

Lovingangels Care Ltd

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Inspection report

Atrium Court
The Ring
Bracknell
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Date of inspection visit:
11 December 2017

Date of publication:
08 February 2018

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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

The inspection took place on 27 November and 11 December and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. We announced the inspection because we needed to ensure members of the management team would be available to carry out the inspection with us. Not everyone using Lovingangels Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of the service at its new location and was a comprehensive inspection. The service provided personal care support to 40 people at the time of the inspection.

The service is required to have a registered manager and one was in place. 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.

People felt safe and effectively supported by the service. Risks to people and staff were assessed and action taken where possible to mitigate them. A robust recruitment system helped ensure that staff employed to support people were suitable and had the necessary skills.

People's medicines were managed safely on their behalf. They received appropriate support for their nutritional or healthcare needs when necessary.

People's rights and freedom were protected and their consent was sought for the care provided. People's care reflected their diverse needs.

Staff received appropriate induction and training to equip them to support people well. They received ongoing support through supervision and their practice was monitored periodically.

People felt their care needs were met with kindness and respect by staff. They looked after people's dignity and encouraged them to be as independent as they were able and wished to be. People felt their diversity and individuality was respected and they were involved in decisions about their care.

People and, where appropriate relatives or representatives, were involved in reviewing care needs and felt their views were listened to.

The service investigated and addressed any complaints positively.

The service was well managed by a team who used various monitoring and audit systems to maintain

effective governance. The views of people and staff were sought as part of ongoing review of the service's performance.

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.

Risks to people or staff were assessed and action taken to mitigate them.

The service had an appropriate recruitment process to try to ensure new staff had the right skills and approach.

People's were provided with the right medicines at the right time.

Is the service effective?

Good ●

The service was effective.

People felt staff met their support needs effectively.

Dietary and healthcare needs were supported where this was necessary or part of the care plan.

Staff received a thorough induction. The provider supplied an ongoing programme of training in a various ways. Staff practice was monitored and they received support through ongoing supervision.

The service worked well with external agencies when necessary and supported people's transitions to other care provision.

Is the service caring?

Good ●

The service was caring.

People felt very well cared for by staff who encouraged them to remain as independent as they could.

People felt involved in and consulted about their day to day care and said staff respected their dignity and individuality.

People's diversity was recognised and respected.

Is the service responsive?

Good ●

The service was responsive.

People and relevant others were involved in care decisions and reviews and felt listened to.

Where complaints had been made, the service had responded appropriately, investigated and resolved them.

The service liaised effectively with external specialist agencies when additional advice was required.

Is the service well-led?

The service was well led.

A registered manager was in place.

The management team had effective systems to monitor the service and exercise proper governance.

The views of people and staff were sought as part on ongoing review of the service.

Good ●

Lovingangels Care Ltd

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 was the first inspection of the service at this location.

This inspection took place on 27 November and 11 December 2017 and was announced. The inspection was carried out by one inspector supported by an expert by experience who carried out telephone surveys of a sample of six people receiving support. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The service had submitted a Provider Information Return (PIR), in September 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the current information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted representatives of the local authority who funded people supported by the service, for their feedback.

During the inspection we spoke with the registered manager. We examined a sample of four care plans and other documents relating to people's care. We looked at a sample of other records related to the operation of the service, including four recent recruitment records, training and supervision records and medicines recording.

Is the service safe?

Our findings

People felt safe when receiving support from staff. One said, "They keep me safe, oh yes, what would I do without them." People felt the staff uniforms and identity badges helped them identify the staff when they visited. One person said, "I have regular girls and I feel safe with them." Another person commented, "I feel very safe with them. They support me when I have to move around because I can't walk well. I couldn't live independently if it wasn't for their help." Feedback from a local authority representative was positive. They told us, "There are no ongoing safeguarding concerns, and no safeguarding issues raised."

Staff received safeguarding training and understood how to keep people safe. They understood their responsibility to report any concerns. One staff member said, "I've found them very good. I've never had any safeguarding concerns about anyone, but if I did I would contact the on-call number and speak to a senior member of staff straight away. One safeguarding incident had arisen, linked to a complaint, which had been addressed satisfactorily following investigation. One whistle-blower had raised some anonymous concerns which were investigated and unfounded. Other concerns raised by staff about colleagues had been addressed by management. The whistle-blowing procedure was unclear with respect to reporting outside the organisation and this was addressed immediately following the inspection.

