

Lovage Homecare Ltd

# Lovage Homecare Ltd

## 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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Lovage Homecare Ltd provides personal care to people, including older people living in their own homes. There were 7 people using the service at the time of our inspection.

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

The systems in place to monitor the care people received were not consistently completed. When completed they did not always identify areas of improvement or demonstrate the actions taken.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There were enough suitably recruited staff available to support people and they were happy with the care they received. Staff have received training and a new induction process had been introduced.

Risks to people were considered and reviewed, when needed. Infection controls procedure were in place and followed. People received their medicines when needed.

Staff felt supported and listened to. Feedback was sought from people who used the service, and they were involved with their care and reviews.

People were supported with mealtimes when required and their needs were now assessed. When needed supported was offered with people's health.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (Published 2 June 2023)

At this inspection we found some improvements had been made and the provider was no longer in breach of some regulations. The provider remained in breach of other regulations.

This service has been in Special Measures since 20/01/2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the

findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lovage Homecare Ltd. on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to MCA and how the service is governed.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?**

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Lovage Homecare 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

The inspection was carried out by 1 inspector 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 in the Wolverhampton area.

#### 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 the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 July 2023 and finished on 20 July 2023. We visited the location's office on 20 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications

the provider had sent to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 1 person and 2 relatives. We also spoke with the nominated individual, the registered manager and 3 care staff. We looked at the care records for 7 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

Medicines management; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risk assessment and care plans were in place when needed. There were no systems in place to monitor the administration of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were now systems in place to ensure medicines were administered to people safely. We saw when people received support with medicines there were medicine administration records (MAR) now in place. One person told us staff, "Know exactly what to do in respect of my medicines, better than I do."
- Improvements were needed as staff were not currently signing the MAR, they were putting an 'x' to show administration, we discussed this with the registered manager who told us they would ensure staff signed the MAR going forward.
- Since our last inspection all staff had received training and a competency check to ensure they were safe to administer medicines to people.
- Risk assessments and care plans were now in place when needed. The registered manager had introduced a spreadsheet that identified individual risks to people, this included, diabetes, moving and handling and sore skin. Where risks were identified a care plan and risk assessment were put into place. Some of these lacked detail however the registered manager was aware of this and working to improve these.
- People were happy with the care they received and felt safe with the staff that supported them. One person said, "I like them very much." They went on to say that they wouldn't like it if she had to change as she had got used to them.

Staffing and recruitment

At the last inspection the lack of effective pre-employment checks placed people at risk of receiving support from staff who had not been safely recruited and may be unsuitable to work with people. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were now systems in place to ensure staff were safely recruited. All staff had the relevant checks to

ensure they were safe to work with people. The provider had completed a Disclosure and Barring Service (DBS) for all staff they employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough staff available to support people. Relatives, staff and people confirmed this to us. Most people were happy with the call times and knew which staff were supporting. One person said, "Its usually the same two carers."

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to notify us of a safeguarding concern. This was a breach of Regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 (Registration) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had received training in safeguarding since our last inspection and were able to recognise potential abuse. One staff member said, "I have completed my safeguarding training, I know signs and symptoms, I would contact the local authority myself if I had concerns."
- There were procedures in place to ensure people were protected from potential abuse. There had been no safeguarding concerns since our last inspection.

Learning lessons when things go wrong

- There was some evidence lessons had been learnt since our last inspection. The provider had introduced an action plan and was working through this, we saw some improvement at this inspection and some of the previous breaches of regulation had been met.

Preventing and controlling infection

- People received support in line with infection control policies.
- Staff told us they had received training and had access to gloves and aprons which they used when they were offering support to people in their own homes. People and their families confirmed this to us.

# 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection the principles of MCA were not always followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 11.

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.

- At the last inspection we found that people's capacity had not been assessed when needed and best interests' decisions were not in place. We found the same concerns at this inspection for the same person.
- One person's assessment completed by the local authority documented they 'lacked capacity' to make decisions for themselves. A care plan had been introduced that recognised this person lacked capacity to make decisions around management of their medicines. There were no individual capacity assessments or best interest decisions in place for this person. This placed this person at risk of not receiving care and treatment they had consented to or in their best interest.
- Although staff had received training since the last inspection, there was a lack of understanding around the Act and from the registered manager and provider around their responsibilities.

Staff support: induction, training, skills and experience

At the last inspection staff were not receiving appropriate support of training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- All staff had received mandatory training and training that was relevant to the people that were

supporting including diabetes, since our last inspection.

- New staff received a structured induction that was documented, this included training and shadowing more competent staff so they could get to know the people they would be supporting.
- Staff also had their competency checked, to ensure they were safe to support people, in some areas including medicine and moving and handling.

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

- When needed staff offered support to people at mealtimes.
- There were now care plans in place that were related to people's dietary needs, this included when people were diabetic. There were some preferences documented including the foods people liked and disliked.

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

- People's health needs were monitored by the registered manager. When concerns were identified we saw action had been taken. For example, one person's relative was concerned about their eating, so they had referred to speech and language on their behalf for advice.
- People's oral health needs were considered and there were plans in place for this.

# 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.

At our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to operate good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality checks and audits were inconsistently completed in the service. A medicines audit had been introduced since our last inspection however for the previous 3 months the provider had not reviewed all people who were being supported with medicines. We reviewed the MAR charts and found no concerns.
- The medicines audit had not identified where staff were not signing the MAR to show they had administered medicines. This meant this audit was not effective in identifying areas of improvement.
- There were no audits in place to identify that people's care was not being delivered in line with MCA.
- There were no other audits in place that monitored call times or people's care, for example.

The systems in place were not effective identifying areas of improvement. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the registered manager sent us a range of audits including monitoring calls times and care plans that they had completed for June. They told us going forward they would complete these each month. We will review this as part of our next inspection.

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

- Feedback was sought from people who used the service; although this was mainly positive this had been analysed. Further improvements were needed as the outcomes had not been shared with people and their families.
- Staff attended supervisions and team meetings so that they could share their views. Staff felt supported and listened to by the registered manager and provider and spoke positively about the company.
- We had been notified about events that had happened within the service when needed.
- Staff understood their roles and responsibilities and there were clear lines of delegation.

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

- People were happy with the company and the care they received. One person told us they were "Happy" with the care they received and staff always had a smile on their face.
- Improvements had been made and people and families were involved with their care and the reviewing of this.
- Staff now worked closely with people to ensure they received good outcomes in relation to their care and health.

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

- Duty of candour requirements were understood and met.
- Since our last inspection the registered manager and provider had been open and honest with people and their relatives and ensured we were notified of events accordingly.

Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed.

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<br><br>Systems in place were not always effective in identifying areas of concerns or consistently completed. |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 11 HSCA RA Regulations 2014 Need for consent<br>The principles of MCA were not always followed. |

**The enforcement action we took:**

We issued a warning notice.