

Love Nursing Limited

Love Nursing

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 01 November 2018 and was announced. Love Nursing provides support to people living in their own homes in the Merseyside area. At the time of our visit, the service was providing support for 12 people, five of whom were children. There were people who were in receipt of 24-hour support from Love Nursing and there were 60 staff employed by the service. This was the first inspection of Love Nursing since the service registered with the Care Quality Commission (CQC).

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, younger disabled adults and children. 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.

The service is required to have a registered manager. 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 registered manager had very recently left Love Nursing however a replacement was due to start within the following two weeks. We liaised with the clinical lead during the inspection.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were procedures in place to guide staff in relation to safeguarding adults and children all staff had undergone training about both safeguarding and whistleblowing. Accidents and incidents were monitored and reviewed.

We found that robust recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received a comprehensive induction programme and had regular training, supervision and ongoing support to enable them to work safely and effectively.

The care plans and risk assessments we looked at contained good information about the support people required and recognised people's needs. All records we saw were complete and up to date and regularly reviewed. We found that people were involved in decisions about their care and support. We also saw that medications were handled appropriately and safely.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Management and quality assurance systems had been devised and were in place to drive continuous improvement of the service.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

We saw that infection control standards were monitored and managed appropriately. The provider had an infection control policy in place to minimise the spread of infection, all staff had attended infection control training and were provided with appropriate personal protective equipment such as gloves and aprons.

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.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Staff managed people's medication safely when required.

Each person had risk assessments that were personalised, up to date and regularly reviewed.

Is the service effective?

Good ●

The service was effective.

Staff had undertaken relevant and appropriate induction and training including specialised training specific to a person.

Staff were provided with regular supervisions and ongoing support.

Where appropriate, relatives had given their consent for support to be provided.

Is the service caring?

Good ●

The service was caring.

Relatives we spoke with praised the staff and management.

People were given appropriate information about Love Nursing.

The confidentiality of people's records was maintained.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and reviewed regularly.

People who used the service were involved in their plan of care and, where appropriate, their relatives or representatives.

Suitable processes were in place to deal with complaints and relatives said they felt comfortable raising concerns.

Is the service well-led?

The service was well-led.

The provider promoted an open and inclusive culture within the service.

Staff felt supported in their role.

There was a well organised office team that had clear responsibilities.

Good ●

Love Nursing

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 1 November 2018 and was announced. We gave the service 24 hours' notice of the inspection site visit because it is small and we needed to be sure that the manager would be in.

We visited the office location on 1 November 2018 to see the manager and office staff; and to review care records and policies and procedures. The inspection was carried out by one adult social care inspector and an assistant inspector who telephoned the relatives of people on the day of the site visit.

We looked at the Provider Information Return (PIR) the provider had sent us. 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 also reviewed the information we already held about the service and any feedback we had received.

During our visit we spoke with three people's relatives. This was because the people receiving the care due to their needs were unable to speak to us directly. We spoke with six members of staff and the clinical lead. We looked at care notes for four people who used the service, six staff records, accident and incident report forms, health and safety records, complaints records and other records for the management of the service.

We also contacted other professionals who work with Love Nursing asking for their feedback on the service.

Is the service safe?

Our findings

We spoke to three relatives of people using the service as the people receiving the support due to their needs were unable to speak to us directly. We asked if they felt their relatives were safe receiving support from Love Nursing and each person told us yes. Comments included "Yes 100%" and "Yes [person] is safe and they are quite good." We asked if they would feel comfortable raising any concerns and again we were told yes. Comments included "I would speak to any of them including manager, they are all great" and "Yes without shadow of a doubt. If I was concerned I would speak to the manager which is [name] if I wasn't happy."

Staff showed a good awareness of safeguarding processes and those staff we spoke to told us they had no concerns about the service at the moment. Staff spoken to were aware of the appropriate pathways in which to raise concerns. Staff were able to describe how they would raise a concern and how this can be taken further. Staff told us how they had an 'app' on their mobile phones that enabled them to raise a concern with the office immediately. We saw evidence of this during the inspection.

We looked at the records relating to any safeguarding incidents and we saw that the provider maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who received a service and had made the required notifications to CQC.

We saw how the provider and managers had used an incident that had happened as a learning opportunity that led to changes in medication recording and other processes. This also led to work to improve communication within the work place.

Love Nursing recruited specifically for people needing support. This meant there were sufficient staff to meet the needs of people and we were told staff were regular and known to the person they were supporting and that consistency was maintained. One relative told us "Yes, we have set up a rota for them [staff]. We have three care workers in total. Set shifts and one person on a flexible way and works out fantastic for us." We also asked if staff were on time and stayed the planned amount of time. Each relative we spoke to said yes. We were told "Yes all come in time. If there is an issue they will contact us and let us know" and "They stay on shift and they never in a rush to get out and will stay longer if needed. The carers will make sure everything is done properly. They are brilliant."