The service had an appropriate recruitment process to carry out the required checks prior to appointing new staff. However, the required records to demonstrate the process, were not immediately available in every case. Second references were not found on three recruitment files and one person's employment history was not fully completed. Following the inspection copies of the missing references and full details of the staff member's employment history were provided.

Risk assessments were completed to address identified risks to people or staff. These included a risk of falls, nutritional risks or potential risks arising from the home environment. Any incidents or accidents were recorded and reviewed to identify any potential learning. Some risk assessments lacked sufficient detail about necessary mitigating action and management agreed to review these.

There had been no missed care visits since the change of registration. The service used a computerised call management system which required staff to log their arrival and departure times. The system alerted management to an overdue call in 'real-time', enabling them to act to address the problem in a timely way. The service did not accept contracts for care calls of fifteen minutes or less unless they were part of an overall call package. This was because they did not feel significant care support could be delivered safely in such a limited time.

The service had used a range of strategies in response to local recruitment difficulties. In order to consolidate their service and reduce the pressure on existing staff, care calls outside the immediate locality were recently handed back to the local authority.

The service had an appropriate system for managing people's medicines on their behalf where this was part of the care plan. There had been 14 medicines recording errors and one administration error, in the previous

12 months. The management team had taken action to address this through an improved medicines administration record format and reporting process changes. The service had monitored medicines errors as well as reporting them to the local authority.

People were happy the staff always wore gloves and aprons when supporting personal care as part of infection control management. The infection control practice of staff was monitored as part of regular spot check by the management team. Any issues identified were raised in supervision or discussed as learning points.

Is the service effective?

Our findings

People were positive about the care they received and said the service was effective. They felt staff were well trained and knew how best to support them. One person said, "The carers are very well trained, very efficient and very professional. They never rush me." Another told us, "They seem well trained to me. Everything they do to help me is done just right." A third person said, "They are brilliant, super. I don't know what I'd do without them." Most people told us their care was provided by regular staff or a regular team of staff, which they valued. One said, "We have a routine now, I tell them how I want things done. If a new person comes I have to talk them through things but it's no problem." Regarding timekeeping, one person told us, "They come in the right time range. If they are going to be late they ring and let me know," Another said, "Sometimes they will stay longer than the time if I'm having a bad day." Feedback from the local authority was positive with regard to the effectiveness of care planning. A representative told us, "Wellbeing plans are in good order. Lovingangels Care work within the [local authority] domiciliary care framework and work effectively with their peer groups."

Feedback from staff with regard to their induction and training was mixed. Some felt they had a thorough induction and training which was kept up to date thereafter. Others felt training received in previous employment had been relied on sometimes and their competence had been assessed based on this. One more recently recruited staff member told us their induction had lasted a week and a half and been very thorough. They told us, "They go back over it to make sure you know what you are doing. They never rush you through the training. You have to be confident before you are allowed to go out to a client." Staff who were new to care work said they had received a full induction and training and had their competency assessed.

Records showed all staff were now required to complete the nationally recognised 'Care Certificate' induction, which was a set of measured standards across the full range of care provision. About half of the staff had completed this and the others were in process. Where computer use was not a person's strongpoint, support was available to complete the necessary workbooks in the office on paper. Ongoing supervision included discussion of key areas of competence such as safeguarding. The Provider Information Return completed before the inspections showed a deficit in first aid training. The registered manager told us this had since been addressed as staff had completed one of two first aid courses held since then. The service had trained two staff to be able to deliver training to colleagues in moving and handling and medicines. Management planned to train at least one member of senior staff to deliver first aid training in house. A regular schedule of training was provided. These were a mixture of in house, external and computer based courses.

Staff received supervision on a six-monthly basis and on an ad hoc basis in between. In addition, regular spot check visits provided observations of practice. Appraisals were supposed to be provided annually according to the provider's recorded expectations. Records suggested these were running behind schedule. Management had identified this and provided a list of those overdue, which were to be scheduled in within the next three months.

