Love In Care Limited

Love In Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection carried out on the 15 and 17 August 2017. This was the first inspection of the service.

Love In Care is registered to provide personal care to people in their own home.

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.

We found medicines were not managed safely. Records of people's medications were not clear and it was not therefore possible to be sure people had received their medications as prescribed. This put people's health at risk.

Risks to people who used the service and staff were not fully assessed and risk management plans in place did not always contain the information staff needed to support people safely and manage all risks identified.

Three people told us they could not always communicate in their preferred language of English with some staff. This mean suitably competent staff were not always provided to meet people's care and support needs and this had led to errors when providing people's care. Records did not show staff were provided with appropriate support and training to enable them to carry out their job effectively.

There were no effective systems in place to monitor and improve the quality of the service provided. This had resulted in some areas not being monitored and managed properly. This included records of recruitment, medication and care documentation.

Most people who used the service or their relatives told us they or their family members were provided with safe care. People told us staff were caring. However, one person said they were not satisfied with the service and hadn't always found staff to be respectful. They also said they did not receive satisfactory support with their meals.

People said they received care from familiar and consistent care workers who were punctual and spent the required amount of time with them. The service worked flexibly to ensure people received support at the times they needed it.

The manager had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005. People told us they were asked to consent to their care. Records indicated people were encouraged to be as independent as possible.

Care plans had information that helped staff get to know the person such as their life history, their preferences and what was important to them. We saw some care plans did not give full guidance to staff on how to meet people's needs. The manager said they would be reviewing care plans to ensure there were no gaps or omissions.

There were procedures in place for responding to people's concerns and complaints. The provider had not received any formal complaints in the last 12 months.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 with regard to safe care and treatment, staffing and governance. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not managed safely.

Risk assessments did not always contain the information staff needed to support people safely.

Suitably competent staff were not always provided to meet people's care and support needs and staff recruitment procedures were not fully documented.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always provided with appropriate support and training.

The service provided people with support with meals and healthcare when required. However, one person was not satisfied with the support they received with their meals due to staff not being able to read cooking instructions.

People told us they were asked for their consent before care was provided.

Is the service caring?

Requires Improvement

The service was not always caring.

Most people told us they were happy with the standard of care provided.

One person told us they did not feel staff always respected them when providing care.

Records did not show how people who used the service were involved in the development of their care plans.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Gaps in people's care plans meant staff were not always provided with full guidance on people's support needs.

There were systems in place to ensure complaints and concerns were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well- led.

Some people who used the service did not feel the service was well managed.

There were no effective systems in place to monitor and improve the quality of the service provided.

The manager was accessible to staff and had frequent contact with them.

Love In Care

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 15, and 17 August 2017 and was announced. On day one we visited the provider's office and on day two we made telephone calls to people who used the service and relatives of people who used the service. The provider was given short notice of the inspection as we needed to be sure the manager would be available at the office.

The inspection was carried out by one adult social care inspector, an inspection assistant and an expert-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including statutory notifications sent to us by the provider and information received from the local authority. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed 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.

At the time of the inspection, there were eight people receiving the regulated activity of personal care from the provider. During our inspection we spoke with five people who used the service and three relatives. Five of those spoken with were transferring to another care provider the day after our inspection started, as the provider no longer had the capacity to provide the service, but wished their views to be included in this report. We tried to contact staff by telephone on several occasions after the inspection. They were not available to speak with us. We spoke with the manager of the service who also delivered care to people who used the service. We spent time looking at documents and records related to people's care and the

management of the service. We looked at five people's care records and three people's medication records.

Requires Improvement

Is the service safe?

Our findings

Most people told us they or their family members received safe care from the service. One person said, "Very pleased with them. I feel safe." However, another person told us they did not feel the service was safe. They told us they had been given the wrong medication on one occasion and staff were unable to speak or read English sufficiently and this had resulted in plant food being placed in their fridge. They said this had worried them as they were visually impaired and the plant food could have been ingested in error. This person said, "Nothing good to say about the service" and told us they had found a new service provider because of the problems they had encountered.

We looked at three people's medication records to check the way medicines were managed and administered to people. A person who used the service told us their medication administration record (MAR) was often not completed for 'days'. They told us this concerned them in case they were taken ill and medical staff would not know what they had received.

One person's MAR did not include the names of the medicines taken; their formulation or strength, how often or the time the medicines should be taken and by what route. The manager told us creams were also administered for this person. These were not included on the MAR either. From the record we saw it was not possible to determine this person received their medicines as prescribed.

