

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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive announced inspection took place on 19 and 24 October, 1 and 6 November 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using the service received a regulated activity; the Care Quality Commission (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.

Service provision was in the Leeds and Durham area at the time of the inspection. There were eight people using the service.

At the last inspection in August 2017 we rated the service as Requires Improvement. At that inspection we found the provider was in breach of Regulation 12, Safe care and treatment, Regulation 17, Good governance and Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider did not have systems for the proper and safe management of medicines and they were not doing all that was reasonably practicable to militate against risk. We saw systems in place to manage, monitor and improve the quality of the service provided were not effective. We also found suitably competent staff were not consistently provided to meet people's care and support needs and staff were not always provided with appropriate support and training to enable them to carry out the duties they were employed to perform.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in all the domains to at least Good. During this inspection, we saw some improvements had been made. However, continued work was required to ensure the provider was meeting all regulations.

The provider had improved their arrangements for managing people's medicines but needed to make sure the records were accurate at all times. Risk management plans were in place and had improved. They described the risks people faced and the actions needed to keep people safe.

The provider had improved the support given to staff but still needed to develop this further to make sure there was a consistent approach to training and to ensure supervision was recorded. Training records did not indicate what the provider considered mandatory training for staff or the expected interval between refresher training. Staff training records showed some staff had not completed some training courses such as infection prevention and control, food hygiene and the Mental Capacity Act. Staff told us they felt well-supported and had regular contact with the provider. However, this support was not always recorded which meant we could not be sure staff received supervision in line with the provider's policy.

We have made a recommendation about the on-going the management and recording of staff training and

support.

The provider had introduced audits for monitoring quality and safety, however, these were basic and did not always drive improvement. Systems and processes around governance and records needed to improve further. Audits of medicines had not identified the issues with records that we found. No formal audits of training and staff support were in place to check staff's training equipped them for their role. Care records audits had not identified a person who used the service did not have a completed care plan in place. No records of checks on staff's performance were made when they completed shadowing (working alongside an experienced staff member) or when spot checks were carried out by the registered manager.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 told us they felt very safe with staff and the care they were provided with. There were enough staff to support people safely and provide continuity of care for people. People were supported by staff who could communicate in their preferred language and dialect. This was very important to people and their relatives. We found some concerns with the safety of recruitment procedures and the recording of some processes. The registered manager took action to address these concerns during the inspection.

Staff showed a good awareness of safeguarding and making sure people were treated well. Staff understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff understood their responsibility to seek people's consent prior to care and support being provided.

People received support from health care professionals where they needed this to keep well. There were good systems in place to ensure staff and the provider worked with health professionals to promote and monitor people's health needs. Where needed, people who used the service received support from staff to ensure their nutritional needs were met.

People told us they or their family members were treated very well. They said care was delivered in a dignified and respectful manner. Staff were described as kind, caring and patient. They understood people's cultural needs and were respectful of this.

Staff and the provider showed very good knowledge of the people they supported and understood how to maintain people's privacy and dignity. It was clear they had developed positive relationships with people and encouraged their independence. Care plans were comprehensive to make sure staff had all the information required to support people as they wished.

Staff felt supported by the management team. People, their relatives and staff all spoke highly about the way the service was managed. People were aware of who to speak to if they had any concerns and told us they felt confident to do so. People told us the provider constantly sought feedback from them on their satisfaction with the service. However, we found this feedback was not always recorded.

We found one breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to 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?

The service was not consistently safe.

Medicines records needed to be developed further to make sure safe administration practice was always followed.

We found some concerns with the safety of recruitment procedures and the recording of some processes. Staff understood what abuse was and how to report it.

There had been improvements to the management of risks. Risk management plans were completed with good guidance for staff to follow.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff told us they received good training and support to carry out their role. However, records showed there were some gaps in staff's training and the support they received.

People consented to their care and the service operated within the principles of the Mental Capacity Act 2005 to protect people's rights.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by caring staff and their privacy and dignity was respected.

Staff knew people well and good relationships had developed between people and the staff.

People's equality, diversity and human rights needs were met.

**Good** ●

People could make their own choices and these were respected.

### **Is the service responsive?**

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs. There was a sensitive approach to the consideration of people's end of life care.

People were supported by staff to avoid social isolation.

People told us they knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

**Good** ●

### **Is the service well-led?**

The service was not consistently well led.

There had been some improvements to the governance systems in the service. Further improvements were required to demonstrate robust oversight and effectiveness of these systems, as they had failed to identify the concerns we found with a number of records within the service.

The registered manager and staff worked in partnership with other services to help ensure people received effective care.

We received positive comments about the registered manager in relation to how supportive they were and their commitment to the service.