Ongoing spot checks were completed to observe staff practice and review aspects of competency.

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. The registered manager told us no best interest decisions were being made on people's behalf at the time of this inspection. All of the people supported had some ability to give consent in terms of day to day decisions about aspects of their care. Staff were able to describe what was expected of them and were clear about such things as the need to seek consent and working respectfully with people. People's files recorded their consent to the care provided.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In the case of a Domiciliary Care Agency representations would be made to the local authority to apply to the Court of Protection under the Deprivation of Liberty Safeguards, where a person's freedom was restricted. No one currently supported was subject to 'deprivation of liberty'.

Where meal preparation was part of the care plan people told us staff were not required to cook them from scratch but to re-heat a pre-made meal in the microwave. One person told us, "I have a selection of microwave meals and they ask me what I want and get it ready for me." No concerns were raised with us about this aspect of support.

People felt staff were attentive and quick to alert either the next of kin or medical staff in the event of any health issues. One person said, "They have phoned the doctor for me in the past when I've been unwell." No concerns were raised with us about healthcare support.

One person said, "I've never had the situation where I've needed the doctor. But I know if I did, they would get him for me. I have confidence in them."

Is the service caring?

Our findings

People were happy staff were very caring, kind and treated them with respect. One person said of the staff, "They are always polite and courteous and considerate when helping me with washing. They are always very attentive during transfers from one place to another and support me. They are very caring and understand my needs very well." Another person commented, "They are really nice girls and take the time to talk to me, not just in and out." Other comments included, "They are so kind to me" and "I've never been treated with anything but the utmost kindness and respect."

People felt involved in and consulted about their day to day care and in setting up their care plans, which reflected their needs. One person said, "The girls are always polite, they listen to me and ask how best I would like them to help me." Another person said the staff, "...chat to me as they go along and involve me with my care. They encourage me to do things that I can do for myself, supporting me to be as independent as I can. Everything they do, they ask me if it is done the way I want. I am satisfied. They brighten my day up. I look forward to them coming." A third person told us, "They are always checking to see that I am okay. They do everything to my instructions. They are very gentle and patient with me and always leave everything tidy and sorted before they go." Other comments included, "The carers are very kind and compassionate. Not overwhelmingly so, it's just that I know anything I ask, they will do it. They are caring but do not take over." Another person referred to the flexibility of staff when they said, "The starting point of every day is, how are you, what would you like me to do for you first? That's really lovely because when you are not well you can feel you don't have control of your life. They leave me feeling in control." Feedback from the local authority was positive regarding care plans. A representative told us, "Wellbeing plans are very thorough" and added that they reflected people's individuality.

Staff were clear they involved people in how their care and support were delivered. They referred to checking the care plan and asking the person themselves what they wanted. People's care plans and support reflected their diverse needs. Any cultural or other specific needs would be identified at assessment and included in the care plan. The service was part of the 'Bracknell Forest Dementia Action Alliance' which promoted the needs of people living with dementia. Live in staff in particular helped people access dementia friendly activities in the community. Staff completed equality and diversity training as part of induction.

People told us staff always maintained their dignity by ensuring curtains and doors were closed and people were kept covered as much as possible while personal care was provided. One person told us, "They check that I am covered and that the curtains are closed when helping me wash. They always knock the door before entering too." Another said, "They are confidential too. They never talk about other people they have been to." Staff described clearly, various ways they helped maintain people's dignity, including working at their pace, to their instructions and ensuring they remained as covered as possible. Staff referred to treating everyone how they would like to be treated.

The service was not supporting anyone using specific communication technology, but would incorporate these into people's care plans if applicable. Key information was made available in alternative formats

where necessary. For example pictorial support plans and an easy-read complaints procedure.

Is the service responsive?

Our findings

People told us they were involved in planning and reviewing their care and said their care plans reflected their diverse needs. One person told us, "Everything is okay, I was reviewed about two to three months ago. Across the board I think they are a very good service, I am very pleased with them." Another said, "The manager comes out and reviews my [support] from time to time. I have a good rapport with both the carers and the office staff."

People's care files and review records showed their care had been reviewed with them or an appropriate representative involved as much as they wished. Care plans reflected people's individuality, diversity and made reference to their personal wishes and preferences.