The manager told us one person managed their own medicines but needed staff to assist them in getting a drink to take them with. The manager told us another person received a medication via a nebuliser. (A nebuliser is a device that changes liquid medicine into a fine mist which is then breathed in via a face mask). There was no support plan to guide staff on how this was done. Care plans did not describe the support people required with their medicines which meant there was a risk people's needs could be overlooked.

We saw a person who used the service had a care plan in place regarding the administration of ear drops. The care plan did not state the name of the ear drops or the frequency of their administration. There was no MAR to indicate they had been administered as prescribed. Another person's daily records showed they received a prescribed cream. There was no MAR for staff to complete to show this was administered as prescribed.

The manager told us it had been identified through review with the local authority that the systems and procedures in place to manage medication were not adequate. They showed us a MAR chart they were planning to introduce to improve their documentation on medication administration.

The manager told us staff were trained in medication during their induction and that they worked alongside staff to check they were competent in this area. There were no records of staff's medication training with the manager or their checks of competency. Two staff records out of six we looked at showed they had a certificate of completion of an on line training course in medicines safety.

We looked at the arrangements in place to manage risk in the service. No environmental risk assessments

had been carried out when people began to use the service. This meant people who used the service and staff were not protected properly. The provider was not doing all that was reasonably practicable to mitigate against risk. We also saw where people's care records showed risks; such as those associated with mobility had been identified no risk management plans had been put in place to guide staff.

We concluded this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us staffing levels were determined by the number of people who used the service and their needs. People said they received care from familiar and consistent care workers and if staff were running late they were kept informed. One person said, "They are always on time but if five minutes late they send me a text." Other comments we received included, "I have the same two carers; they speak Hindu, I have no need to explain, and they know all my needs. They always do a proper job and ask if there is anything else they can do before they leave", "We have the same [staff member]; is always on time, never late" and "No problems with reliability. There were a couple of times when they were late but [Name of manager] sorted it out immediately."

However, some people told us staff's language issues were a problem and impacted on the delivery of the service. One person told us they had staff who could speak or read very little English and this had resulted in a medication error. Another person said, "They (the staff) are very good the only problem is the language barrier. Communication is a problem." A third person told us their staff could not read instructions on food packets and said, "I ended up living on pot noodles." Another person said, "The problem was staff were not cruel or impatient but not understanding. [Name of manager] had to update the care plans. If I wanted anything explaining I had to tell [Name of manager] and they would then explain it to the staff."

We discussed these concerns with the manager. They confirmed they had employed staff were English was not their first language or there were problems with literacy. They said, "I know I have accepted people with literacy issues and this has been an error of judgement." The manager said they had tried to support staff by working alongside them or finding staff for them to work alongside who could speak and write English. We noted from records that this did not always occur; which meant suitably competent staff were not always provided to meet people's care and support needs.

We concluded this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment and selection processes in place. We saw the records did not include details of interviews completed and records of efforts made to obtain references. The manager told us interviews were always carried out and they tried to obtain references to indicate evidence of good conduct in previous employment. The manager said they would record this in the future. The records also showed that one staff member had commenced work with a Disclosure and Barring Service (DBS) check from their previous employment. The manager had not checked the current validity of this document. The DBS is a national agency that holds information about criminal records. After our inspection, the manager informed us they had now carried this out.

The provider had procedures in place to make sure that any concerns about the safety of people who used the service were appropriately reported. The manager told us they were aware of how to report any allegations of abuse to the local authority and made sure staff were aware of how to whistle blow. The manager told us staff received training on safeguarding as part of their induction. However, there were no records made of this. The manager said, "I talk things through with staff and make sure they know what

abuse is and how to report concerns."

Requires Improvement

Is the service effective?

Our findings

People who used the service said staff were good carers but there was a problem with communication as staff did not all speak or read English very well. One person said, "Standards of actual care are good; it's just the language and understanding side of things."

The manager told us all staff received induction, training and shadowing (working alongside another) experiences prior to commencing work with people who used the service. The manager said the shadowing was undertaken with them so they could assess staff's competency. The manager said staff induction included; moving and handling, safeguarding, food hygiene, emergency aid and health and safety. However, there was no chronological record made of the training completed. Some staff had certificates on their personal files to show training had been undertaken. Some of the pass marks were very low and did not show how the manager had followed up on this to ensure staff's competency. For example, one staff member achieved only 40% in moving and handling and only 47% in safe administration of medicines. The manager also confirmed they were aware they needed to look at the pass marks and set a standard that all staff had to achieve to demonstrate competency.

