

Luv to Care Home Care Ltd

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Inspection report

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Date of inspection visit:
09 November 2022

Date of publication:
18 January 2023

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

About the service

Luv To Care Home Care Ltd is a domiciliary care agency providing personal care to people in their own home. The service provides support to older people with a variety of needs, including people living with dementia. At the time of our inspection there were 63 people using the service. The service supported people living in the Southampton area.

People's experience of using this service and what we found

There were areas of the provider's governance systems that needed to be improved. This included ensuring audits completed for all aspects of service delivery ensured the provider was proactive in identifying and improving the service in line with best practice guidance. The provider valued the contributions of their staff and took opportunities to share this with staff. Overall people and their relatives told us they were happy with the care they received.

The provider ensured there were appropriate levels of staff to meet people's needs, however, we received feedback from people and their relatives that they were not always informed who would be attending care calls and staff we spoke with felt travel times could be improved. The provider ensured there were appropriate levels of staff to meet people's needs, however, we received feedback from people and their relatives that they were not always informed who would be attending care calls and staff we spoke with felt travel times could be improved. We identified areas for improvement around the management of medicines to ensure people received their medicines as prescribed. We identified the providers COVID-19 policies and procedures did not always reflect current best practice guidance, we raised this with the registered manager who took action to address this. There were clear safeguarding systems in place to ensure people were protected from the risk of abuse. There were clear safeguarding systems in place to ensure people were protected from the risk of abuse.

People were supported to manage their dietary needs and people's nutritional intake was monitored where this was appropriate. However, where a person had recently been prescribed a modified diet, we identified improvements were required to ensure staff had access to appropriate information and training to meet people's needs. We found examples where the provider's tools for identifying risk and monitoring people's skin integrity or weight loss could be improved. Staff told us they felt supported in their role by the registered manager and senior team.

We received positive feedback from people and their relatives that staff treated people with kindness and compassion. People's care was delivered with dignity and respect and the registered manager regularly sought feedback from people to ensure they were happy with the service they received.

People's care plans were personalised and included information on their histories, routines and preferences. People were supported by staff who knew them and their needs, and people told us they knew how to raise concerns and were confident action would be taken as appropriate. At this inspection no one was receiving

end of life care, however the provider had established networks of local resources available to people and knew how to ensure people were appropriately supported during end of life care.

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

Rating at last inspection

This service was registered with us on 18 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have recommended the provider continues to review and embed their processes when decisions are made in people's best interest to ensure this is in line with the requirements. We also recommended best practice guidance is embedded related to food textures and ensures care plans are updated in a timely way.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Luv To Care Home Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection so people using the service could provide consent to take part in the inspection by giving us feedback by telephone.

Inspection activity started on 8 November 2022 and ended on 22 November 2022. We visited the location's office on 9 November 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people and relatives by phone to gain feedback on their experience of the care provided. We spoke with the registered manager, 5 care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to people's care including 6 care plans and risk assessments, a range of medicines administration records, quality assurance records relating to the running of the service and 4 staff recruitment files.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider used an electronic system to record all medicines staff administered. However, where a person was prescribed a variable dose medicine, records did not include the dose amount that had been given and administration charts were not in line with the prescription.
- Where a person was prescribed their medicines via a transdermal patch, records relating to their application did not include the full instructions for rotation. We raised this with the registered manager who took immediate action to address this.
- Where people required medicines to be administered 'as required' (PRN), administration records did not include all required information for staff to follow on how and when this medicine may be required. For example, records did not include contra-indications, maximum doses that could be administered each day or identify time restrictions that may be required between doses.
- Most staff who supported people with their medicines had received up to date training, which included assessment to ensure they were competent to undertake medicines administrations safely. People who received staff support with their medicines told us staff supported them appropriately.
- Peoples medicines needs were assessed as part of their care planning. Agreements for staff responsibilities in relation to administration, ordering and prescription management were clearly identified. Where people had support from relatives, this was clearly recorded. This helped to ensure staff had a clear understanding of the care tasks required.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff were provided with a range of PPE including gloves, aprons and face masks. However, feedback from staff indicated they routinely wore gloves for all tasks which does not reflect current best practice guidance. We also received mixed feedback from people and relatives whether staff wore PPE appropriately. Most people told us, "Yes, they do wash their hands before and after tasks and wear gloves, aprons and masks.", however other comments included, "The staff always arrive wearing their gloves, masks and aprons. I don't see them wash their hands ever." and, "I really don't know if the staff wash their hands before and after their tasks. Nor do I see them wearing any PPE."
- We were somewhat assured that the provider's infection prevention and control (IPC) policy was up to date. The provider had an IPC policy in place, however policies and risk assessment information specifically in relation to COVID-19 did not reflect current best practice guidance. Where weblinks were included in the policy for staff to follow to access statutory guidance, most guidance had been rescinded. We raised this with the registered manager who took action to address this and sent us a copy of their updated guidelines with appropriate weblinks that staff could access.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