**Requires Improvement** ●

# 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 announced inspection activity started on 19 October 2018 and ended on 6 November 2018. It included visits to the location and telephone calls to people who used the service, relatives and staff. We gave short notice of the inspection as the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. The inspection was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including statutory notifications. Statutory notifications, which are a legal requirement, provide the Care Quality Commission (CQC) with information about changes, events or incidents so we have an overview of what is happening at the service. We contacted relevant agencies such as the local authority and clinical commissioning groups, safeguarding and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in August 2018. We used information the provider sent us in the Provider Information Return. This 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.

During the inspection, we spoke with one person who used the service and two relatives. We spoke with three members of staff and the registered manager.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at four people's care plans and two people's medicines records.

## Is the service safe?

### Our findings

At the last inspection, in August 2017, we rated this key question as Requires Improvement. We found the provider did not have systems for the proper and safe management of medicines and the provider was not doing all that was reasonably practicable to militate against risk. At this inspection we found systems had been put in place to ensure medicines were, overall, managed safely. However, improvements were needed to make sure records were always accurate.

We looked at two people's medication administration records (MARs). In the main, these had been completed to show the medicines people had received. We saw a small number of gaps on the MARs where staff had not signed to indicate the medicines had been administered. The registered manager assured us this was an oversight in the records. One person's MAR had not been completed in full to show the dose of medicine administered. The registered manager said the dose was on the information on the person's blister pack (individualised containers with medications organised into compartments by day and time). They agreed to review the way the MAR was written. On the second day of our inspection, the registered manager showed us they had now obtained pre-printed MARs from the dispensing pharmacist to reduce the risk of this error re-occurring.

Person centred care plans were available to support staff to administer people's medicines according to their individual preferences. Staff who administered medicines received training and we were told their competency in this area was assessed by the registered manager. However, no records were maintained to show competency assessments had taken place. The registered manager agreed to put these records in place. People told us they had no concerns about how their medicines were managed. Staff described safe practice when managing people's medicines and knew what to do if any errors occurred.

We found risk assessments had been carried and these gave staff guidance on managing any risks. Assessments included personal risks such as those associated with mobility or skin integrity and environmental risks that staff may face when supporting people.

People who used the service and their relatives told us they or their family members were safe when using the service. Comments we received included; "I feel very safe, very much so" and "We feel safe because staff do so well."

Staff showed a good understanding of safeguarding procedures to ensure people were protected from any harm. They told us they would have no hesitation in reporting concerns and felt confident the registered manager would act on any concerns raised. Most staff had completed training on how to recognise and report abuse to help ensure they kept people safe.

Improvements were needed to ensure there were fully effective recruitment and selection processes in place. For the majority of staff we saw appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with

vulnerable people. However, we found one member of staff had commenced work with a DBS from a previous employer. The provider had recognised this needed to be updated and had commenced the process for this. This had not been done in a timely manner though, as the member of staff had been working for some time without a DBS check carried out by the provider. The registered manager told us they checked prospective staff's identity and eligibility for work prior to offering employment, however, they did not make a record of this. They told us they would do so in the future.

People and their relatives told us they were provided with consistent regular staff who were punctual. One relative told us how much they valued having familiar staff to support their family member. Staff told us they worked in small teams to provide the care people needed. Records we looked at confirmed this. Staff told us they had enough time to meet people's needs and never had to rush when providing people's care.

People who used the service and their relatives told us staff followed good hygiene practices. Personal protective equipment was held at the office and made available to staff on request. Staff told us they received training in infection control and prevention during their induction. However, records we looked at did not show staff had received this training. The registered manager had signed up with a training provider and had plans in place for staff to now complete this formal training course.

There were systems in place to ensure any accidents or incidents were reported and recorded. There had not been any accidents or incidents since our last inspection of the service.

## Is the service effective?

### Our findings

At the last inspection, in August 2017, we rated this key question as Requires Improvement. We found suitably competent staff were not always provided to meet people's care and support needs and staff were not always provided with appropriate support and training to enable them to carry out the duties they were employed to perform. At this inspection we found that some improvements had been made. More training had been completed by staff and the pass marks achieved were now higher, which indicated a greater understanding of the training. Training completed included; medicines management, dementia, moving and handling, safeguarding and epilepsy. However, the training and support given to staff still needed to be developed further to ensure a consistent and planned approach to training and support.

There was no effective system in place to record staff's on-going training and competency. Medicines competency assessments were not recorded. Induction training, including shadowing other staff, had not been recorded to show how staff were introduced to people who used the service. Training records did not indicate what the provider considered mandatory training for staff or the expected interval between refresher training. Staff training records showed some staff had not completed training courses such as first aid awareness, infection control and prevention, food hygiene and the Mental Capacity Act. Staff spoke positively of their training and told us the registered manager made sure they were well prepared for their role. One member of staff said, "We work with [name of registered manager] at first. She teaches us everything we need to know and makes sure we do things right."