There was no system in place to ensure staff's on-going training and competency. The manager said staff would be expected to update their training each year to ensure their practice remained current. There was no evidence this had occurred as staff's individual training records were not completed. The manager confirmed only one staff member had completed training on the Mental Capacity Act 2005.

The manager told us they worked alongside staff and carried out 'spot checks' of their performance and competency. No records of these spot checks were made. There was no information available to show how often staff had met with the manager at the office to discuss their role. The manager told us they kept a record in their diary of when staff had received spot checks and supervision. After the inspection they provided us with a list of when staff had received supervision. We saw for one staff member there was a gap of eight months between their supervision meetings, for another, seven months and for others five months.

We could not be sure staff were trained and supported appropriately. We therefore concluded this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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, 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.

The manager told us they assumed people who used the service had capacity to consent to their care and support. The manager said if they had any concerns in relation to a person's capacity they would inform the person's social worker or health care professional. We were told where, necessary, other professionals involved in their care would undertake assessments in relation to mental capacity and any decisions would

be made through best interest decision making. It was evident from our review of care records people were encouraged to make decisions including those relating to their care. People told us they were asked for their consent before their care was provided.

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. For people in the community who need help with making decisions and deprivation of liberty safeguards (DoLS), an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA. At the time of our inspection no one who used the service was being deprived of their liberty.

The manager told us they supported people to maintain good health and liaised with health professionals and GPs when necessary. The manager said they could organise people's support flexibly and attend hospital appointments if required to do so. They told us how they had assisted in identifying the need for dental support for a person who used the service, when they noticed they were having difficulties with their teeth.

We spoke with people who used the service about the support they received with eating, drinking and food preparation. One person said, "They help me make my meals. I choose the spices and tell them what to put in and they do it for me the way I like it." However, one person said they were not satisfied as staff were not able to read the instruction labels on foods so they had had to rely on simple, ready-made snacks. A relative told us the staff prepared food for their family member and they were satisfied this was enjoyed and their family member maintained a healthy weight.

Requires Improvement

Is the service caring?

Our findings

People who used the service and their relatives we spoke with were, in the main, positive about the service they received. One person told us, "They (the staff) are nice I like them. Very kind, I'm happy with them."

A relative said, "We are really happy with the care; [family member] and [their] home look so much better when we see [them] now. With [their] condition [family member] needs predictability and they come at a fixed time to keep into [their] routine." This relative said they had observed the staff providing care to their family member and were pleased with how their family member was treated. They told us; "The carers are very good with [family member], make sure [family member] is happy and settled before they leave in the mornings and are happy to take over when we leave in the evenings." Another relative said, "[Family member] is well looked after, very good. 100% satisfied."

One person who used the service was not happy. They told us the manager and staff sometimes chatted in Urdu and they thought they may be speaking about them without disclosing what they were saying. They said they found this unsettling and disrespectful. After the inspection the manager told us this had been brought to their attention and addressed to the satisfaction of the person who used the service.

People told us the service was flexible to meet their or their family member's needs. A person who used the service said their service provision was changed if they were unwell. They said, "I have two social calls a week but if I am unwell and unable to go out they will change it to another day." A relative told us they appreciated that the carers would come out at short notice if their family member was upset, anxious or needed more help. They said they appreciated this flexibility and support as they did not live near their family member.

Records we reviewed showed people who used the service were encouraged to maintain their independence. For example, one person's care plan said their food needed to be prepared in such a way they could then eat independently. We saw people's confidentiality was maintained and care records were only accessible by relevant people.

The manager told us people who used the service and their relatives had been involved in developing and reviewing care plans. They said they kept people at the centre of the care planning process to ensure a person centred approach. However, the records did not always show or record this had been done. The manager agreed to record this in the future.

The manager told us that no one who used the service currently had an advocate. (An advocate supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.) They were aware of local advocacy services and how to support people to use these if needed.

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed to ensure the service could provide appropriate care and support before people began to use the service. The manager told us they received an assessment and care plan from local authority or health care commissioners of the service and they used this to inform their assessment of people. This meant they had checked to make sure they could meet people's needs. This information was used to write care plans to show how care and support needs would be met. However, for one person we saw no pre-service assessment had been completed. The manager said they had developed care plans from speaking with the person and their family but had not made a record of this.

