

Liral Veget Training and Recruitment Limited

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Inspection report

165 Old Kent Road
London
SE1 5UT

Tel: 02072311658
Website: www.liralveget.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

About the service

Liral Veget is a domiciliary care service providing personal care to 14 people at the time of the inspection. The provider gave personal care to younger people with learning disabilities and other conditions.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

Systems were in place to minimise the risk of abuse and risks to people's health and safety were appropriately managed. There were enough staff available to provide people with care. The provider conducted appropriate pre-employment checks with candidates to ensure they were safe to work with people. The provider had appropriate medicines and accident and incident policies and procedures in place.

Care plans were holistic and staff communicated effectively with people. There was a clear complaints policy and procedure in place and people's relatives told us they felt confident raising a complaint if required. People engaged in activities they enjoyed.

People's privacy and dignity, equality and diversity was respected and promoted. People were involved in decisions about their care and supported to be as independent as they wanted to be. The registered manager took reasonable steps to determine people's end of life care needs.

People's needs were assessed before they used the service and care was delivered in line with current standards and professional advice. People's health and nutritional needs were met and they had access to healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their relatives and staff were consulted in relation to their care and their views were taken into account. The registered manager understood their duty of candour responsibilities. All staff understood and fulfilled their roles. The provider assessed the quality of the service and took reasonable actions to improve the quality of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 29 March 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with the registered manager and two other senior members of staff within the service.

We reviewed a range of records. This included three people's care records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures. We spoke with two relatives of people using the service and two care workers. We were unable to speak to people using the service as they were either unavailable when we rang or were not able to communicate with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems in place to safeguard people from abuse. People's relatives told us they felt their family member was safe with their care workers and care workers understood the potential signs of abuse and what to do in the event of observing these. One care worker told us "I would report my concerns to the manager."
- The provider had a clear safeguarding policy and procedure in place which stipulated their responsibilities. At the time of our inspection no safeguarding issues had arisen since the previous inspection.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's health and safety and took action to mitigate these. People's care records contained risk assessments in various areas such as their risk of going outside alone. We saw there were clear written guidelines in place which explained the level of risk, as well as what care workers were supposed to do to mitigate this.
- The provider had Personal Emergency Evacuation Plans (PEEPs) in place. PEEPs are bespoke 'escape plans' for people who may not be able to reach a place of safety in the event of a fire. We saw these documents clearly stipulated care worker's responsibilities.
- People's environments were assessed to ensure they were safe. Some people using the service stayed within separately run supported living services and these environments were also assessed to ensure they were safe.

Staffing and recruitment

- The provider ensured there were enough suitably qualified staff sent to provide people with care. We reviewed staff rotas for the week of our inspection and saw enough staff were sent to provide people with care.
- People's relatives told us enough staff were sent and they were given enough time to conduct their work. One relative told us "They do send enough staff."
- The provider conducted appropriate pre-employment checks before allowing new staff to work with people. We reviewed three staff files and saw they contained evidence of criminal record checks, a full employment history and two references along with confirmation of their right to work in the UK.

Using medicines safely

- The provider managed people's medicines safely. People had clear medicines care plans which included details of the medicines people were taking, the dose and the time this was supposed to be taken. Care staff filled in Medicines Administration Record Charts (MARs), upon administration of people's medicine and we

saw these were fully completed and clear.

- Care staff completed annual medicines administration training as well as competency assessments before they provided anyone with support in this area.
- The provider had a clear medicines administration policy and procedure in place which stipulated the provider's responsibilities. Care workers understood their responsibilities to meet the requirements of the policy and clearly explained their role to us.

Preventing and controlling infection

- The provider ensured staff minimised the risk of infection through maintaining good levels of hygiene. Care workers told us they used Personal Protective Equipment (PPE) such as gloves and aprons and also washed their hands thoroughly throughout the day. One care worker told us "We wash our hands all the time."
- The provider had a clear infection control policy and procedure in place which detailed the provider's responsibilities. Care workers confirmed they were aware of the policy and they followed this when providing people with care.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong. At the time of our inspection, there had been no accidents or incidents since the previous inspection. However, there was a clear policy and procedure in place which stipulated the provider's responsibilities.
- Care workers demonstrated an understanding of their responsibilities. One care worker told us "If something went wrong, I would call an ambulance or a doctor depends how bad it was. I'd also report it to the manager."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and choices were assessed prior to their using the service. The provider conducted assessments with people and their relatives in order to determine their needs. They also contacted existing healthcare practitioners involved in their care for specialist guidance where needed. This information was then used to formulate a comprehensive plan of the person's care.
- People's needs and choices were delivered in line with legislation and guidance. The provider had clear and up to date policies and procedures in place that referenced up to date legislation.
- Staff were provided with annual training in numerous mandatory subjects and these were delivered with the most up to date guidance and information included.

Staff support: induction, training, skills and experience

- Care staff were given an appropriate induction and ongoing support to conduct their roles. Care workers confirmed, and records indicated, they were provided with an induction that followed the principles of the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Care workers confirmed, and records indicated they were given annual training in various subjects including safeguarding adults, medicines management and moving and handling. Care workers told us they found their induction and training useful. One care worker told us their induction "was definitely useful and I've been getting refresher training every year too."
- The provider also gave care workers quarterly supervisions and annual appraisals. We reviewed a sample of supervision and appraisal forms and saw these contained clear details of care workers views on their performance as well as whether they needed further support.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's care records contained nutrition care plans which clearly stipulated the level of support they needed, any allergies and how care staff could support them. For example, one person's care record had advice recorded in relation to their diabetes.
- Care records contained details about people's likes and dislikes in relation to food and people's relatives told us their family member was given the support they needed. One relative told us "The carers know what [my family member] likes and they make sure they give it to [them]."