The registered manager told us they were planning to introduce the Care Certificate. The Care Certificate sets out common standards for social care staff, and is required for all staff new to working in care. On the second day of the inspection the registered manager showed us they had signed up to a training provider to ensure staff completed the Care Certificate. They said they would then review the frequency of refresher training and develop an overall training plan in line with this.

Staff told us they felt well-supported and had regular contact with the provider, however, this support was not always recorded which meant we could not be sure staff received supervision in line with the provider's policy. The registered manager said they worked alongside staff until they were satisfied staff were competent in their role. Staff and people who used the service confirmed this. A relative told us; "[Name of registered manager] is always checking, checking and checking that staff are doing a good job." On the second day of the inspection we saw some supervision and appraisal meetings had been written up and recorded and it was clear staff's on-going development and training had been discussed.

We recommend that the provider reviews their training policy and keeps accurate and up to date records of training and staff support to ensure effective systems are maintained and staff are competent in their role.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In the community, the application process for this is via the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. No one was deprived of their liberty under an Order from the Court of Protection at the time of our inspection.

We found staff followed the principles of the MCA and people's consent was sought in advance of care being provided. Staff told us they would always obtain a person's consent before carrying out any care. Staff knew to offer people choice and what to do in the event they refused care. One member of staff told us, "I would never make someone do something they did not want to do, I would be respectful."

People received the support they needed to manage their dietary requirements. People's likes and dislikes were recorded in their care plans. This included any culturally specific issues such as not eating meat on Sundays.

The registered manager told us they provided support to enable people to manage their health care needs, including contacting GPs or accompanying people to hospital appointments. They also said they liaised with families and other health professionals such as occupational therapists; to ensure people received the healthcare support they needed. We saw one person's records noted that in their review, they had expressed thanks for the staff support received to attend hospital appointments. A person who used the service told us they were very happy that staff had supported them with appointments and helped them manage their health needs. They said, "Staff have been really helpful in helping me to lose weight I needed to lose."

## Is the service caring?

### Our findings

At the last inspection, in August 2017, we rated this key question as Requires Improvement. We found at that time that staff had not always been respectful to people and there was a lack of evidence of involvement in care planning. At this inspection we found improvements had been made in both these areas.

People we spoke with said staff were very caring and helpful; they were described as kind and friendly. People's comments included, "We have lovely care from lovely people", "Everyone who comes is so nice" and "Great carers; no concerns at all." Staff spoke with warmth and respect about the people they cared for. It was clear they valued people as individuals. One member of staff said, "I really like my clients, get on well with them." Another member of staff said, "One of the people I go to is a very proud (person); it is important to respect [name of person]'s views, give them time and reassure them if anxious."

Staff spoke of the importance of encouraging people to be as independent as possible. They said they had enough time to carry out their tasks in a way which promoted and encouraged people's independence. One staff member said, "I always get [name of person] to do as much for themselves as they can. It's important for their dignity." We saw in one person's care records they had been assisted by staff to develop their skills in managing their own affairs and organising their social time. The person had commented on the 'diligence' of staff support in providing this assistance.

People confirmed their privacy and dignity was respected and staff were always polite. People's records were stored securely at the provider's office and access was limited to staff who required the information to carry out their roles. Staff knew people's needs well and could describe the person-centred care they delivered to people. They were aware of people's preferences and how they wished to be cared for.

People were protected from discrimination and were assisted with any cultural support they required as part of their package of care. For example, we saw people's preferences, cultural background and faith were identified during the initial assessment. This enabled staff to become aware of what was important to a person and support them with this. Staff who spoke the same language and dialect as people who used the service were provided. A relative told us what a comfort this was for their family member. The relative said, "[Family member] does not speak English. The carers speak in the mother language which makes everything fine."

People told us they were consulted with, listened to and made decisions about their support. A person who used the service said, "I am asked about all my care. Everything is explained well; my choices are respected. Staff are well aware of my needs." A relative said, "We are involved in every aspect of care and caring."

The registered manager was aware of how to assist people to obtain the services of an advocate if needed.

## Is the service responsive?

### Our findings

At the last inspection, in August 2017, we rated this key question as Requires Improvement. We found at that time there were shortfalls with the information in some care plans and daily records were not always completed at the point of care delivery. At this inspection we found improvements had been made.

Records showed people had their needs assessed before they began to use the service. The registered manager described how they spent time with people and their families to ensure thorough assessments took place. Following an initial assessment, care plans were developed detailing the care needs and support required to ensure personalised and responsive care was provided. We did however note that one person had been using the service for several weeks and their assessment information had not been developed in to a full care plan. The registered manager rectified this at the time of the inspection.