- There was a recruitment pathway in place for recruiting new staff. The provider had a recruitment policy which outlined their requirements in line with guidance. Pre-employment checks included Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed. However, we found one person's recruitment file did not demonstrate their full employment history and where two staff had held positions in previous health and social care roles, satisfactory evidence of their conduct in those roles had not been sought as required. We raised this with the registered manager who provided evidence that these improvements had been identified in a recent audit and action was being taken to address this.
- The provider used an electronic system to manage staff rotas and monitor people's care calls. There were sufficient numbers of staff to meet people's care calls, and people told us they received their care calls regularly. However, people and their relatives were not always aware which staff would be attending the call. Comments included, "No we don't ever know who is coming and when, it's all very ad hoc", "I don't get a rota of carers who are to visit four times a day, but sometimes we do get the same carer, they do try to keep the same [staff] who visit" and, "We get a weekly rota but it doesn't always reflect on the actual carers who turn up. So no, often we don't know."
- We spoke with staff who confirmed they received their rotas in advance. They felt they had enough time to support people to meet their needs. However, they commented travel times were not always included between people's care visits or the time allocated was not always long enough.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care from staff. Comments included, "Yes I do feel safe with the carers. I do know the names of the carers who visit every day", "Yes dad does feel very safe with his carers", and, "Yes my husband feels very safe when carers visit him every morning."
- The provider had policies and processes in place to help safeguard people from the risk of abuse. Staff completed safeguarding training which helped develop their knowledge and staff we spoke with knew how to raise concerns.
- The registered manager took the appropriate actions when safeguarding concerns were raised about people's safety or welfare. They had investigated concerns and taken actions to keep people safe, including making appropriate safeguarding referrals to local authorities.

Assessing risk, safety monitoring and management

- Where risks to people were identified, assessments were in place which outlined steps staff should take to keep people safe or reduce the risk. This included risk management in relation to moving and handling, falls, and external environmental risk assessments.
- Internal and external risks to people's environment had been considered. This included information on action to be taken in the event of an emergency, such as a fire, in a personal emergency evacuation plan (PEEP), should staff be providing care at that time
- The provider had a business contingency plan, this identified which people's needs were the most critical to be met in case of an emergency, such as extreme weather. This helped ensure the service would run safely in such an event.

Learning lessons when things go wrong

- There was a robust system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and the registered manager maintained oversight of all reported information. This

supported them to identify potential themes and patterns and ensure appropriate actions were taken to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always reflect best practice guidance had been consistently embedded effectively.

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

- Peoples care plans included information on what dietary support they required. Where people needed assistance to maintain their nutrition and hydration, information included people's food preferences, likes dislikes and how they would like their needs to be met.
- However, where a person had recently been prescribed a modified diet, their care plan had not been appropriately updated to robustly detail their current needs, prescribed requirements and consideration of the all additional risks or steps staff should take to support the person with safe eating and drinking. We raised this with the registered manager who took immediate action to address this and sought the required advice and guidance from the speech and language therapy team.

We recommend the provider ensures up to date best practice guidance is embedded related to food textures, including awareness for staff and updating care plans in a timely way.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The provider had processes in place to ensure people consented to their care and this was recorded in their care plans. People we spoke with told us staff regularly sought their consent before supporting them to meet their day to day needs.
- However, where there were concerns that a person was unable to consent to their care, we found the principles of the MCA had not been appropriately considered. Records demonstrated that a relative had provided consent on the persons behalf without the appropriate legal authorisation to do so. Where care was being provided in the persons best interests, the relevant assessment of capacity had not been

completed. We discussed this with the registered manager who took action to address this and consulted with the local authority commissioners for support. Following our inspection the provider reviewed and updated their MCA and best interest decision making processes.