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

- The provider worked with other agencies to provide consistent and timely care. People's care records

included details of other healthcare professionals who were involved in their care and they were contacted as and when needed.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people with their healthcare needs. We saw people's care records contained detailed information about people's needs along with advice for care workers about how people's conditions affected them. For example, we saw one person's care record contained detailed information about their behavioural needs, any triggers to these and how staff could support them sensitively.
- Care workers demonstrated a good understanding about people's needs and how they could support them to stay healthy. One care worker demonstrated detailed knowledge about one person's specific health condition and how they supported them with this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found the provider was working in line with requirements.

- Where people lacked the capacity to consent to their care, decisions had been made in their best interest after a mental capacity assessment had been conducted and determined that the person lacked capacity.
- Care workers understood the importance of obtaining people's consent before they provided them with care. One care worker said "You never do anything unless the person says it's ok. We always ask first."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were well treated and supported. People's relatives told us "They are a really excellent service. I wouldn't change them for the world."
- The provider respected people's equality and diversity. People's care records included details about their religion and ethnicity. At the time of our inspection nobody using the service had expressed any particular needs.
- Care workers understood the importance of meeting people's cultural preferences where possible. One care worker told us "We respect different religions and cultures and always ask if there's anything we can do to support people."

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

- People were supported to express their views and be involved in decisions about their care. People's relatives told us they were involved in making decisions about their family member's care. One relative told us "They ask my [family member] how [they] want things done. They go out of the way to please [my family member]."
- People's care plans included personalised information about their preferences in relation to their care. We saw examples such as people's likes and dislikes in relation to food, routines and their environment that care workers were instructed to take account of when providing care. Care workers understood people's preferences and told us they met these. One care worker told us "We do things the way people like and if there's anything they want us to change, we do it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. People's relatives told us their family members were respected. One relative told us "They do respect my [family member]."
- Care workers gave us examples of how they respected people's privacy and dignity especially whilst giving people personal care. One care worker told us "I make sure they are ready and happy to get personal care and then that nobody can see what is happening."
- People were supported to be as independent as they wanted to be. People's care records contained clear examples of what people could and could not do, so care workers could provide them with the correct level of support. Care workers were clear about the importance of encouraging people to be as independent as they could be. One care worker told us "We encourage people to do things for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider conducted assessments before people started using the service to ensure their personalised needs were met. People's care plans included personalised details about people's needs, including any particular triggers to behaviours that challenged or their likes and dislikes in a number of areas such as their nutrition and routines.
- People's relatives told us their family members were given choices in relation to their daily care. One relative told us their family member "Gets what s/he wants. They're always asking what they can do for [them]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met people's communication needs. People's care records contained clear instructions about how people communicated their needs and included clear examples about how they expressed their emotions where they could not verbalise their needs.
- The provider met the requirements of the AIS as information such as the provider's complaints policy was available for people in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to take part in activities they enjoyed. One person was supported with activities both inside and outside their home. We saw their care plan contained details about what they enjoyed doing at different times of the day as well as the level of support they needed to access activities.
- Care workers gave us examples of people's preferences in relation to their activities and the level of support they needed.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure in place to manage complaints. At the time of our inspection, the provider had not received any complaints since the last inspection. However, the provider's complaints policy clearly described their responsibilities to investigate complaints and take action to resolve these within reasonable timescales.

- People's relatives told us they did not have any complaints, but they would report any concerns to the registered manager if necessary. One relative told us "If there were any problems we would phone the office right away."

End of life care and support

- The provider had a clear end of life care policy and procedure in place. The provider offered a service to younger people with learning disabilities and at the time of our inspection, nobody using the service was at the end of their life. However, the provider had obtained some details about people's spiritual needs in the event of an unexpected death.
- The provider's end of life policy and procedure included guidance to care staff about how they were supposed to act in the event of an unexpected death and how they would support people at the end of their life should the need arise.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives and staff told us the provider fostered a positive culture that achieved good outcomes for people. One relative told us "It is an excellent service and my [family member] is cared for."
- Care workers told us they liked working for the provider and gave good feedback about the registered manager. One care worker said "I like working here. The manager is really supportive" and another care worker said "If I have any problems, I can go straight to the manager. Everyone is really helpful and supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations to be open and honest when things went wrong and had clear investigation processes in place to report matters if needed. Notifications of significant events were sent to the CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was clear about their role towards the people they cared for and in assessing and mitigating risks in service delivery. Senior staff demonstrated an understanding of their duty to monitor the quality of the service, conduct effective audits and their obligations to investigate and report incidents and complaints.
- Care workers understood their duty to support people and gave us examples of the purpose of their role. One care worker told us "My role is to support people to live as independently as they can." Care workers had job descriptions which specified their roles before they started working at the service and these confirmed their descriptions of their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider involved staff, people using the service and their relatives in the running of the service and took action to improve the quality of care. The provider conducted regular, unannounced spot checks to ensure people received appropriate care. They also conducted sent biannual surveys to people and their relatives to obtain feedback. We reviewed the results of the previous survey and found the results were positive in relation to care delivery. Two administrative issues had been raised by respondents and an action

plan was put in place to manage this.

- The provider reviewed people's care plans every three months or sooner where this was needed. We reviewed the results of the previous audit and found some discrepancies had been identified and rectified through the imposition of an action plan. People's medicines were reviewed daily and monthly and checks did not identify any issues.

Working in partnership with others

- The provider worked in partnership with others when needed. We saw examples of involvement of other healthcare professionals in people's files. We saw their advice was clearly incorporated into people's care plans.