People who used the service and their relatives told us the staff knew them or their family members well and the service was responsive to their needs. Comments we received included; "This is a good, flexible service. I was very anxious at the start but everyone is great and has got to know me as an individual" and a relative said, "They are so good with [family member]; know just what needs to be done and are very flexible."

We looked at people's care plans to see if they gave clear instructions for staff to follow to make sure people had their needs met. We found there was sufficient guidance on how to support people as they wished. The care plans were focussed on people as individuals. This meant care and support provided was person-centred and based on the person's own preferences. Care plans contained good detail of people's routines and information about people's health and support needs. End of life care was discussed sensitively with people and their wishes were recorded if they had chosen to discuss this.

Records showed people were involved in regular reviews of their care. These were held with people who used the service, family members and other social care professionals. This helped to ensure people's needs were met and they were satisfied with the service.

We looked at a selection of daily notes, and these showed care was given as assessed and planned. There were systems in place to ensure staff received timely information on changes to care needs. A staff member told us, "[Name of registered manager] makes sure we are kept well informed and up to date on any changes to people's care. Communication is excellent. We speak with [name of registered manager] most days."

The registered manager was aware of the Accessible Information Standard. This 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 they are given. The registered manager told us they knew how to access translation services should they be needed.

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us

anything to contradict this.

The provider had a complaints policy in place and there were systems in place to ensure complaints were addressed and given full investigation and explanation. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The registered manager told us this was given to people when they first began to use the service. The provider had not received any complaints about the service. They had received several compliments and these were recorded. A relative had said, 'Been very happy with the level of support provided. I have found all the staff to be helpful and respectful and willing to engage with other agencies, for example, calls to the doctor or OT (occupational therapist).' Another relative had said, '[Name of registered manager] and the team were very considerate to [name of person].'

## Is the service well-led?

### Our findings

At the last inspection, in August 2017, we rated this key question as Requires Improvement. We found systems in place to manage, monitor and improve the quality of the service provided were not effective. At this inspection we found some improvements had been made. The provider had introduced audits for monitoring some aspects of quality and safety. However, these were basic and did not always drive improvement. Systems and processes around governance and records were not reliable which meant it was still difficult to see if they were effective.

Audits of medicines had not identified the issues with records that we found. No formal audits of training and staff support were in place to check staff's training was completed or up to date. Care records audits had not identified a person who used the service did not have a full care plan in place. No records of spot checks on staff's performance were made. Records of staff's supervisions were not always made. Some steps in recruitment procedures were not recorded to show people's identity had been checked.

The provider had policies and procedures in place to guide staff. However, there were no systems in place to check and review the policies and update them if required, to ensure staff were following current best practice guidance. We found the policy for medicines had not been updated to reflect the most recent guidance available. The provider's safeguarding policy did not contain the safeguarding team contact details for all the local authority areas in which the provider worked.

The registered manager told us they frequently sought feedback from people who used the service through their regular contact with them. This was not always recorded through any formal system and therefore could not demonstrate if there were any shortfalls or improvements identified.

The registered manager told us they were aware of the need to improve the records of governance systems within the service. They told us, "I know paperwork is my weakness."

We concluded the above evidence demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there was a positive culture of openness, and recognition of where improvements were needed within the service.

People who used the service and their relatives told us the service was well managed. Everyone we spoke with was very complimentary about the registered manager and their commitment to providing them with a good service. People's comments included; "The service is excellent, I am always asked how things are going. [Name of registered manager] is very good and kind" and "This is a very good company; I trust them and have no problems or complaints." The registered manager spoke passionately about the service and the support they provided to people. It was clear they knew people's needs well and maintained a presence within the service.

Staff spoke highly of the support they received, and told us how much they enjoyed their job. They said they felt valued and were treated with respect. One member of staff said, "I have daily contact with [name of manager]. They are always there for you, no matter what the query." Staff told us the registered manager worked alongside them to ensure good standards were maintained and they were aware of issues that affected the service. The registered manager had arranged for staff meetings to take place soon after our inspection. These had been planned in a flexible way to encourage staff's attendance.

The registered manager was supported by a co-ordinator to manage the care provision in Durham. A member of staff we spoke with, who worked in this area, said the support they received was excellent. They told us; "[Name of co-ordinator] checks on everything and reports back to [name of registered manager]." They went on to say, "[Name of co-ordinator] deserves a medal the size of a dust bin lid; an angel without wings. They go above and beyond and really care about people we work with and the staff."

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred to the Care Quality Commission so that any action needed could be taken. The registered manager worked in partnership with other agencies when required, for example healthcare professionals, the local authority and social workers.

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 17 HSCA RA Regulations 2014 Good governance  The provider did not have a fully effective system to monitor and improve the quality and safety of the service delivered to people as records were not always made of checks and audits completed.