- We also noted where a loved one was recorded as having power of attorney to support a person to make decisions, but the provider had not ensured they were clear what decisions the person was legally able to support. This was addressed during the inspection and the registered manager confirmed with the person what decision making they were able to support.

We recommend the provider continues to review their processes when obtaining consent to ensure practices fully embed the principles of the MCA and supporting best practice guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider used an evidence-based tool to support them to identify people who may be at risk of pressure injuries. However, the information used to complete the assessment was not always complete and used an estimated weight, which meant the risk was not always accurate. We discussed this with the registered manager who told us they would review this.
- The provider did not have an effective process for assessing nutritional risk, assessments did not always provide sufficient detail to screen and monitor people's risk of weight loss.
- People's healthcare needs were recorded in their care plans. However, some people's medical histories lacked information on how particular diagnoses could impact their abilities. We also found an example where a person was supported with equipment and their records did not include all relevant information on the required settings. We raised this with the registered manager who took on board our feedback.
- People's needs were assessed before their care was delivered. Senior staff completed visits to people and their relatives to assess their needs and used information they were provided by commissioners to identify what people's needs were and how they would like to be supported.

Staff support: induction, training, skills and experience

- Staff had access to a range of training modules suitable to their role and the provider encouraged staff to develop their skills by sharing available courses of interest provided by a local college. However, we noted some staff had not completed up to date training in medicines administration and moving and handling practical sessions to ensure they were competent in their role. Where one person had specific needs related to eating and drinking, staff did not have additional training related to their needs. We raised this with the registered manager who confirmed training sessions had been scheduled or completed during the inspection.
- New staff were supported through a planned induction pathway. This included completing a range of training to support them to develop their skills and shadowing more experienced staff to gain confidence. Staff we spoke with told us they felt supported through their induction period by senior staff and were confident understanding the requirements of their role.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they could access support to meet their healthcare needs. Comments included, "[Staff] did get in touch with the falls clinic for [loved one]" and, "If I have a hospital appointment, [staff] arrange transport for me."
- Where people had other support networks in place such as family, other care agencies or live in care support there was clear identification of roles and responsibilities in people's care plans. This ensured staff understood their role and what support people required from them.
- The registered manager made appropriate referrals to ensure people received the correct support. For

example, staff shared concerns about people's skin integrity with the district nurses or GP appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback from people and their relatives about the care they received. Overall people and their relatives told us they were happy with the quality of care provided. Comments included, "Oh my goodness I have said so often [staff] are so caring and come in with a smile and cheer [loved one] up so much." and, "Yes [staff] are [caring] and they are good fun!"
- Staff's training included people's equality and diversity and the provider had relevant policies in place to uphold people's rights and to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- People told us they were regularly involved in decisions about their care. Comments included, "There is a care plan written and I can decide what care I want.", "I provide information for [staff] to make decisions for [loved one's] care." and, "[Loved one] has a say in his care plan."
- We reviewed people's care records which evidenced people's feedback was regularly sought and acted upon. The provider maximised opportunities for seeking people's feedback through planned reviews, care staff spot checks and if there were any identified changes to the care people required.

Respecting and promoting people's privacy, dignity and independence

- People's care plans encouraged staff to use approaches to support people to maintain their independence. People's feedback confirmed staff encouraged them to be independent and comments included, "[Family] and staff encourage [loved one] to get up and walk around the home as its very important for his mobility.", "Yes staff encourage my [loved one] to do as much for himself." And, "[Staff] have encouraged [loved one's] mobility, his washing and drying himself every day."
- Staff we spoke with understood the importance of maintaining people's privacy and dignity and told us how they support people during their care to uphold this. For example, one staff member said, "If they have family, we ask them to leave the room unless the [Person] says otherwise, we close curtains and blinds, shut doors, just in case anyone comes in."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People told us staff knew them and their needs well and they had fostered good relationships with staff.
- People's care plans contained personalised details of people's likes, dislikes, preferences and routines. Information on people's care needs were descriptive and clearly identified how staff should support people.
- Care plans were accessible to staff via the electronic care planning system. This helped to ensure they had a clear understanding of the care tasks people required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us they supported people's communication needs and preferences. This included, where requested, sharing people's planned weekly care call rota electronically or by post to suit the person's preference.
- People's communication needs were considered as part of their assessment of needs. The registered manager told us they would accommodate people's needs where this was identified, such as whether plans needed to be in a large font or in other accessible formats, but this had not been required.