We looked at how Love Nursing supported people with their medication. Medication administration record sheets were available within the care files and we saw these had been completed appropriately. Staff had received training in medication administration and competencies were checked periodically by their line manager. Each relative we spoke with told us that there were no problems with medication administration and people received their medications on time.

Risks to people's safety and well-being were identified, such as the risks associated with moving and handling, falls, pressure areas and nutrition and plans had been put in place to minimise risk. These documents were very person centred and held information that was specific to the person and the identified

risk. Examples included in depth information on how to move and handle a person safely and exact pressure area care. We also saw how risk surrounding people's safety had been assessed and how their security had been agreed. A staff member told us "Each assessment is tailored to that person we support."

We looked at the processes for reporting incidents or accidents and we asked the staff if they were aware of the policy. Each staff member was able to say what the procedures were, one staff member said "Yes we have an app where we can report accidents and incidents including putting photos on etc. We fill in the report and when done this is sent to the lead nurse and other health professionals including the on call." These were monitored appropriately and each incident acted on with clear outcomes.

We looked at the recruitment processes and found that there were appropriate systems in place. We found that recruitment files included photographic identification of the member of staff. We saw completed application forms and references. We saw that all staff employed had a Disclosure and Barring service (DBS) check completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

There was an infection control policy in place to minimise the spread of infection, all staff had attended infection control training and were provided with appropriate personal protective equipment such as gloves and aprons.

Is the service effective?

Our findings

The relatives we spoke with told us that the staff supporting the people were fully trained and had the relevant skills. One relative said about the staff "Yes and they have the skills and knowledge to deal with any issues."

The staff were provided with an in-depth induction that consisted of what the provider classed as mandatory training, shadowing sessions and person-centred training surrounding the person they were to support. One staff member told us "Yes we had induction yes and definitely prepared me to work independently. I took time out of nursing but the induction really prepared me and stood me in good stead."

There was additional training provided was specific to the person receiving support. This included stoma care, principles of long term ventilation, tracheostomy complications and PEG care. A PEG is a procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. There were paediatric and adult lead nurses in post that provided additional training and competency assessments. Staff had to be signed off as competent before they were allowed to support people with these tasks.

We saw that support staff had received individual supervision meetings and this was supported in conversations held with staff during the inspection. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. One staff member told us that the support had been 'fantastic'.

We asked relatives if Love Nursing had assessed the needs of people and if they were receiving the care that had been agreed and were told yes. Comments included "Before we used them we had the manager come to visit us and explained their vision of care", "I spoke to lead nurse and I was made up because they were caring for my son" and "They came to see us and told us how they cared for people and I liked that. I like their tech knowledge. They explained rates, philosophy and had a good meeting for two hours." We saw that there were comprehensive assessments in people's care files.

We saw evidence of how a person was initially supported when starting to receive a service from Love Nursing. This included 'meet and greet' sessions where the person and family had the opportunity to meet staff and see if this suited them. This gave the person and their family the opportunity to say who they wanted in their home.

Love Nursing had an up-to-date policy in place regarding the Mental Capacity Act 2005. The clinical lead was able to discuss with us the support people were receiving and whether they had capacity or not for specific decisions. The service was aware of their responsibilities and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support. This was supported through discussions with staff. Everyone we spoke to told us their choices were respected. However we were not always able to see consent documented. This was brought to the

clinical lead's attention and immediately actioned.

We saw that there were nutrition and hydration assessments carried out for each person and staff we spoke to had excellent knowledge about people's needs. Relatives we spoke with were happy with the way this was supported and how people were closely monitored to ensure they had a healthy nutritional intake.

Is the service caring?

Our findings

Relatives told us that staff were always kind and compassionate when supporting the person. We were also told that the people who used the service were cared for and treated with dignity and respect. Comments included "Yes they respect everything my daughter does", "Yes the staff respect [person's] choices", "They idolise [person] and show him complete dignity and respect" and another said, "They go the extra mile to support my daughter."

We were told by relatives that people's independence was always encouraged and supported. One relative said "Yes they definitely do. They demonstrate this through everything they do and rarely ask us how to do things and they know [person] very well." Another relative commented "They do a lot more than what is expected."

We asked staff what they did to provide care that promotes dignity, respect, privacy, independence and each staff member was able to give examples of their practice. One staff member told us "Yes this is important [person] is a young girl and needs her own space. When she gets changed we give her own space."

We saw that people's confidential private information was respected and kept secure. For example, people's care plans were securely stored and information held on computers was password protected. This treated people with dignity and respect.