Most of the care plans we looked at contained specific information to guide staff during care delivery. This was person centred and showed us individualised care was provided to meet people's needs. For example, one person's care plan stated how and where they liked their meal to be served and that they required a napkin to cover their neck line. Another care plan stated the person liked to be greeted cheerfully and asked how they were. However, there were some shortfalls with the care plans which could lead to people's needs being missed or overlooked. One person occasionally presented with distressed behaviour. The strategies for dealing with this were described by the manager but had not been included in the care plan. We also saw a person was assisted to bathe by staff but there was no care plan or guidance for staff on how to manage this. The manager agreed to ensure care plans were reviewed to ensure all aspects of care delivery were included.

Care plans included personal history and background information of people who used the service. The manager said information of this nature was useful and enabled staff to get to know people who used the service better. This information included details of people's friends, relatives and others who were important to them. We saw people's needs had been reviewed in response to any changes in their care and support needs. Care plans were updated to reflect the changes.

Staff completed daily records, which were kept in people's homes with their care plans. However, we noted on some occasions a record of staff's visit and the care they delivered was not made. The manager told us some staff did not make a record of their visit as they were unable to write in English. They told us the visit information was given to them by telephone, from the staff and they then completed the record when they visited the person. Writing up of notes retrospectively does not demonstrate accountability and meant an accurate record of care delivered to people was not maintained.

The manager told us they raised awareness of the complaints procedure when people began to use the service and had issued people with a leaflet on how to complain. The manager said they were currently working on updating the 'Service user handbook' to include full details on how to complain and raise concerns. We were provided with a copy of this, after the inspection and saw all the details and information people needed to complain or escalate complaints was included.

The service had not received any complaints regarding the delivery of the regulated activity of personal care since they had been registered. The manager told us they would always try to address any matters as they

arose but fully understood people's right to make a complaint. The manager said complaints would be used as a learning opportunity and focus on service improvement.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who also worked as part of the staff team to deliver care and support to people. We asked people who used the service and their relatives if they thought the service was well led. Two people told us they did not think the service was well managed. One person said, "[Name of manager] has no management skills, does not resolve problems and is defensive of their staff." They said they felt this as the manager had not addressed the issue of language and communication problems they had with the staff. Another person thought the provider had taken on too much and didn't have the capacity to provide the service and suitably competent staff. They said, "At times they were stuck with what to do."

During the inspection, the manager told us they had reduced the service delivery and were now going to spend time working on the management of the service. They said, "I realise I need to take more control, carry out full assessments, monitoring visits and training. I am aware paperwork is my weakness." At the inspection discussions took place around how the service could develop; these were well received by the manager.

The manager told us they were available to staff and spoke most days with them. We saw during the inspection there were several times when the manager spoke with staff. The manager said they maintained this contact to ensure staff were supported in their role. The manager understood the need to have formal systems in place to supervise and monitor staff. At the time of our inspection, no records had been maintained. After the inspection, the manager provided us with a schedule to show how staff would be supervised in the future.

The manager told us they gained feedback on the service when they were working with people. They said, "I just ask them how they think we are doing; is everything okay." There were no formal systems in place to enable people to comment on the service and express their satisfaction with it. No records of action taken to improve the quality of the service were made.

We found systems were not managed effectively which could result in the appropriate care not being delivered. For example, we asked to look at audits such as care plan, recruitment and medication audits but were told these were not carried out. Lack of audit had contributed to the concerns we found with medication, recruitment, daily notes and care plan records. Effective audits would have picked up the issues we identified at this inspection.

Most records to show staff were appropriately supervised and had completed training that equipped them with the skills to do their job well were not available in staff files and the manager did not keep a main record or matrix to capture training and supervision received by all.

We concluded this was a breach of regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers have a responsibility to notify CQC about certain significant events such as serious injury,

safeguarding and police incidents. Before the inspection we checked our records and found we had received a notification as required when a safeguarding matter was brought to the attention of the manager. The manager told us there had been no accidents or incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have systems for the proper and safe management of medicines. The provider was not doing all that was reasonably practicable to militate against risk. Reg 12 (1)(2)(a)(b)(c)(e)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to manage, monitor and improve the quality of the service provided were not effective. Reg 17(1)(2)(a)(b)(c)(d)(e)(3)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Suitably competent staff were not always provided to meet people's care and support needs. Staff were not always provided with appropriate support and training to enable them to carry out the duties they were employed to perform. Reg 18 (1)(2)