People felt their complaints were listened to and addressed. One person said, "I have no complaints and I would recommend them." Another commented, "All I can say is I am very pleased with the support they give me."

Where complaints had been received, they had been recorded, investigated and addressed appropriately. In addition to complaints, the service had logged a number of compliments in the previous 12 months. One read, "A brilliant job done as far as I'm concerned." Another said, "Thank you all so much for looking after [name]."

The service had made improvement in response to complaints and suggestions from others including staff. For example, additional training had been arranged on catheter care, stoma care and dementia. The office team had been expanded to better manage and coordinate care packages. In response to staff suggestions, additional items of uniform had been provided and the service now had five company vehicles available for emergency use.

The service liaised effectively with families and other services when people transitioned into the service or moved on and when specialist advice or training was required. They had, for example sought additional specialist training from healthcare professionals and engaged with a local organisation to increase their Dementia awareness. One relative had written, "I have been so impressed with your agency, by far the best and most helpful we've ever used and [name] was very happy with your carers too." Others had written of their gratitude for the support during a family member's transition to residential care.

The service complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Documents such as the complaints procedure were available in easy-read format. In addition, pictorial support plans, rotas and activity planners were used for some people who received live-in care support to assist them to understand the documents. Other formats such as pictorial food brochures had been used to enable people to choose meals.

Is the service well-led?

Our findings

People told us they thought the service was well run and they would recommend them. People's comments included, "My view is that this is a good service, well managed, and I would recommend it one hundred percent. I can't think of anything they can improve on. We've never had any mistakes and they include my family in my care as well. They talk to my husband and show an interest in him too. Brilliant service." A second person told us, "I know the manager, she has visited several times to check everything is okay." Another person said, "Yes I think they are very well run. I've never been let down by them. They do the job well and I can't think of anything they can do to improve."

The service had a registered manager in post as required. 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 management team were effective in promoting a positive ethos and a person centred culture through their paperwork, meetings and day to day dealings with staff. One staff member said, "I think the senior staff are very good, very helpful. Everyone works well together. I think we have a shared vision." Another staff member was happy that the induction process was taken at the individual's pace and said, "There is no pressure from the company to get on by yourself. You can shadow as long as you want until you feel confident to go out alone. The staff work well together." They felt well supported and referred to team meetings, supervision and appraisals as supportive. Some staff felt the initial training could be improved, for those joining the service with previous experience. A confidential on-line chat group was in place where staff and management could discuss professional matters, ask questions or share ideas and information. Social events were provided for staff, their birthdays were marked with a birthday card and flowers as additional ways to show appreciation for their work.

Staff were invited to attend monthly team meetings and were paid for their time. The minutes identify actions, where necessary, which were followed up. Information was disseminated to staff via a periodic bulletin. Stock of personal protective equipment was held in the office, which encouraged staff to go there to collect supplies. This provided informal opportunities to check on staff welfare. Staff values and behaviour were monitored via periodic spot checks when their practice was observed by a member of the management team. The management team also met, usually weekly, as part of their governance. A computer application was used to assign tasks between the management team which showed when assigned tasks were completed. Staff surveys were also carried out approximately six monthly so staff had various opportunities to feedback their views. The management team had a computerised management monitoring system which provided live information about key performance areas and could generate reports when required. An overall action plan was in place to drive ongoing development and improvement.

Some people who had been supported by the agency for a while, had received surveys to complete about their views on the service provided. One person said, "I have had satisfaction surveys to fill in. All I can say is that I am very pleased with the support they give me. I think they are a good agency and I would have no

hesitation in recommending them." Others had not been asked to complete a survey yet. The registered manager said they surveyed people approximately every six months having a chat with them about their views. In addition, people had opportunities to provide feedback during spot check visits by management. They had recently started giving review cards to live-in clients to enable them to provide feedback via an independent website to which a link was supplied on the provider's website.

The service worked in partnership with external health care providers when required and has joined a local dementia care alliance to promote improved awareness and care. The local authority told us, "Lovingangels Care work closely with [the local authority] contracts and the finance team and feedback from our teams is very positive. They are very supportive of our provider forums and network well with the other providers sharing good practise and initiative."