Information was available for people who received a service from Love Nursing. The care files in people's homes had contact information in it, information about the values of the service, the service that was provided and how they aimed to deliver care that was safe, effective, caring, responsive and well-led. The provider was in the process of developing a new brochure for the benefit of new people starting with the service.

Each relative we spoke with confirmed they were able to communicate with their care staff and engage with office staff directly if needed. We were told that communication was very good and the feedback from other health and social care professionals we spoke with was positive. We were told "The agency worked well with us as a team and the whole of the MDT. Communication was excellent and this was essential in setting up this challenging package. The package continues to work well with positive feedback from the parents. We have had one small incident that was dealt with promptly and with transparency throughout."

Equality, diversity and inclusion training had been attended by the staff and this was reflected in the way they worked with people and their relatives. One relative told us "Yes they are great. They are very good and [person] has her own room and the carers are brilliant with everything" another told us "Superb and can't fault them."

Is the service responsive?

Our findings

All the relatives who we spoke with were satisfied with the way support was provided and felt listened to. They told us that they would certainly be comfortable with expressing concerns about the service if they had any. One relative said "I would ring the manager and talk to them about what is happening and they will resolve it quickly." and another commented "Yes I can call the manager or someone in the office. They are open to speak with us."

Love Nursing had a clear written complaints policy that was available to people using the service. We saw there was a procedure in place where a complaint was made, actions to be taken and the outcomes.

Support plans were personalised and provided details of daily routines specific to each person. For example, there were sections about supporting people with areas such as their lifestyle, health, medication, communication, washing and bathing and mobility. Support plans had been reviewed regularly to make sure they reflected people's current needs and circumstances. This ensured staff had appropriate guidance on how to support people as and when their needs changed. We also they contained information about people's likes and dislikes such as preferred types of music or preferred types of sounds such as crinkling paper. These had been reviewed regularly.

We asked if people or their relatives had been consulted in the development and review of care plans and each person we spoke with said yes. Comments included "Yes we have a care plan and the first nurse did the care plan we have another nurse updating care plan. I was involved in the care plan.", "We just phone up and get it reviewed and if there are any changes needed they will do this. We know what to do and we expect the carers to know the care plan and we had the care plan finalised and alternations to it and it was agreed." and "Strangers could come in and support him and know exactly what to do."

We saw that there were comprehensive end of life care plans that specified the care required. The care plans ensured that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way.

We saw that people were supported to access their preferred activities, interests and their education. Guidance surrounding people's needs were specific. Care plans, if appropriate, also specified the input to care from families or others. This was reviewed regularly so that support was relevant and person centred.

All relatives we spoke with reported that people had full choice in their care and the way it was provided and they all considered they were in control of the care and support that was being received. Management always consulted them about how support was to be provided.

Is the service well-led?

Our findings

The registered manager had very recently left Love Nursing however a replacement was due to start. The provider was actively involved with the running of the service and we liaised with the clinical lead during the inspection. Management support was provided by two lead nurses, one adult and one paediatrics, as well as two co-ordinators, one adult and one paediatrics.

The managers of the service actively updated their own knowledge by attending networking and best practice events. The clinical lead told us that they were well supported by the provider who was a constant presence in the service.

We asked relatives if they thought the service was well-led and everyone we spoke with said yes. Comments included "Brilliant. I cannot fault it. They are doing really well and [provider name] is brilliant. The office staff are brilliant. Everything about them is amazing and very good and they care and recently we had a bad time with [person] and they have been brilliant understanding our needs and a family." and "They are fine. They are new a company and they might have some teething problems but the manager is good and will try make things better. This is the best we have had."

We also asked if office staff were easily contactable and again we were told yes. One relative said "Yes, it is [provider name]. I have a list of people and who I can contact. This includes on-call, clinical lead etc. including emails and numbers."

The registered provider and senior staff conducted a series of quality checks that included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an on-going process of the service acting on issues and comments made.

We asked for feedback from professionals and their responses were positive. We were told "The nurses I have worked with are professional, caring and work well with the families. [Providers name] is an excellent role model and is he works well with the whole team."

We saw that staff meetings had been held, this gave staff the opportunity to air any issues and receive information about the service. All the staff who spoke with us said the service was well led and that they felt supported. One person told us " Yes, and they will listen to anything and anything we feel that would help they take into account." another staff member said, "Staff morale is good and everyone gets on but if there are any problems we discuss and talk with each other."

The provider and the office staff understood their responsibilities in relation to the service and to registration with CQC and knew to regularly update us with notifications and other information.

The service had policies and procedures in place that included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and complaints. We saw these were

regularly reviewed and adapted. This meant staff had access to up-to date guidance to support them in their work.