Improving care quality in response to complaints or concerns

- People and their relatives consistently told us they knew how to raise concerns and were confident they would be listened to. Comments included, "Yes if I had any issues or concerns, I would go to the manager. I have commented about a carer had left a small window open which was a security risk. The carer was spoken to and security risks were reinforced.", "I have direct contact with the office. When [staff] didn't turn up and the office didn't provide a replacement, they apologised." and, "Yes [I know who to contact] I have their telephone number. I have not made a complaint."
- The provider had a complaints policy and procedure in place and information was shared with people in their information handbooks.

End of life care and support

- At the time of the inspection nobody was recovering end of life care. The registered manager told us how they had supported people with end of life care and had made good links with local support resources. We saw that following support of a person who had been receiving end of life care, the family paid thanks to the

service provided by Luv To Care in the person's order of service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and oversight of service delivery was inconsistent.

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

- The registered manager and delegated staff completed a range of audits; however, these were not always effective. For example, audits of people's care records failed to identify our findings where there were inconsistencies in completion of the provider's assessment tools or where there was a lack of or inaccurate information. Processes also needed to be improved to ensure mental capacity assessments were considered in line with the mental capacity code of practice where required.
- Medicines audits did not identify our findings in relation to PRN protocols, consistency in electronic records for variable dose medicines or application information required for the use of transdermal patches. We found no evidence people had been harmed.
- Protocols around managing risks related to COVID-19 did not always reflect national guidance. The registered manager agreed to review protocols to ensure they reflected current practices and requirements.
- The registered manager was responsive to our feedback. However, some aspects of the provider's governance systems required further improvement to ensure processes in place were robust to identify and drive improvement.

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

- The provider spoke passionately about the value of their staff and their contributions. They provided examples of opportunities they had taken to demonstrate their appreciation to staff. Examples included delivering cold drinks and ice lolly's when staff had worked in hot weather conditions, celebrating staff achievements and personal milestone in life and promoting an open office culture to encourage staff to keep in regular contact. A staff member commented, "[The provider] make sure [people] are looked after well and upkeep of the business is very organised. I feel appreciated as a staff member, they brought me flowers for birthday."
- Staff told us they felt supported by the provider and senior team. Comments included, "There a great company and they listen.", "[Senior staff] are very helpful, you only have to call and they call back quick, they are really supportive." And, "When I have contact with [registered manager] they are really friendly and invest in us."
- Overall people and relatives felt the service was managed well. Comments included, "Yes I do [think the service is well-led] that's the difference between this company and the previous agency we had.", "Given the parameters of the company itself I think they have done pretty well." and, "We are very happy. We know the carers and like the service."

Continuous learning and improving care

- The provider had a proactive approach in reviewing some aspects of the systems in place to monitor and review compliance to the regulations and the quality of the service delivered. However, some areas of the providers governance required further development to ensure they consistently identified and drove improvement across the service in line with the characteristics of good and national best practice guidance.
- Where the provider had commissioned an external consultant to review aspects of the service, records demonstrated the registered manager was taking appropriate action in response to the recommendations.

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

- The provider had an appropriate policy in place to support them to meet their requirements and respond appropriately when things go wrong. The registered manager understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people and their relatives had access to appropriate information about the service they provide. This included information on the provider's processes, key contacts for out of hours advice, and set out the expectations of the service people should expect to receive.
- The provider told us the ethos they expected staff to demonstrate was, "We are compassionate, we are about promoting independence and want to ensure people know having care doesn't mean you can't do it yourself, were not here to take over were here to help, and we respect equality and diversity, we support people as much as we can and taking their views."
- The provider sought feedback from people, relatives and staff through an annual survey. Feedback from both the staff and people surveys conveyed positive feedback which the registered manager reviewed. Where we noted uptake on the people and relatives survey was not as high as the provider expected, they told us they were reviewing how they seek peoples feedback moving forward to encourage greater responses.
- Where staff had identified needs to support communication, we saw an example where the provider reviewed how they could effectively support the staff member to meet the requirements of their role.

Working in partnership with others

- The service had links to the local authority commissioners and other organisations to ensure people received joined-up care.