person said, "I would recommend Loyalcare to anyone."

The agency had a culture that was open and inclusive with clear, honest and enabling leadership. The agency's vision and values were clearly set out and staff understood and bought into them. Staff had them explained during induction training, they were included in the handbook and regularly revisited. The registered manager described the agency vision as providing care and support to a standard that would expect for themselves and their own relatives. One staff member said, "We get good support, the [registered] manager is very supportive." Another staff told us, "The training is very good and we get a lot of it."

The agency established links with the local community that included the police community liaison team working with young people and providing shopping support free of charge.

Staff said the registered manager provided very good support and made themselves available when needed. They were in frequent contact and this enabled staff to give their opinions and exchange knowledge and information. Staff said any service improvement suggestions they made were listened to and given consideration. They also had access to a whistle-blowing procedure that they would feel confident using.

Staff told us the agency was good to work for and the staff files demonstrated that regular staff supervision and annual appraisals took place.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Records demonstrated that there were random spot checks in people's homes, with their permission and frequent telephone contact and regular service reviews took place. These reviews identified what support worked for people, what did not work and what people considered the most important aspects of the service for them.

The agency and organisation carried out electronic audits that included induction and mandatory training, accidents and incidents, missed calls, safe guarding, people's care plans, staff files and risk assessments.

We saw that information was kept securely kept and confidentially observed for digital and paper records.